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# Info Nursing

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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, and influencing healthy public policy all in the interest of the public.

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## Submissions

Articles submitted for publication should be typewritten, double spaced and not exceed 1,000 words. Unsolicited articles, suggestions and letters to the editor are welcome. Author's name, address, and telephone number should accompany submission. The editor is not committed to publish all submissions.

## 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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### On the cover

This edition of Info Nursing is the 1<sup>st</sup> to profile our nursing education programs in New Brunswick. Additional articles submitted will be published in future editions.

# Preparedness

BY MARTHA VICKERS, RN MN NP



A flock of Canada geese soar through the sky over the beautiful Bay of Chaleur. Leaves crunch beneath our feet as we walk in the late fall air. Cottages have been closed up for the season and snow tires are being purchased in anticipation of the impending snow of winter. This season of waiting and preparation varies for each one of us, but for registered nurses, the fall of 2009 will not be soon forgotten. Preparedness is a term we have been hearing daily in the media these last months as reality of the H1N1 pandemic becomes very real. Knowledge is key to this preparedness and registered nurses and nurse practitioners have been avidly practising primary prevention throughout the province assisting patients, families and colleagues in making informed decisions regarding the H1N1 vaccine. The public highly values the educated opinions of RNs and continues to seek clarification on H1N1 preparedness. People of all ages are looking at basic hygienic techniques in a new light, in light of preparedness as they seek to protect themselves and their loved ones from this new virus. Sound, comprehensible, useful information has been greatly appreciated by the public.

Founded in 1916, the Nurses Association of New Brunswick (NANB) is the largest group of health professionals in the province with approximately 8,900 members. NANB is the official voice of nursing in the province, speaking out on health care issues on behalf of nurses and the public. An example of this voice can be viewed on the newly revised website. In anticipation of the healthcare needs of the public, NANB opened emergency temporary registration to recently retired RNs. More than 120 retired RNs responded in the initial two weeks! NANB was cited nationally in the media for this proactive initiative—an example of strategic thinking and preparedness. RNs from many different settings have been invaluable working

alongside our public health nurses in the delivery of the H1N1 influenza vaccine.

On the national front, I have had the opportunity to attend Canadian Nurses Association (CNA) board meetings as a Director for CNA. Our political leaders and policy makers both provincially as well as nationally look to RNs for their knowledge and wisdom on current health issues—this is a testament to years of persistent presence at strategic tables by our nurse leaders. We will not have a voice if we are not heard. But to have a voice, there must be a vision and vigilance. At a recent presentation to the House of Commons Standing Committee on Health in Ottawa, Rachel Bard, a New Brunswick RN and CEO of CNA, recently emphasized the invaluable role RNs can play as partners in battling this pandemic.

Ongoing learning is essential if RNs are to cope in today's fast-paced, evolving world of health care delivery. Resources are taxed, and new healthcare team members are emerging. Registered Nurses need to look to their knowledge base to help them define their role in the healthcare system. The system needs your new ideas, your creativity, and your experience. By sharing your nursing expertise, the quality of care for New Brunswickers as well as the quality of the practice environment is bound to benefit!

As the 2010 Olympic Torch Relay crossed the Confederation Bridge into New Brunswick, communities prepared celebrations for its arrival, torchbearers were briefed on the impending honour, and families made plans to gather to witness this symbolic event. In keeping with the symbolism of the torch during this season of preparation, may each of you find moments of peace during this holiday season. Merry Christmas and best wishes for a healthy, fulfilling 2010! □

# Nursing Education: A Foundation for the Safety and Quality of Nursing Services

BY ROXANNE TARJAN, RN



**R**egulating the practice of registered nurses in the interest of the public's safety is the principal mandate of the Nurses Association of New Brunswick (NANB); entrenched in the *Nurses Act* (1984). Collaboration and common goals between the NANB and the Université de Moncton and University of New Brunswick faculties of Nursing has been essential to the commitment to public interest and the advancement of the nursing profession.

Several months ago, NANB approached both programs about creating an *Info Nursing* edition that would focus on nursing education and profile our New Brunswick programs, the views of their leaders and the contribution of faculty members to nursing education outcomes. To say I am pleased with their response to the invitation is a significant understatement. I want to sincerely thank everyone. This publication is clear evidence of the commitment and innovation our provincial programs are bringing to the education and development of our future professionals. I recognize the extra effort these kinds of initiatives take and appreciate and acknowledge this demonstration of the engagement and collaboration we have sustained over time. It is my hope as well, that the content of this edition will motivate each of you to bring the best of yourself and your expertise to that essential role of mentor. The material we received for this edition far exceeded our space and budget for each edition but has lead us to make the decision to establish an ongoing column to allow us to maintain and enhance the visibility and linkages between our educational programs and you, the professional delivering nursing services around the province.

Additionally, over the coming year we will be including articles that will focus on a variety of health determinants. Your Board of Directors has identified the need to enhance the understanding of all registered nurses of the significant influence health

determinants have on overall health status. The Board's goal is to then mobilize the profession to influence and advance public policy that addresses the current and growing gaps that are negatively impacting the health status of our population. Enhanced knowledge and understanding will assist each of us in bringing effective change and improvements to provincial policy. We are also committed to profiling the work of some of our New Brunswick nursing experts as a vehicle to underline the important contribution our profession can make to advance the health of all New Brunswickers.

If you have suggestions, or further questions, please contact our Department of Communications—let's keep this dialogue growing!

Finally, I want to extend my best wishes to each of you during this holiday season and the coming year. □

## The Board of Directors met on October 14, 15 & 16, 2009 at NANB Headquarters in Fredericton.



**T**he meeting commenced with an afternoon orientation session. NANB welcomed newcomers: president-elect; three directors; and one public director effective September 1, 2009 through to September 1, 2011. A Director's liability presentation was delivered by Fred McElman, NANB legal counsel. The following are newly appointed directors:

- France Marquis RN  
*President-Elect*
- Ruth Alexander RN  
*Director—Region 2*
- Noëlline Lebel RN  
*Director—Region 4*
- Marius Chiasson RN  
*Director—Region 6*
- Roland Losier  
*Public Director*

### Healthy Public Policy

Stéphane Robichaud, CEO, NB Health Council delivered an overview of the Health Council and provided a report on the New Brunswick Health System.

A study conducted by the UNB Faculty of Nursing indicating priority themes for the Canadian Healthcare System and the increasing demands placed on

emergency departments was presented by Marilyn J. Hodgins, RN PhD, Associate Professor.

A financial update was provided by NANB investment advisor Larry Sheppard, RBC Dominion Securities.

### Canadian Nurses Foundation (CNF) Nursing 4.0

CNF launched a four-year drive to raise four million dollars during the 2009 National Nurses Week. The Board approved NANB's contribution of \$36,000 to meet the goal of NB RN's.

### The New Brunswick Nurse Practitioner Initiative

A report on the future direction for Nurse Practitioners within the NB healthcare system was accepted by the Board. Recommendations included sustaining the current primary health care regulatory framework.

### Policy Review & Monitoring

The Board reviewed and approved the 2009–10 Board Planning Cycle, as well as policies and monitoring reports related to:

- *Governance Process*
- *Executive Limitations*

### Board of Directors & Committee Nominations

Board members approved the appointment of Aline Saintonge as Public Director to the Executive Committee for a one-year term effective immediately through to August 31, 2010.

The Board established an Ad Hoc Committee, established to review the process by which NANB public directors are solicited. Members appointed are:

- France Marquis RN, *Chair*
- Marius Chiasson RN, *Region Director 6*
- Robert Theriault, *Public Director*

Ruth Riordon RN, Carleton Victoria Chapter was appointed Chairperson of the Nominating Committee for the NANB 2010 Elections.

Denise Tardif RN was appointed Chief Scrutineer for the NANB 2010 Election and Annual Meeting by the Board.

### NP Therapeutics Committee

The Board approved the Therapeutics Committee's recommendations for amendments to the ordering schedules concerning the *Rules Respecting Nurse*



*Practitioners-Additions to Schedule 'B' & Additions to Schedule 'D'. Once approved, the schedules will be circulated to stakeholders and posted on the NANB website.*

## NANB Document Review/Approval

The Board approved the following:

### New Documents

- *Guideline: Working with Unregulated Care Providers*

The practice guideline on *Working with Unregulated Care Provider* outlines the responsibilities and accountabilities of registered nurses in relation to assigning or delegating tasks to unregulated care providers (UCPs).

- *Guideline: Infection Prevention and Control*

The purpose of the *Infection Prevention and Control* practice guideline is to outline the responsibilities and accountabilities of registered nurses when dealing with infection control and prevention practices in the workplace.

The Board also approved the retirement of one document and two position statements: *Career Planning for*

*Nurses; School Health; and Nursing Workload Measurement.*

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

## Staff Recognition Ceremony

The Board of Directors recognized Marie-Claude Geddry-Rautio, Bookkeeper, for ten years of service to the Association.

## Next Board

The next Board of Directors meeting will be held at the NANB Headquarters on February 17 & 18, 2010. Observers are welcome at all Board of Directors meetings, please contact Paulette Poirier, Corporate Secretary at ppoirier@nanb.nb.ca or by calling (506) 458-2866.

## 2009–2010 NANB Board of Directors

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Deborah Walls
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Aline Saintonge
- *Public Director*  
Robert Thériault
- *Public Director*  
Roland Losier

□

**Submitted by:**

Janice L. Thompson, RN PhD,  
Professor and Dean,  
Faculty of Nursing, UNB

## Reflections on a Nursing Education that Lasts

Over the last four years, the Faculty of Nursing at UNB has engaged with New Brunswick partners and stakeholders in intense capacity building to increase enrolments in undergraduate and graduate (nurse practitioner) programs. By all available metrics, we have achieved our targets for increased nursing enrolments at UNB. The Canadian Nurses Association and the Canadian Association of Schools of Nursing have both agreed that increasing enrolments and renewed efforts to retain registered nurses in the workforce are equally important and necessary actions, if we are to achieve a sustainable solution to chronic shortages in the nursing workforce. From the standpoint of our national organizations, “sustained capacity building” is necessary and essential, if we are to protect the safety of patients and the quality of patient care in Canada. In our lifetime, the preparation of an adequate workforce of registered nurses has emerged again and again as a challenge to nursing educators. Central to that challenge is the need to adequately prepare registered nurses who can cope with the complex and rapidly changing horizon they must anticipate in their practice. There has never been a time when the contribution of excellence in nursing education was more important.

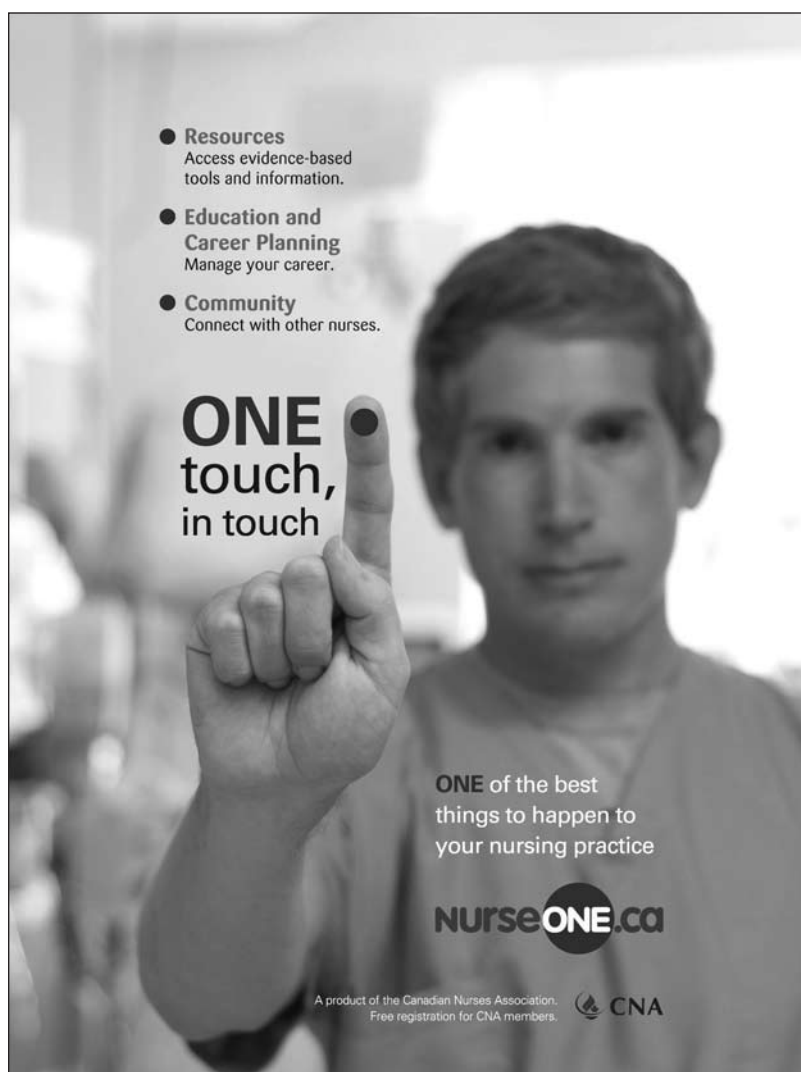
There are good reasons for locating the education of registered nurses in baccalaureate and higher degree programs and equally important reasons for continuously investing in and building this capacity in New Brunswick. In the articles that follow, we describe recent ways in which the nursing faculty at UNB has engaged reflectively in capacity building in New Brunswick. In the story we've shared at UNB, our work has been guided by several intersecting layers of analysis and engagement.

As we "stretch" to educate more nurses, we've understood that the mandate of baccalaureate education is to prepare competent nurses who engage during their university years in the cultivation of abilities that last a life time. The distinction between competence and capability/ability is an important element in our paradigm. While regulatory bodies and professional organizations are correctly focused on competencies necessary for safe and effective practice, when it comes to the education of registered nurses, the mission of universities must address more than this. University education for nurses must simultaneously focus on domains of professional competence and a wider domain of liberal education, cultivating capabilities that are central to the life of citizens in a democracy. Both domains of learning are defined in the mission of health professions education in 21<sup>st</sup> century democracies and both must be continuously nurtured.

To underscore this point, faculty members at UNB have recently explicated the domains of ability that surround, underlie and ground basic, entry level competencies in our undergraduate and advanced practice graduate programs. Our explication of abilities found in UNB Nursing degree programs has been influenced by recent discussions of the distinction between abilities and competence. We've drawn on the work of Mentkowski (2000), defining abilities as complex combinations of motivations, dispositions, attitudes, values, strategies, skills, behavior, knowledge and self-perceptions. This work also argues that the hallmark of "learning that lasts" is the capacity to reproduce or deepen a specific ability in contexts that are unfamiliar or different from the place in which one first learned. Similarly, Watson (2006) argues that the distinction between competence and capability-ability is demonstrated when one can use logical and lateral thinking, "not panicking"—but rather drawing on latent knowledge, skills and values, to provide competent and appropriately innovative care in contexts that are unfamiliar, unstable or discordant. Also central to Watson's distinction between competence and ability is accountability, the "Socratic" capacity of "giving an account" of what one does in practice, rather than simply doing it through the mastery of specific skills.

The attribute of accountability is an important component of "learning that lasts" for nurses in New Brunswick. Of late, institutions of higher learning have everywhere engaged numerous projects of accountability, assessing the outcomes of learning in post-secondary settings. In these projects, most institutions acknowledge that because of their complexity, capabilities or abilities cannot be observed directly. They must be inferred from performance indicators or defined outcomes. In our work, the Faculty has moved discursively between several policy level definitions of competence, ability or outcomes, defined by the Nurses Association of New Brunswick (2002, 2006, 2009), the Canadian Nurses Association (2007, 2009) and the Maritime Provinces Higher Education Commission (2007).

Within this landscape of accountability, an "Abilities-Based Outcomes" approach to the assessment of undergraduate and graduate nursing education has been discursively defined and implemented in Nursing at UNB during the last four years. While elements of this approach have long been in place at UNB, the explication of this approach intensified in 2006 and




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has continued—with the definition in 2007 of core abilities and their associated outcomes of study in both the BN and MN programs. The process of defining core abilities and further explicating associated outcomes and competencies in our degree programs has been a labor intensive and iterative process.

The Faculty has identified five core abilities and associated outcome indicators that are central to our undergraduate degree (BN) program. These domains of ability are: Knowledge and Its Application; Skills of Analysis/Critical Thinking; Communication; Professional Identity and Ethics; Social Justice/Effective Citizenship. In the Graduate (MN) Program, six domains of ability have been identified: Critical Reading and Thinking; Communication; Professional Sensibility; Evidence-Based Practice; Leadership; and Practice Excellence.

Out of our analyses, and with considerable “mapping” of stakeholders’ terms discursively across our curriculum, we have come to voice our own culturally defined definitions of abilities, their educational outcomes and the developmental processes necessary to cultivate these abilities in our degree programs. In this effort, we have reiterated for ourselves, and perhaps for others, the reasons that entry level practice (for registered nurses and nurse practitioners) requires post-secondary education in our comprehensive university. In short, we’ve come to understand again and perhaps differently why “It takes time and a village to grow a nurse.”

Of particular importance in this story is the considerable attention the Faculty has given to cultivating abilities necessary for professional accountability, primary health care, social justice and caring in a complex post-industrialized 21<sup>st</sup> century democracy. We know that cumulative learning leading to the development of these abilities among adult learners is a complex and subtle process. It requires complex learning experiences in many diverse settings, including acute care, long term care, community health and many other contexts. As nurse educators, we take seriously the social mandate that defines and supports our university practice, and we value the many partnerships with stakeholders in New Brunswick who also support the learning activities of our students.

Our partners in this important work also include the Center for Enhanced Teaching and Learning (CETL) at UNB, whose expertise we wish to acknowledge. That partnership has made possible the articulation and understanding of this work in light of other similar efforts across North America and beyond.

We believe that the poetics and politics of our efforts at UNB are an important commitment to the future through a nursing education “that lasts.” We also trust that our efforts will contribute positively to a sustained capacity in New Brunswick where registered nurses will continue to make crucial contributions to the health and wellbeing of the people of New Brunswick. □



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Watson, R. (2006). Is There a Role for Higher Education in Preparing Nurses? *Nurse Education Today*, 26, 622–626.

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We gratefully acknowledge the contribution of the following ÉRSI's Ad-hoc Nursing Program Committee members:

Anne Charron, Pierre Godbout, Jeannette LeBlanc, Suzanne Ouellet.

These professors were responsible for the redesign of the Baccalaureat Nursing Program of the Université de Moncton in collaboration with the ÉRSI network directors. We are also thankful to all ÉRSI's members for their precious collaboration in this project.





## The École réseau de science infirmière (ÉRSI) of the Université de Moncton Redesigns Its Bachelor of Nursing Program

**A**s part of the redesigning of undergraduate programs at the Université de Moncton, the ÉRSI is proposing a major change to its bachelor of nursing program (for regular students).<sup>1</sup>

In order to implement the Academic Senate's project to reform its undergraduate programs, the ÉRSI is reducing the total number of credits from 133 to 120 while respecting all nine general education objectives of the redesign project. Furthermore, in light of the numerous requirements of the various professional associations (NANB 2009, NANB 2005, CNA 2009, CASN 2005), the ÉRSI will better align the baccalaureate program with the new competencies, taking into account the evolution of the profession and the health care sector.

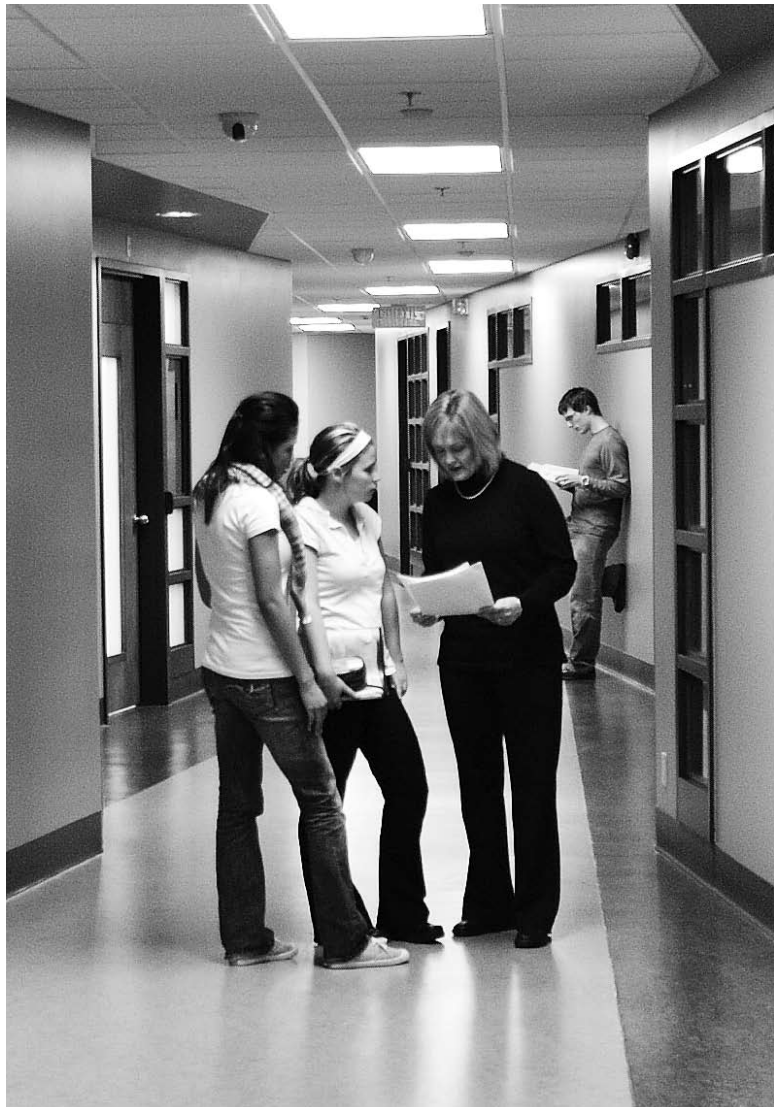
As part of this major reform process, the ÉRSI favours the socio-constructivist paradigm as an educational framework. Socio-constructivism comes from the constructivism paradigm, which focuses on the active involvement of students, who then become main agents of their learning. In this regard, students gradually acquire new knowledge in relation to their previous knowledge. Socio-constructivism also adds the relational dimension to the learning process (Lasnier, 2000). This means nursing students learn to actively build their know-

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<sup>1</sup>The modified program was accepted by the members of the three campuses of the École réseau de science infirmière (Moncton, Edmundston and Shippagan) and by the Council of the Faculty of Health Sciences and Community Services. The program is currently waiting to be approved by the Program Committee and the Academic Senate of the Université de Moncton.



Competency refers to a complex *know-how* which requires the wise and efficient mobilization of internal and external resources within specific professional situations (Arsenault, 2007, inspired by Tardif, 2006, Scallon, 2004, and the Faculty of Medicine of the Université Laval, 2005).



According to Joannaert (2002), the socio-constructivist perspective values co-building, in context, of knowledge and competencies instead of the transmission of out-of-context and disembodied elements of knowledge. Critical thinking and rational discourse are the main processes used for this type of learning, which are essential components of nursing education.

ledge through interactions with peers, educational resources and health care professionals. According to Joannaert (2002), the socio-constructivist perspective values co-building, in context, of knowledge and competencies instead of the transmission of out-of-context and disembodied elements of knowledge. Critical thinking and rational discourse are the main processes used for this type of learning, which are essential components of nursing education.

The ÉRSI is proposing a competency-based baccalaureate program. Competency refers to a complex *know-how* which requires the wise and efficient mobilization of internal and external resources within specific professional situations (Arsenault, 2007, inspired by Tardif, 2006, Scallon, 2004, and the Faculty of Medicine of the Université Laval, 2005). In the context of competency-based education, nursing students learn through various simulated or real clinical nursing situations, and through life and work experiences. Consequently, students decide in action which resources to deploy, and they coordinate them. Therefore, learning begins by mobilizing resources in a specific situation or setting. Students continue building their competencies by transferring knowledge to different settings, which results in developing critical thinking. Integration activities in class settings (theoretical seminars), simulated situations in a lab setting or real situations encountered in practice settings complete the learning activities. This paradigm shift should also contribute to knowledge retention and critical thinking of students. By becoming active participants in their learning, students will better control factors that impact their adaptation to university studies. The competencies of the redesigned baccalaureate nursing program include *nursing expertise, communication and interaction, collaboration, professional accountability and self-learning*.

Competency development continues through the four years: in year one, the focus is on healthy persons<sup>2</sup>; year two on persons with a chronic condition; year three on persons with an acute health condition; and year four on persons with a complex or critical health condition.

As they progress, students build their knowledge and develop competencies in an interactive manner. Since development indicators have been identified for each competency in each year of the program, students are gradually exposed to more and more complex learning situations. The process of acquiring new competencies is gradual, and is assessed according to each year-end indicator. Therefore, students will be aware of their learning progress and able to adjust as needed by relying on their strengths and identifying opportunities for

improvement. With this process, students are able to mobilize their resources towards their professional and personal development.

At the end of the program, students are able to apply a nursing process to various health situations while demonstrating an evidence-based clinical judgment. They partner with the person by being culturally sensitive in their care interventions and teaching strategies. They are leaders within interdisciplinary and intersectorial teams, and advocate for the person in an ethical context.

Upon successfully completing the Canadian Registered Nurse Examination, graduates can work in various organizations and health care institutions provincially, nationally and internationally. Graduates are generalist nurses that can adapt to the changes in the health care system of the 21<sup>st</sup> Century. □

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Canadian Association of Schools of Nursing (CASN). (2005). Accreditation Program of the CASN. Internet: <https://www.casn.ca/en/21>

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<sup>2</sup>A person can be an individual, a family, a group, a community or a population.



Virgil Guitard, RN

When working with UCPs in a team model of care delivery, the RN assigns the nursing work and establishes the degree of oversight required.

## You asked a Practice Advisor: “As a registered nurse, what are my responsibilities when working with Unregulated Care Providers (UCPs)?”

### Background

SYSTEMIC CHANGE TO the health care system is 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 (RNs) 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. In many care delivery models, the RN is not the only health care provider delivering care to patients. Many models are based on collaborative work where some tasks can be provided by Unregulated Care Providers (UCPs).

### Unregulated Care Providers

Working with UCPs is an increasing part of the registered nurse's practice in many settings in New Brunswick. Unregulated Care Providers are paid health care workers who are neither registered nor licensed by a regulatory body and have no legal defined scope of practice. UCPs provide personal care and/or support for activities of daily living to patients. UCPs include, but are not limited to, resident care aides, home support workers and special education assistants. Their work settings include, but are not limited to, client homes, group homes, residential care facilities, long term care facilities, hospitals and schools.

### RNs Direct Nursing Care at the Point of Care

When RNs and UCPs work together, the nursing care delivery model must support collaboration and cooperation among the nursing team, respecting the contribution of each individual, to help ensure safe and appropriate client care. Regardless of the model, the registered nurse remains responsible for the overall direction of nursing care (NANB & ANBLPN, 2009).

UCPs are accountable to their employer for the overall performance of their role description.

When working with UCPs in a team model of care delivery, the RN assigns the nursing work and establishes the degree of oversight required. Assignment occurs when the required task falls within the UCPs role description and training, as defined by the employer. Oversight is a combination of consultation, guidance, teaching, evaluation, clarification of the care plan and follow-up by the RN at the point of care for the purpose of overseeing the care which is assigned or delegated.

The RN provides directions and clear expectations of what activities need to be performed, monitors performance, obtains and provides feedback, intervenes if necessary and ensures proper documentation. It is very important that the RN remains aware of the UCP's job description in order to assign the proper activities. In some specific situations and according to agency policy, an UCP can also be educated by RNs to perform, under specific conditions, certain other tasks.

The degree of oversight required must be established by the RN who is assigning the nursing work. The amount of direction provided depends upon the complexity of the task or procedure, and the ability of the care provider to perform. The level of communication necessary between the RN and the UCPs during a shift is determined by the RN, taking into account the client predictability and complexity of the assigned task(s).

When accepting their assignments, the UCPs are responsible and accountable to ensure they have the necessary knowledge and skills to provide the nursing work assigned to them and for communicating with the RN team leader as necessary. Although RNs are not responsible or accountable for the UCP's practice, the RN needs to know about the client's health status and the clients' needs in order to coordinate the care appropriately. Employer policies and care delivery models must support the role of registered nurses in directing care.

For more information about working with UCPs, see NANB's new document *Practice Guideline: Working with Unregulated Care Providers* (2009) at [www.nanb.nb.ca](http://www.nanb.nb.ca)

#### Additional Resources

- Nurses Association of New Brunswick (2005). *Standards of Practice for Registered Nurses*. Fredericton: Author. (under revision) [www.nanb.nb.ca/PDF/practice/StandardsofRegisteredNursesE.pdf](http://www.nanb.nb.ca/PDF/practice/StandardsofRegisteredNursesE.pdf)
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- Nurses Association of New Brunswick, Adapting to the New Workplace Reality: Part 3: Organizing patient care,

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- Nurses Association of New Brunswick, Adapting to the New Workplace Reality: Part 4: Working Together, *Info Nursing*, September 2008, vol.39, Issue 2, p.12. [www.nanb.nb.ca/PDF/Info-Nursing/Info-Sept2008-E.pdf](http://www.nanb.nb.ca/PDF/Info-Nursing/Info-Sept2008-E.pdf)
- Nurses Association of New Brunswick, Adapting to the New Workplace Reality: Part 5: Directing Care, *Info Nursing*, Winter 2008, vol.39, Issue 3, p.18. [www.nanb.nb.ca/PDF/Info-Nursing/INFO-Winter2008-ENG.pdf](http://www.nanb.nb.ca/PDF/Info-Nursing/INFO-Winter2008-ENG.pdf)

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 working with unregulated care providers or other practice issues, contact the Practice Advisor at 1 800 442-4417, (506) 458-8731 or email [nanb@nanb.nb.ca](mailto:nanb@nanb.nb.ca). □



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 Password: **assist**

**Canadian Nurses Protective Society**



EDITOR'S NOTE: As part of Strengthening Nurses, Nursing Networks and Associations Program (SNNAP) partnership with Association des Infirmiers et Infirmières du Burkina (APIIB), CNA's Vicki Campbell and Roxanne Tarjan, Executive Director of NANB visited Burkina Faso in October 2009. The temperature rarely dropped below 40 degrees, even in the evening. Long working days started in the early morning hours and continued throughout the day. The local hospitality was overwhelming.

"The engagement and commitment of the APIIB leadership team and regional representatives was amazing to experience. I am convinced they will be successful in their efforts to revitalize their association for the benefit of the profession and the people of Burkina Faso" expressed Roxanne Tarjan.

The images illustrate the progress achieved by the Board of Director's, staff and regional representatives of APIIB.

# Burkina Faso Welcomes Canadian Partners

## Day 1

~ Upon arrival, we were greeted by staff at the APIIB headquarters. The headquarters are situated next to a coiffure shop on a well-travelled dirt road. The group gathered for a picture under a canopy at the headquarters. We worked on association governance issues such as human resources, financial management and day-to-day operations.

## Day 2

~ Representatives from all regions of Burkina Faso arrived in Ouagadougou for a strategic planning session. The group divided into working groups to identify strategic objectives and discuss their key issues and concerns. CNA and NANB's visit facilitated meetings with some key stakeholders for APIIB including a meeting with World Health Organisation representative responsible for Nursing in Africa to discuss issues in the region and globally.

## Day 3

~ Roxanne Tarjan delivered a governance presentation following a discussion validating the outcomes of the strategic plan. A full discussion which resulted in identifying priorities for APIIB over the next six months. The workshop was hailed a success as it was the first time all regions have been consulted in this level of planning. It represented a new beginning for APIIB.

## Day 4

~ A visit to the Poste de santé / Community Health Centre where you can see a dispensary containing basic medication needs in the background. A meeting occurred with the Canadian Embassy to provide an up-date on activities and results of the workshop. We continued to a Rehydration Centre and met a mother and patient and finished the day at a Family Planning Clinic.

~ The children flocked to have their pictures taken while gathering water at a water station to wash clothing and transport back to their families.

## Last day

~ Discussions continued on association governance issues and we worked with APIIB on next steps and planning for future. Debriefed with the Executive of APIIB—a successful trip with mission objectives achieved and with key priorities identified.

Thank you, President Pooda, the Board of Directors and staff.





# Elections 2010

Nominations for the 2010 elections are now being accepted.

## Why Should I run for office?

This is your opportunity to:

- influence health care policies;
- broaden your horizon;
- network with leaders;
- expand your leadership skills;
- make things happen in the nursing profession.

## Nomination restrictions

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

## Information and results of elections

- Information on candidates will be published in the spring 2010 edition of *Info Nursing*. Voting will take place by mail ballot. The names of the elected candidates will be announced at the 2010 Annual Meeting and will be published in the fall edition of *Info Nursing*.

## How can I become a candidate?

- Any practising member of the Association may nominate or be nominated for positions on the board of directors of the Association.
- Nominations submitted by individuals must bear the signature and registration number of the nominator.
- Nominations submitted by chapters must bear the signature and registration number of two members of the chapter executive who hold practising memberships.
- Nominators must obtain the consent of the candidate(s) prior to submitting their names.



"The Board thinks and reacts globally, always looking for the greatest good for the largest amount of people. Public members uphold the Board's accountability bringing a non nursing perspective so that Director's must educate, reflect and justify their actions."

**Debbie Walls  
RN, Director—  
Region 7**



"The Board is a wonderful opportunity to become informed on such a wide range of issues and perspectives. It is very easy for nurses to become wrapped-up in their own workplace, the issues discussed at board, such as politics and education encourage me to see issues from a much broader perspective."

**Ruth Alexander  
RN, Director—  
Region 2**

"If you are proud to be a nurse, care about nursing, value the privilege of sharing unique life experiences with our patients then get involved and become a board member. It is your professional responsibility to keep informed and stay involved in NANB. All nurses in NB can make a difference in their chosen profession—it just takes a little of your time."

**Darline Cogswell  
RN, Director—  
Region 3**



"Is it very rewarding to be involved as a Board director. After only one meeting, I understand the Board's role and the importance of the contribution of each zone's representative."

**Noëlline Lebel  
RN, Director—  
Region 4**



# Annual Meeting

## Rules & 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 registered 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) The Board of Directors shall have the authority to approve the minutes of the Annual Meeting.
- 8) The rules of debate shall be strictly observed.
- 9) All members and guests are asked to turn off electronic devices while inside the meeting room.
- 10) As some participants may be sensitive to perfume or aftershave, members and guests are asked to refrain from wearing scents.

# Election Forms 2010

## 2010 NANB Board of Directors Nomination Form

(To be returned by nominator)

The following nomination is hereby submitted for the 2010 election to the NANB Board of Directors. The nominee has granted permission to submit her or his name and has consented to serve if elected. All of the required documents accompany this form.

Position: \_\_\_\_\_

Candidate's name: \_\_\_\_\_

Registration number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone numbers:  
(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Chapter: \_\_\_\_\_

\_\_\_\_\_  
Signature / Registration # / Chapter

\_\_\_\_\_  
Signature / Registration # / Chapter

Nomination forms must be postmarked no later than January 31, 2010. Return to Nominating Committee, Nurses Association of New Brunswick, 165 Regent Street, Fredericton, NB E3B 7B4.

## 2010 Acceptance of Nomination to the NANB Board of Directors

(The following information must be returned  
by nominee)

### Declaration of Acceptance

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

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

\_\_\_\_\_  
Signature / Registration #

### Biographical sketch of nominee

Please attach separate sheets when providing the following information:

- 1) basic nursing education, including institution and year of graduation;
- 2) additional education;
- 3) employment history, including position, employer and year;
- 4) professional activities; and
- 5) other activities.

### Reason for Accepting Nomination

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

### Photo

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

Return all of the above information to: NANB, 165 Regent Street, Fredericton, NB E3B 7B4. Information must be postmarked no later than January 31, 2010.

## The New Brunswick Critical Care Nursing Program:

## A Beacon for Critical Care Education

SUBMITTED BY: SUZIE DUROCHER-HENDRIKS, RN MN, ASSISTANT PROFESSOR ACADEMIC CONSULTANT, NBCCNP  
UNIVERSITÉ DE MONCTON (EDMUNDSTON CAMPUS)

**T**he New Brunswick Critical Care Nursing Program (NBCCNP) was launched in 2002 after many discussions with a group of nursing educators in critical care who observed that the gradual loss of experienced nursing staff combined with the increasing complexity of care in those settings was compromising the quality of care provided to individuals in a life-threatening situation. Furthermore, regional health authorities at the time were offering in-house educational programs that varied across regions, including the content according to perceived needs. The nursing shortage anticipated as far back as 2000 prompted the provincial government to develop a program facilitating the recruitment and retention of nurses in critical care settings. Therefore, the New Brunswick Department of Health, as part of the Nursing Resource Strategy Initiative, regional health authorities and two universities, the Université de Moncton (UdeM) and the University of New Brunswick (UNB), established the New Brunswick Critical Care Nursing Program (NBCCNP)/Programme de soins infirmiers critiques du Nouveau-Brunswick (PSICNB).

Initially, the goal was to educate entry-level nurses to work in a critical care setting. Since then, the program has expanded to include nurses with experience in critical care nursing. In fact, several hospitals have taken advantage of the training by encouraging the development of an expertise in critical care among nursing educators. In February 2007, specialized training in emergency nursing was added to the program. Over 250 university certificates have been delivered to date.

The education program lasts 17 weeks and includes eight undergraduate university courses (24 credits) recognized towards a bachelor of nursing degree by UdeM and UNB. The courses are developed, coordinated and taught by nurses who have a bachelor or a master degree in nursing. Educators come from regional hospitals and the nursing faculties of both universities. There are various teaching methods: the preferred means of delivery is online, completed by several hours of laboratory work and tutoring, clinical placements and one preceptorship, as well as audio and videoconferences. The training is offered in both official languages.

There are additional advantages to specialized training such as: increased familiarity of nurses in a new work setting, and leadership and mentorship skills development among educators and staff. Preceptors and learners work closely together in order to identify learning needs and care experiences that contribute to the development of critical thinking. Academic abilities and computer notions acquired during training have encouraged several program graduates: to obtain the Canadian

Nurses Association Certification); to get involved with professional associations such as the Canadian Association of Critical Care Nurses; and to become educators and resources within the NBCCNP.

A benefit of the program is the development of a theoretical knowledge bank based on best practices in both French and English. Also, networking among educators in critical nursing care facilitates for considerable sharing of knowledge, educational tools and a continual sharing of information across health authorities.

Results of the program evaluations, and particularly questions pertaining to the retention of nursing staff, clearly shows a need to maintain critical nursing care education (Orion Marketing Research, 2006). About 81% of the program graduates are currently working in critical care settings, and 16% hold management positions in these settings (Orion Marketing Research, 2008). Surveys conducted as part of three official evaluations of the program indicated that new graduates felt better prepared to work in critical care settings and had thorough theoretical and practical knowledge that extended to several specialized critical care settings, including emergency care. The specialized knowledge gained by nurses upon completion of the NBCCNP ensures competent care (Orion Marketing Research, 2004). Moreover, unit managers noticed an improvement in the delivery of care to individuals and their families (Orion Marketing Research, 2006). For the latest evaluation, all managers of critical care and emergency care mentioned that this education program must continue because of the exceptional, rigorous and constant quality of the teaching, which is evidence-based and continually updated to reflect a contemporary nursing practice (Orion Marketing Research, 2008).

The expected goals of the NBCCNP are being achieved. A retention rate of 81% of nursing staff educated in the program is considered a success. More importantly is the perception and belief that the care delivered to individuals and their families is enhanced. This level of satisfaction contributes to a better integration to a workplace that is both demanding and rewarding.

The success of this program is largely due to the dedication and the unwavering faith of nursing educators in critical care and emergency care settings in New Brunswick, specifically the members of the Provincial Education Committee who developed, structured and organized the courses. The financial support of the Department of Health and support of the universities have made it possible to offer the program to nurses. □



# Test Your Infection Prevention and Control Knowledge

NANB HAS DEVELOPED a new practice guideline *Infection Prevention and Control*. The document has been developed to support the role of the registered nurse in all care settings by providing guidance and direction in making informed decisions. The following case study and questions are designed to facilitate the registered nurse's use and familiarity of the new document. All correct answers can be found by reading the new document.

The document can be found on the NANB website at [www.nanb.nb.ca](http://www.nanb.nb.ca) under Publications & Resources/ Professional Practice.

## Case Study

Eight days ago, Mr. X was admitted to the hospital for a non-healing foot ulcer. He had driven 800 miles to attend his sister's funeral. When he returned home, his right foot was badly swollen and erythematous. A large blister was evident over the metatarsal plantar aspect of the foot. Upon arrival at the hospital, his temperature was 38.05°C and the ulcer was draining green purulent material. He was immediately admitted to the hospital for evaluation and treatment. Upon admission he was started on antibiotics. In the operating room the infected area of the plantar space of the right foot was incised and drained. Purulent material was collected and submitted for culture.

### Culture results:

Staph. aureus;  
Strep. intermedius;  
Strep. constellatus;  
and MRSA. ☐



## When providing care to Mr. X it is important for the nurse to:

Remember that \_\_\_\_\_ is the single most-important infection prevention and control practice.

- a) hand washing
- b) wearing gloves
- c) using isolation techniques with all clients

Understand and apply evidence-based measures to prevent and control transmission of micro-organisms that are likely to cause infection by adhering to \_\_\_\_\_ for all client cases.

- a) universal precautions
- b) routine Practices and Additional Precautions
- c) isolation techniques for all clients

Reduce the risk to self and others by appropriately handling, cleaning and disposing of materials, equipment and waste by \_\_\_\_\_ (for example, needle-less IV systems, sharps disposal containers, disposable stethoscopes, closed laundry systems) when available and following established guidelines when disposing of biomedical waste.

- a) using safety devices
- b) reusable medical equipment
- c) bringing their own

Nurses use appropriate and timely communication strategies with clients and their significant others, the health care team and the community when discussing infection prevention and control issues by maintaining open \_\_\_\_\_ with the health care team, including support staff.

- a) systems
- b) communication
- c) charting

Be aware that nursing uniforms, shoes or any jewelry worn while at work can act as a \_\_\_\_\_ for potential infections, as can medical equipment used between patients such as stethoscopes.

- a) susceptible host
- b) mode of transmission
- c) infectious agent

# *globalization:* its impact on nurses & health systems

A **workshop** for nurses and nursing students

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Change health care in Canada and abroad?

Challenge the nursing profession?

Affect nurses at work?

Impact nurses in their everyday lives?

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**March 25 and 26, 2010**

Nurses Association of New Brunswick  
165 Regent Street  
Fredericton, New Brunswick

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for more information, please contact:

[jlandry@nanb.nb.ca](mailto:jlandry@nanb.nb.ca)

**Space is limited so please  
register early!**



CANADIAN  
**NURSES**  
ASSOCIATION



Activity undertaken with the financial support of the Government of Canada provided through the Canadian International Development Agency (CIDA)

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Canadian International  
Development Agency

Agence canadienne de  
développement international



## Promoting Healthy Child Development as a Determinant of Population Health



**Submitted by:**

Nicole Letourneau,  
RN MN PhD

Canada Research  
Chair in Healthy  
Child Development  
Faculty of Nursing,  
University of  
New Brunswick

**W**hile federal, provincial, and territorial policy makers recognize that *healthy child development* is a critical determinant of population health (1–5), approximately a quarter of Canadian children are vulnerable to developmental problems in cognitive and behavioural domains. In New Brunswick, the rate is higher than the national average with 31% of children experiencing delays in these domains (6). Because healthy child development underpins the success and well-being of populations, these statistics are cause for concern. In the spirit of social justice, the World Health Organization calls for policy and program changes addressing healthy child development to “close the gap in a generation” (7).

## Nurses can join the chorus by advocating for population health initiatives targeting healthy child development in New Brunswick.

New Brunswick faces many population health challenges due to rapid and dramatic economic and social changes over the past three decades such as an aging population, reduced birth rate, and population out-migration. The traditional resource-based industries, including mining, fishing, and forestry, are in decline. Poverty and the disparity between rich and poor are higher in NB than national averages. Incomes in southern urban regions tend to be higher than in rural northern regions and this disparity has been linked to poorer health outcomes in NB (8). Over one-half of NB adults have weak literacy skills, gauged by their scores on the International Adult Literacy and Life-skills survey (9). For young adults, this reduces both their ability to parent effectively and their workforce participation. A recent trend for one parent to leave NB in search of work has led to an increase in lone parenting families (10). Rates of breastfeeding initiation and duration are second lowest in Canada (11) and may contribute to explanations for the high rate of obesity among NB children (12, 13), and children's literacy and mathematics skills that are among the lowest in Canada (6). Compared to the national average of 15%, 20% of NB children grow up to be obese adults, a condition associated with many diseases affecting workforce participation and increased health care spending (14). Further, smoking rates in NB are the highest in Canada outside of Quebec (15). NB is clearly a region that requires a preventive approach to population health.

### Population Health Framework

The classic, but still highly relevant, Population Health Framework (Figure 1) considers healthy child development under the category of *individual capacity and coping skills*. Healthy child development interacts with the other determinants of health, including health services, personal health practices, social and economic environments, and physical environments.

#### Healthy Child Development (Individual Capacity and Coping Skills)

New evidence on the effects of early experiences on brain development, school readiness and health in later life has sparked an ever-growing consensus that healthy child development, as an individual capacity and coping skill, is a powerful determinant of health. At the same time, all of the other determinants of health affect the physical, social, mental, and emotional development of children and youth (5). Healthy child development, characterized by optimal cognitive, social, emotional and physical development, is predicted by numerous factors that begin prenatally and extend over the life of the child. Many of these factors relate to the caregiving environment. Considered under the determinants of health

framework, key factors include *maternal health and health practices, breastfeeding* (personal health practices), *socio-economic status, maternal anxiety and depression, parenting practices and styles, adolescent parenthood, lone-parenting families* (social and economic environment), and *tobacco and drug exposure* (physical environment).

#### Health Services

A population health approach that emphasizes the broad array of health determinants—most of which fall outside the health care sector—requires a perspective of health services that crosses interdisciplinary and intersectoral boundaries (16, 17). As such, health services include the broad array of health-related supports and services available to families. Adequate prenatal and professional follow-up care predicts reduced perinatal health complications, higher infant birth weights, and maternal recovery (18-20). Home visiting interventions enhance breastfeeding initiation and duration rates, promote early identification and treatment of maternal depression, and reduced childhood accidents (21-27). Likewise, parent training positively influences parenting practices and styles (28). Literacy support programs delivered in the community via early interventionists, primarily educators, have been shown to predict improved developmental outcomes for children (29, 30). The availability of supportive health-related services has been linked to timely access to health-relevant information that may prevent a minor problem from progressing into a more serious condition (31) that could affect child developmental outcomes.

#### Personal Health Practices

*Maternal health and health practices*<sup>1</sup> influence child developmental outcomes. Maternal nutrition during pregnancy predicts infant birth weight (32, 33), premature birth (34-36), intrauterine growth restriction (36, 37) and fetal neurological development (38-40). Low birth weight children and those born prematurely are at increased risk of poor performance on measures of intelligence, school achievement, and verbal language skills at 5 to 7 years of age (37, 41-45). Low birth weight, short gestation, and intrauterine growth restriction have been linked to more frequent hospitalizations (46) behavioural problems including attention problems and hyperactivity (35, 42, 46-48) and chronic respiratory conditions including asthma (46, 49).

An overwhelming abundance of evidence supports the positive effects of breastfeeding on infant and early childhood health, including reductions in ear infections, atopic dermatitis, gastrointestinal infections, lower respiratory tract infections, the development of asthma, and leukemia (50, 51) as well as decreased infant hospitalizations independent of family

<sup>1</sup> As determinants of health, while personal health practices have a powerful influence on population health, they are often closely related to social and economic conditions and opportunities. For example, the practices an expectant mother can engage in may be related to the accessibility and affordability of health and health-related services.

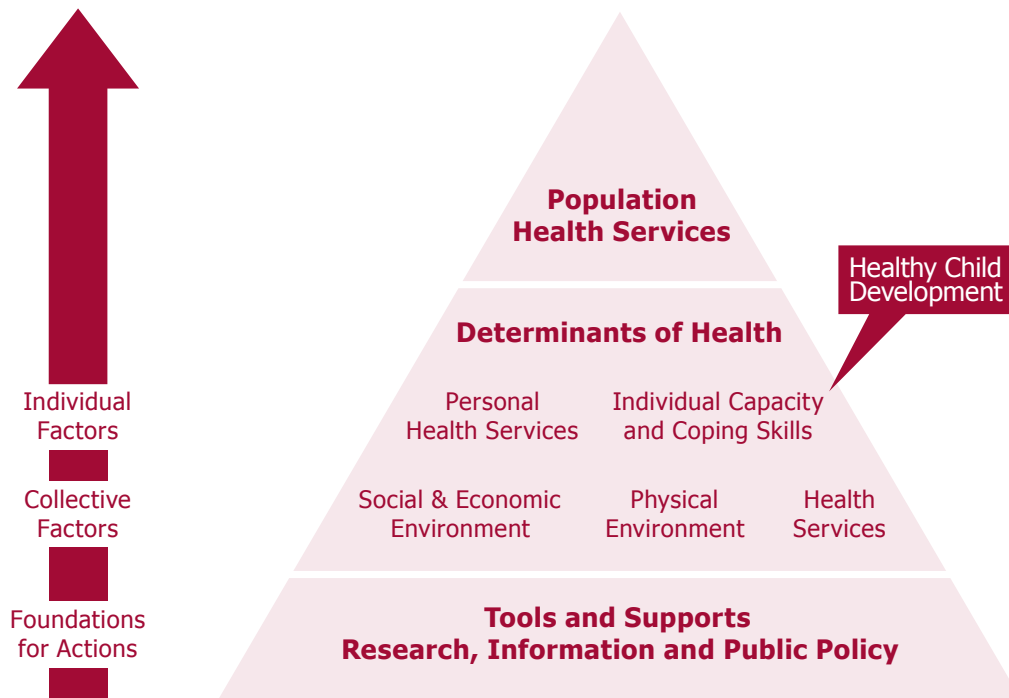


Figure 1

income level (52). Recently, the effect of breastfeeding on children's verbal, performance, and full scale IQ was established by Kramer and colleagues in the Belarus trial (53), the largest randomized trial ( $n > 17,000$  breastfed infants) ever conducted in the area of human lactation. The results strongly suggest that prolonged and exclusive breastfeeding improved cognitive performance at 6.5 years of age.

### Social and Economic Environments

*Socioeconomic status* (SES) has been found to moderate the association between cognitive scores and low birth weight (44, 45). In general, children with lower SES do more poorly on cognitive tasks, have more behaviour problems and experience poorer health than children higher up the socioeconomic ladder (54). Indeed, nearly all the predictors discussed in this section, if not directly related to SES, interact with SES in their association with child outcomes. SES is generally measured using some combination of measures of family income, level of parents' education, and parents' occupational status. Although numerous studies have demonstrated the association between SES and children's cognitive (44, 55-59), behavioural (58, 60, 61), and health (62-65) outcomes, the mechanisms of these links are less clear. Differing amounts of interaction and experience with language during the preschool years, observed in families of different SES (66, 67), may explain differences in cognitive development at school entry. Parents with lower SES are less likely to engage in the positive interactions with their children that enhance cognitive development, such as reading together (58, 68). Chronic stress and maternal depression, associated with low SES and reduced family functioning may also have an impact on children's cognitive, behavioural, and health outcomes (69, 70). While parenting practices and styles have also all been found to be associated with SES, parenting

has important impacts on child outcomes over and above the impact of SES (71).

One of the more intently studied determinants of healthy child development is *maternal depression*, which is known to affect 7 to 25% of expectant mothers (72-74) and 13% of postpartum women (75, 76). While maternal and infant mortality are rare but real consequences of maternal depression, poor child developmental outcomes are frequently seen due to compromised maternal-infant interactions and impaired perceptions of infant behaviour. Maternal depression during the prenatal period has been associated with higher rates of low birth weight, small stature for gestational age, preterm births (77-79) and increased fussing, crying, and stress behaviours (80-82). Maternal depression increases the likelihood of poor cognitive abilities and behavioural problems in young children, even after controlling for related family characteristics such as SES and lone-parent status (59, 83-88). An association between maternal depression and physical child health outcomes (e.g. asthma) has been identified (89-91). More recent research has identified paternal depression as a potent risk factor to children's behavioural development (92). It is noteworthy that one of the largest risk factors for paternal depression is maternal depression.

*Parenting practices and styles*, including the amount of nurturance, the methods of discipline, and the types of interactions children have with their mothers and fathers affect child development (93-96). Vocabulary development in preschool children is dependent upon the amount of parental speech the child is exposed to (66, 67, 97). A study using longitudinal data from the National Longitudinal Survey of Children and Youth (NLSCY) found that daily reading and positive parent-

child interactions were related to higher receptive vocabulary scores at school entry, and these relationships held across family income levels (58). In another NLSCY study, Letourneau et al. (98) found that parenting qualities such as nurturance and consistency were stronger predictors of behavioural development in children than maternal depression.

Children born to *adolescent mothers* are more likely to experience cognitive deficits, behavioural problems (99-106), and poor health outcomes (103, 107, 108) in early childhood, than are children whose mothers were older. Family background factors associated with young motherhood, such as SES and the absence of a stable partner, may account for much of the disadvantages experienced by children of young mothers (109, 110). Associated with young maternal age is *lone-parent status*. Given that lone mothers (who comprise the majority of lone parents) tend to have lower SES (111-113), more family dysfunction (111), and are three times more likely to be depressed than mothers in two-parent families (88), it is not surprising that cognitive, behavioural, and health outcomes for young children being raised by a single parent are poorer than outcomes for children in two-parent families (111-113). However, as with young maternal age, when factors associated with lone-parent status are controlled for, such as lower income and maternal depression, there is a negligible impact of lone-parent status on child outcomes (111-113).

*Social support* may reduce or buffer the negative physiologic (e.g. maternal depression) and/or behavioural (e.g. lack of parental emotional availability) responses to stressful life events (114) such as childbearing and the work of parenting (28, 115, 116). Social support includes both formal services (e.g. professional support, examined below under "Health Services") and informal support available via social Emerging Teamworks of children's families (e.g. family and friends). Lack of social support and perception of social isolation predict the onset of a variety of risk factors to children's development including lack of prenatal care (117), maternal anxiety and depression (115, 118-121), early discontinuation of breastfeeding (122, 123), and substance abuse (124). Support interventions designed to alter the social environment have been successful in facilitation psychological adjustment, aiding recovery from traumatic experiences, and promoting positive health behaviours (125).


#### Physical Environments

Numerous studies have linked prenatal *tobacco and drug exposure* to inattention and hyperactivity in 5 to 6 year-old children (126-129) as well as conduct problems and aggression (48, 105, 130). Studies controlling for both genetic and a variety of environmental risk factors found the impact of maternal prenatal smoking independently predicted both childhood attention (131) and conduct problems (132). Childhood health is

also affected by maternal smoking during pregnancy, increasing the risk of hospitalization in the first year of life (133), respiratory disorders in early childhood (134, 135) and middle ear infections at 5 years of age (136). Exposure to tobacco smoke in the home is related to poor respiratory health in young school-aged children (134, 135, 137-139).


In summary, healthy child development as a determinant of health is influenced by the physical environment, social and economic environment, personal health practices, and health and health-related services. Calls have been made for early and ongoing assessment of physical and psychosocial health of mother, fetus, infant and child, with screening and risk assessment for nearly a decade (3-5, 140). Federal (141-143) and provincial government (E.g. 144) documents reflect the position that population health is socially determined by initiatives focused on child development and requires intersectoral collaboration. Nurses can join the chorus by advocating for population health initiatives targeting healthy child development in New Brunswick. □

A full list of references are available. Please contact the Department of Communications at (506) 459-2834 or 1 800 442-4177.



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Submitted by:



Eleanor Kenny, RN  
Practice Partner  
Educator Partnerships  
in Clinical Learning  
Coordinator



Kathryn Wilson, RN PhD  
Acting Associate Dean  
Academic Programs  
Faculty of Nursing,  
University of  
New Brunswick



## UNB Nursing Students are in a PICL!

**P**artnerships in Clinical Learning (PICL) is an innovative approach to delivering clinical education to nursing students that has been developed in response to a number of factors currently impacting the education of baccalaureate nurses in Canada and internationally. These factors include: a theory-practice gap in which knowledge learned in educational programs is not always easily transferable to

clinical practice; a current and projected shortage of nurses in both education and practice and an agreement between the University and the Provincial Government to increase seats for nursing students (Albaugh, 2005; Landers, 2000). In addition, recent changes in patient demographics, an increase in patient acuity levels and shorter lengths of stays in hospital are forcing educators to explore new and creative ways to facilitate the development of nursing knowledge and expertise (Hall, 2006). Nursing students need to be provided with opportunities to help them learn quickly and efficiently in order to meet the demands of the changing health care system.

When using the PICL approach, learning is enhanced as nursing students are provided opportunities to work directly with nurses who are part of a community of practice. These nurses are recognized as experienced clinicians who are integral to facilitating students' learning. Nurses and other staff members are considered to be in the best position to enable learners to become actively engaged in the world of practice. The community of practice includes all members in the practice area who are involved in organizing or providing patient care. Thus, as the students work within the community of practice they "gain knowledge, learn the community's customs and rituals, and adopt a view of themselves as members of that community" (Buyesse, 2003, p. 266). "Becoming proficient has as much to do with joining a culture of practitioners as it does with becoming technically skilled in some fashion" (Cope, Cuthbertson & Stoddart, 2000, p. 851). Working and learning collaboratively within such practice settings enhances the relationships among students, nurses, other staff and university faculty.

While all members of the community of practice play an important role in the students' education, there are three key players; the Registered Nurse (RN), the student and the instructor. The RN plays an important role in creating learning connections with the student by supervising direct patient care activities and stimulating thinking about patient care decision. The students engage in self directed learning, choose their patient assignment and come to the practice setting prepared to fully engage with the community of practice. The instructor covers multiple groups of students and spends considerable time in the practice areas throughout the shift, ensuring that relationships are developing appropriately between students and the other health care workers. In addition, instructors engage in conversation with students about clinical preparation, care plans and the direct care being provided to clients. When using the PICL approach, the instructor often becomes a clinical resource to both the students and the unit staff.

Evaluating performance is a shared responsibility. Students are required to submit a collaborative learning assessment tool about their clinical experience on a regular basis. Nurses provide daily feedback about students' learning using a daily progress record developed through a collaborative process between nurses and university faculty. Students synthesize their assessment of learning with the verbal and written

feedback they receive from the nurses. The instructor, in collaboration with the student and the nurse, responds to these reflections and provides further feedback as necessary.

Students are unanimous in their feedback that learning using the PICL approach increases their independence and the confidence and expertise they develop during clinical practice placements. Graduates who have participated in PICL as students report that they were able to progress more quickly toward meeting the preceptorship course outcomes and that the skills and abilities learned using this approach were easily transferable to different work environments.

When planning to introduce PICL in new clinical settings, nurses frequently express concerns about the time required to facilitate student learning and often question their abilities as teachers. However, after implementation nurses' feedback indicates that they find the PICL approach to be a valuable way for students to learn. Others nurses, including LPN's, have noted that new graduates who participate in PICL transition to the unit more easily and work effectively with all members of the health team.

From the instructor perspective PICL requires a shift in thinking. Instructors sometimes feel disconnected from the students and the practice setting. As time progresses, instructors realize that they have more time each day to engage in meaningful discussions about patient situations with each student. This provides them with a strong sense of students' knowledge, preparation and ability to realistically transfer theory to practice.

The PICL is an example of how practice and academia have transformed the challenges presented by the current climate of New Brunswick's health care system into real possibilities. The PICL approach has evolved over the past five years and UNB now partners with five acute care units (Orმოctო Public Hospital and Dr. Everett Chalmers Regional Hospital) and Public Health in the Horizon Health Network, Zone 3 and with York Manor Nursing Home. These partnerships have resulted in creative ways to facilitate the development of nursing knowledge and expertise to better prepare new graduate nurses for the realities of the changing health care system.



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*Dear Friends,*

*My name is Ginette Lemire Rodger. I am writing to you today because I care deeply about nursing and the Canadian Nurses Foundation (CNF).*

*I am tremendously proud to be a nurse, a CNF award recipient, and a chief of nursing at a large hospital.*

*I know that nurses have improved patient care in Canada.*

*I know that nurses save lives.*

*I know that the CNF has helped thousands of nurses reach far beyond what we ever imagined.*

*I want nurses of the next generation to be as fortunate as I have been, and I want Canadians to reap the rewards that nursing excellence brings. This is why this campaign means so much to me personally and professionally. Please join me and add your support to the Nursing 4.0 campaign.*

*Sincerely,*

*Ginette L. Rodger*

*Dr. Ginette Lemire Rodger, OC, RN  
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These new funds will be used to support more nursing scholarships and new nursing research projects.

The goal is to raise \$1 million, or ¼ of our total goal, from the nursing community.

### Attention New Brunswick Nurses

You can support the NANB fund through the Nursing 4.0 campaign by mentioning "NANB Fund" on your donation form, when you call in your gift, or by clicking on NANB Fund on the online donation form.

You may also wish to support nurses nation-wide. To do this, simply indicate your support of Nursing 4.0 without specifying a fund.

### Members of the Nursing 4.0 Campaign Cabinet

- Dr. Ginette Rodger, RN  
Nursing Cabinet Chair  
ONTARIO
- Lucille Auffrey  
NEW BRUNSWICK
- Wendy Nicklin  
ONTARIO
- Barb Round  
THE NORTH
- Rob Calnan  
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### National Non-Smoking Week

- January 17<sup>th</sup>–23<sup>rd</sup>, 2010
- [www.nnsw.ca](http://www.nnsw.ca)

### Conference: CIHR Primary Healthcare Summit: Patient Oriented Primary Care—Scaling up innovation

- January 18<sup>th</sup>–19<sup>th</sup>, 2010
- The Hilton Toronto, Toronto, ON
- [www.eplievents.com/Event.aspx?l=1&evt=6dc729f5-595c-4dfa-8117-215ed02fc282](http://www.eplievents.com/Event.aspx?l=1&evt=6dc729f5-595c-4dfa-8117-215ed02fc282)

### Conference: Early years Conference 2010—The Rights of the Child

- February 4<sup>th</sup>–6<sup>th</sup>, 2010
- The Victoria Conference Centre, Victoria, BC
- [www.interprofessional.ubc.ca/Early\\_Years\\_2010.html](http://www.interprofessional.ubc.ca/Early_Years_2010.html)

### CRNE Exam

- February 3<sup>rd</sup>, 2010

### NANB Board Meeting

- February 17<sup>th</sup>–18<sup>th</sup>, 2010

### February is Heart Month

- February 7<sup>th</sup>, Moncton, NB & February 27<sup>th</sup>, Bathurst, NB
- Heart and Stroke Foundation—Skate for Heart
- [www.heartandstroke.nb.ca/site/c.kpIPKZOyFkG/b.4869467/k.F8D2/Heart\\_Disease\\_Stroke\\_and\\_Healthy\\_Living.htm](http://www.heartandstroke.nb.ca/site/c.kpIPKZOyFkG/b.4869467/k.F8D2/Heart_Disease_Stroke_and_Healthy_Living.htm)

### Conference: “Going for Gold in Neonatal Care”

- February 21<sup>st</sup>–23<sup>rd</sup>, 2010
- Marriott Harbourfront Hotel, Halifax, NS
- [www.neonatalcann.ca](http://www.neonatalcann.ca)

### Workshop: Globalization

- March 25<sup>th</sup>–26<sup>th</sup>, 2010
- NANB Headquarters, Fredericton, NB
- [www.nanb.nb.ca:1717/PDF/Globalization\\_Workshop\\_Poster\\_15July09.pdf](http://www.nanb.nb.ca:1717/PDF/Globalization_Workshop_Poster_15July09.pdf)

### Conference: “Riding the Wave of Change”

- May 5<sup>th</sup>–7<sup>th</sup>, 2010
- National Emergency Nurses Affiliation/New Brunswick Emergency Nurses Association
- Hilton Hotel and Conference Center, Saint John, NB
- [www.nena.ca](http://www.nena.ca)

### Conference: CNA Biennial Conference: The Power of Nursing

- June 7<sup>th</sup>–9<sup>th</sup>, 2010
- World Trade and Convention Centre, Halifax, NS
- [www.cna-aiic.ca/CNA/news/events/convention/default\\_e.aspx](http://www.cna-aiic.ca/CNA/news/events/convention/default_e.aspx)

## For Your Information

### NANB Office Hours:

Monday to Friday 08:30 to 16:30

### We Will Be Closed:

Thursday December 24<sup>th</sup>,  
Friday December 25<sup>th</sup>  
*Christmas Holidays*

Monday December 28<sup>th</sup>  
*Boxing Day*

Friday January 1<sup>st</sup>  
*New Year's Day*

### Dates to Remember:

February 17<sup>th</sup> & 18<sup>th</sup>  
*NANB Board Meeting*



## National Recognition in Nephrology

IT IS OUR pleasure to inform you that Mrs Sandra Lagacé, Nurse Clinician at the Nephrology Program at the Dr. Georges L. Dumont Regional Hospital, received national recognition in Clinical Practice Award from The Canadian Association of Nephrology Nurses and Technologists last October.

Mrs Lagacé, holds a Bachelor's Degree in Science Nursing, CNA Certification in Nephrology and is a member of CNA's Examination Committee in Nephrology. She is well known locally and nationally as a speaker and a participant in many research projects.

# Notice of Annual Meeting

In accordance with Article XIII of the bylaws, notice is given of an annual meeting to be held June 2<sup>nd</sup>, 2010 at the Crowne Plaza Lord Beaverbrook Hotel, Fredericton, NB. The purpose of the meeting is to conduct the affairs of the Nurses Association of New Brunswick (NANB).

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

## Resolutions for Annual Meeting

Resolutions presented by practising members according to the prescribed deadline, March 11, 2010, will be voted on by the voting members. During the business session, however, members may submit resolutions pertaining only to annual meeting business.

## Voting

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

Roxanne Tarjan  
Executive Director, NANB

Do you have a story idea or article you'd like to see in *Info Nursing*?

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**Registrations suspended**

ON SEPTEMBER 11, 2009, the NANB complaints committee suspended the registration of registrant number 016508, pending the outcome of a hearing before the review committee.

ON SEPTEMBER 11, 2009, the NANB complaints committee suspended the registration of registrant number 023808, pending the outcome of a hearing before the review committee.

ON SEPTEMBER 21, 2009, the NANB complaints committee suspended the registration of registrant number 021997, pending the outcome of a hearing before the review committee.

ON SEPTEMBER 22, 2009, the NANB complaints committee suspended the registration of registrant number 025198, pending the outcome of a hearing before the review committee.

ON SEPTEMBER 22, 2009, the NANB complaints committee suspended the registration of registrant number 022881, pending the outcome of a hearing before the review committee.

**Suspension lifted, conditions imposed**

The suspension imposed on the registration of Deborah Rose Bent, registration number 017911, by the discipline committee in a decision dated June 13, 2006, has been lifted effective immediately, by order of the NANB discipline committee dated October 9, 2009. The discipline committee further ordered that conditions be imposed on the registrant's registration.

**Reprimand issued, conditions imposed**

The Nurses Association of New Brunswick hereby gives notice of the following disciplinary decision in accordance with an order of the discipline committee dated October 23, 2009.

On October 23, 2009, the NANB discipline committee reprimanded a former member for practising nursing without a registration, for a period of time exceeding four years, in breach of the *Nurses Act* and the *Standards of Practice for Registered Nurses*, and for

demonstrating conduct unbecoming a member.

The former member is eligible to apply for a non-practising membership to complete the Nurse Refresher Program and upon successful completion, will be eligible to apply for a conditional registration. The former member was ordered to pay a fine to NANB in the amount of \$1000 and to pay costs to NANB in the amount of \$5000. The discipline committee further ordered that notice of the decision be published once in *Info Nursing*.

**Reinstatement of registration**

In a decision dated October 27, 2009, the NANB review committee granted reinstatement of the registration of Mélanie Jane Chiasson, registration number 024707. The review committee further ordered that conditions be imposed on the registrant's registration. □

**Case Study (from page 26)****Correct Answers:**

- 1) Hand washing
- 2) Routine Practices and Additional Precautions-- Routine practices and Additional Precautions (formally referred to as Universal Precautions): to the practice of avoiding contact with patients' bodily fluids by means of the wearing of nonporous articles such as medical gloves, goggles, and face shields. Under Routine Practices and Additional Precautions all patients are considered to be possible carriers of blood-borne pathogens. Implementation of Routine Practices and Additional Precautions reduces the risk of transmitting microorganisms from client to client, client to health care worker, and health care worker to client.
- 3) using safety devices
- 4) communication
- 5) mode of transmission-- How the infectious agent is transmitted from the reservoir to the susceptible host is called the mode of transmission.



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## New Practice Guidelines

AT THE OCTOBER 2009 NANB Board of Directors meeting, two (2) new practice guidelines: *Working with Unregulated Care Providers* and *Infection Prevention and Control* were approved.

The practice guideline on *Working with Unregulated Care Providers* outlines the responsibilities and accountabilities of registered nurses in relation to assigning or delegating tasks to unregulated care providers (UCPs).

The purpose of the *Infection Prevention and Control* practice guideline is to outline the responsibilities and accountabilities of registered nurses when dealing with infection control and prevention practices in the workplace.

All publications are available on NANB's website [www.nanb.nb.ca](http://www.nanb.nb.ca) under Publications and Resources. □

## Social Committee Update

NANB'S SOCIAL COMMITTEE moved to celebrate Healthy Workplace Month! Weekly walks, a turkey potluck lunch and a day of family bowling were only a few of the activities that occurred in October. October's casual Friday donations supported UNICEF.

Throughout the year, NANB staff raised approximately \$1,000 on casual Friday with proceeds going to the Fredericton Food Bank, Meals on Wheels, Fredericton Emergency Shelter and Transition House. □

## RN Scholarship Recipients



JENNIFER DOBBELSTEYN RN, a Fredericton native, was the recipient of the 2009 NANB—CNA Centennial Scholarship. Dobbelsteyn, is currently a PhD Student in Interdisciplinary Studies at the University of New Brunswick (UNB) conducting research in relation to healthy work environments in long term care and exploring the experience of a New Brunswick Nursing Home's implementation of RNAO's Best Practice Guidelines for Healthy Work Environments.

**Congratulations.**



LISA MORIN RN, of Edmundston was the recipient of the 2009 NANB Scholarship. Morin, is currently pursuing a Master's Degree focusing a thesis on the quality of life and social support of women who act as caregivers to their spouses with terminal cancer to determine if there is a significant connection between the quality of life of these women and the social support they receive.

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