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> Celebrating Florence Nightingale's **Contribution to Nursing**

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, 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.

Translation

José Ouimet

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On the cover

NANB would like to thank Matt Bradbury, Illustrator, Bournemouth, UK (mattbradbury2000@yahoo.com) who created this iconic interpretation of Florence Nightingale to commemorate the 100th anniversary of Florence Nightingale's death.

Recognized as a true visionary, pioneer and leader of public health and the nursing profession, nurses celebrate Florence Nightingale's legacy. See article on page 19.

NANB's Vision

BY MARTHA VICKERS, RN MN NP

he profession of nursing in our province has a long and respected position. A position earned through the commitment, expertise and vision of registered purses.

In six years, the Nurses Association of New Brunswick will celebrate 100 years of leadership, vision and competent regulation of the profession in the public interest. Professional self regulation is essential to the delivery of competent, ethical nursing services; it provides the framework and tools that support nursing practice from the identification of competencies and scope of practice, the requirements of educational programs leading to the title 'RN', the expectation of those individuals holding themselves out to be registered nurses and the process for intervention when nursing prac-



tice and or behaviors fail to meet that expected standard.

At the recent meeting of your Board of Directors (February 17–18, 2010) the vision, mandate and ends/objectives of the association were reviewed and updated; they are included below for your review.

These statements are the essence of our Association; they represent our commitment to the public of New Brunswick and ourselves. They represent our responsibilities as a profession and our legacy. The delegation of the authority and responsibility to regulate the practice of registered nurses in our province is a privilege; and one that we are committed to delivering to the highest standard. Together we will continue to advance the vision of our former leaders and enhance the legacy they have provided for us.

END 1: Vision & Mandate

Nurses Shaping Nursing for Healthy New Brunswickers

The Nurses Association of New Brunswick is a professional regulatory organization that exists to protect the public and to support nurses by promoting and maintaining standards for nursing education and practice and by advocating for healthy public policy.

END 2: Protection of the Public

Registered nurses and nurse practitioners provide safe, competent and ethical nursing care through:

- 1.1 Professional self regulation in the public interest which is transparent, accessible and fair and informed by best practice.
- 1.2 Leadership and strategic direction in professional practice to meet the evolving needs of the population and the health system.

END 3: Professional Self Regulation

Regulation of the practice of registered nurses and nurse practitioners is accomplished by the establishment, maintenance and promotion of:

- 1.1 Standards of Education and Practice.
- 1.2 Nursing Education Program Approval Standards.
- 1.3 Entry-level Competencies.
- 1.4 Entrance to Practice requirements.
- 1.5 Continuing Competence requirements.
- 1.6 Professional Conduct Review processes.

END 4: Healthy Public Policy

Public policy advances the health of the population and its health human resources by supporting:

- 1.1 The determinants of health and the principles of primary health care.
- 1.2 Quality Practice Environments that promote and support safe, competent and ethical nursing practice.
- 1.3 Health Human Resource planning that ensures an adequate registered nurse and nurse practitioner workforce to meet the direct care, education, administrative and research requirements of the health system and profession.

Strategic Direction and Influence

BY ROXANNE TARJAN, RN

simply put, strategic planning determines where an organization is going over the next year or more, how it's going to get there and how it'll know if it got there or not."—Carter McNamara, MBA, PhD (adapted from the Field Guide to Nonprofit Strategic Planning and Facilitation)

During 2009 NANB completed a comprehensive strategic planning process resulting in the *NANB Strategic Plan 2009–2012*. The strategic planning process completed over the past twelve months has resulted in a focused plan that will advance the priorities you, the members/registrants of NANB, as well as the Board of Directors have identified as essential for the ongoing



effectiveness of the Association and profession. This Strategic Plan will be posted on the NANB website for easy reference and over the coming months and years the NANB Board of Directors will receive ongoing updates reflecting advancement towards the strategic outcomes identified. As well, *Info Nursing*, the e-bulletin and web-

site will contain updates and current information to keep you informed. A plan is essential to keep us focused and to direct our activities and investments, both fiscal and human. Included below is a representation of the highlights of the plan. NANB has demonstrated its ability to deliver on common objectives in the past and will continue to do so as we advance these important initiatives. Thank you for your contribution to the current strategic directions. Stay tuned!

NANB Strategic Plan 2010–2012

YEAR 1 YEAR 2 YEAR 3 Adequate Number of Nurses in the Workforce Newly constituted NHRF with Transparent Process for HHR Additional BN education models NANB an active member. MLAs and policy makers Government releases reliable, Integrated approach for IEN informed on strategic nursing consistent nursing HHR data for and health issues. stakeholder decision making. Nursing continues to be desirable and viable career choice. Practice Environments Support Nurses' Practice Standards Government QPE strategies Employers have QPE strategies adopted for system wide implementation. Quality Practice Environment best practices adopted across the system. NANB a Key Influencer of Health Policy NANB informs/shapes Public policy integrates principles health policy. of primary health care. Public and Nurses Aware of Benefit and Value of Self/Profession-led Regulation Key stakeholders understand Members articulate nursing regulatory requirements. value/benefits/accountabilties of self regulation. Public aware/knowledgable of NANB role in safe healthcare. ONGOING PERFORMANCE MEASUREMENT

The Board of Directors met on February 17 & 18, 2010 at NANB Headquarters in Fredericton.

Healthy Public Policy

The Board of Directors was provided with an update concerning recommendations from the New Brunswick Poverty Reduction Plan Co-chair, Gerry Pond. The plan follows an extensive public consultation process. Overcoming Poverty Together, the consensus report from the consultation and analysis is available at www.gnb. ca/0017/Promos/0001/pdf/Plan-e.pdf. The Board will use this report to support its work in advancing health public policy in New Brunswick.

The Deputy Minister of Health, Don Ferguson accompanied by the newly appointed Chief Nursing Officer and Nursing Resources Advisor, Mary O'Keefe-Robak provided the Board of Directors an overview of the challenges and issues New Brunswick is facing in ensuring the Sustainability of Health Services.

Stakeholder Linkages

The Board of Directors welcomed Roger Cole, Director of Finance and Operations, of the New Brunswick Health Research Foundation. Mr. Cole provided an overview of the Foundation's mandate and vision as well as strategic goals. The Foundation is committed to the development of nursing research capacity in New Brunswick and working collaboratively with the NANB and its board to advance this goal.



Policy Review & Monitoring

The Board approved revisions to the Ends (E-2, E-3 and E-4) and reviewed policies related to:

- □ Governance Process
- Executive Limitations

Board Elections

The Nominating Committee reported on the nominees for election to the four director positions. Candidate information will be published in this edition of *Info Nursing* and on the NANB website. Election results will be announced at the June 2nd Annual General Meeting.

Representation

Public Director Vacancies

NANB Board of Directors requires nominations to fill a vacancy and replace public directors once terms have been completed. Two public Directors are willing to let their names stand for a

second term. Four nominees must be submitted to the Lieutenant-Governor in-Council who will select and appoint two new public directors.

The Board also approved recommendations from an Ad Hoc Committee that reviewed the process for the recruitment and replacement of public representatives to amend the current By-law to extend the mandate of an outgoing public member until such time as a replacement is named. This amendment will be forward to the 2011 Annual General meeting for member consideration.

NANB Committee Vacancies

The NANB Nursing Education Advisory Committee (currently recruiting a nurse educator for UNB Saint John and one recent nurse graduate); 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 website or call toll free 1 800 442-4417.

The Board appointed the following Directors to an Ad Hoc Committee to review and revise the NANB Awards Selection Criteria:

- □ Mariette Duke, RN Director—Region 1
- □ Ruth Alexander, RN Director—Region 2
- □ Darline Cogswell, RN, Director—Region 3
- □ Margaret Corrigan, RN Director—Region 5

The Board supported the nomination of Nancy Savage to the CNA Committee on Nominations.

NANB Document Review / Approval

The Board approved the retirement of NANB's Position Statement: *The Nurse as Discharge Planner*.

Endorsement of CNA position statements: Nursing Leadership; Financing Canada's Health System; and Determinants of Health.

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

Nursing Education Advisory Committee (NEAC)

The Board approved NEAC recommendations: to grant the University of New Brunswick Nurse Practitioner program approval status for three (3) years; to defer approval of the Université de Moncton Nurse Practitioner program pending the submission of a Strategic Plan by June 2010 for the consideration of the NEAC; to the revised 2010 terms of reference; and appoint a nurse refresher approval team consisting of: Dr. Suzanne Harrison and Linda LePage-LeClair.

Continuing Competence Program (CCP) Audit Results from the first CCP Audit concluded that all members met the necessary requirements for 2009. This Audit will be conducted on an annual basis. During the next CCP audit, 2% of RNs and 10% of NPs will be audited.

National Nursing Week: May 10–16, 2010

Nursing—You can't live without it!
The Board approved recommendations based on efforts to maximize last year's theme and poster by refreshing the colour, adjusting the date and stylizing the excerpts. The poster will be re-printed and mailed province-wide via workplace representatives, Chapters, Board and staff.

For a third consecutive year, NANB and ANBLPN will coordinate a declaration signing with the Premier to be published province-wide in the daily newspapers during National Nursing Week.

Finally, the Association will profile National Nursing Week events coordinated by Chapters using our website and the *Virtual Flame* (May 2010).

Finances

The Board reviewed the 2009 Auditor's Report which reflected a \$84,370 operating deficit. The audited financial statements will be presented at the 2010 Annual General Meeting. The Board reviewed the 2010 budget. Planned expenditures for 2010 are approximately \$3,368,037 with a surplus of \$6,916. This represents a balanced budget in accordance with board policy.

NANB Staff Retirement

The Board of Directors paid tribute to Ruth Rogers, Director of Practice on her retirement after 16 years of service to the Association.

Next Board

The next Board of Directors meeting will be held at the NANB Headquarters on June 2nd, 2010 prior to the Annual General Meeting.

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

- □ PresidentMartha Vickers
- □ President-Elect France Marquis
- □ *Director*—*Region 1*Mariette Duke
- □ *Director*—*Region 2*Ruth Alexander
- □ *Director*—*Region 3*Darline Cogswell
- □ *Director*—*Region 4*Noëlline Lebel
- □ *Director*—*Region 5*Margaret Corrigan
- □ *Director*—*Region 6*Marius Chiasson
- □ *Director*—*Region 7*Deborah Walls
- □ Public Director
 Aline Saintonge
- □ Public Director Robert Thériault
- □ Public Director
 Roland Losier



Let Me Introduce You...

Mary O'Keefe-Robak

ANB is pleased to introduce members to the newly appointed Chief Nursing Officer/ Nursing Resource Advisor—Ms. Mary O'Keefe-Robak, RN MEd.

Many New Brunswick nurses may not be familiar with the role of the Chief Nursing Officer. Can you describe your position and how this role relates to nursing and the Department of Health?

"In my role as Chief Nursing Officer/ Nursing Resources Advisor in the Office of the Associate Deputy Minister, I have the opportunity to advise the Minister and senior staff of the Department of Health and other government departments in the development of policy and programs that relate to a range of nursing issues such as nursing practice, education, research, and administration of nursing services. Another portion of my work is dedicated to the effective management of the Nursing Resources Strategy. This involves liaising with a number of stakeholders from various sectors and leading/participating in specific projects and committees."

To help New Brunswick nurses get-toknow you, could you share some of your background in nursing?

"I have Bachelor of Nursing and Master's in Education (adult) degrees from UNB. I began my nursing career at the Soldiers' Memorial Hospital in Campbellton, and then worked at the Dr. Everett Chalmers Hospital in Fredericton for several years. I served as Director of Rehabilitation Services with the Canadian National Institute for the Blind (NB Division) before joining the former Department of Health & Community Services as a Consultant for seniors' services. I later moved to the Hospital Services Branch of the Department of Health for several years as a Consultant for a number of programs/initiatives including Breast Cancer Screening Services, Tele-Care, the provincial workload measurement system and design of the provincial

trauma system. For the past several months, I was seconded to the One Patient One Record initiative."

What is your vision for nursing in New Brunswick?

"My vision is to have a unified provincial approach to nursing that is linked to positive patient outcomes."

We recognize it is still early in your mandate, however could you share your short-term priorities on a number of issues related to nursing?

"Over the coming months, I will be planning and considering ways of working with stakeholders toward achieving this vision."

This appointment clearly demonstrates the Department of Health values the position of a Chief Nursing Officer and places a significant focus on nursing practice. We look forward to working collaboratively to support Ms. O'Keefe-Robak in this new role.



Registered Nurses

Sykes Assistance Services Corporation (SASC) is Canada's leading provider of contact centre based telehealth services, covering over 18 million lives with more than 400 professional nurses. Will You Join Our Team? For a career you can be proud of, join our Telehealth Division of Registered Nurses. Positions include autonomy and key decision making opportunities. We offer a clean, safe work environment with flexible scheduling in a supportive, continuous learning environment. Competitive pay, shift premiums, benefits and billingual (French and English) premiums are just some of the great reasons to join our team. Come join our team and enjoy a rewarding career change!

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Paperless Registration Renewal by 2012!

ONLINE REGISTRATION RENEWAL is not only fast, easy and secure, it is also environmentally friendly. NANB is planning to implement a paperless registration renewal in the fall of 2011. This means all nurses will be asked to renew their registration online, and paper renewal forms will no longer be mailed to each member.

ONLINE REGISTRATION IS very popular with members. During the 2010 renewal period 3,913 nurses renewed online which represents 47% of practising members.

WHEN NANB BEGAN online registration renewal in the fall of 2005, nurses on payroll deduction were not able to participate. In order to enable nurses on payroll deduction to access this service, NANB initiated a pilot project in October 2008 with the former River Valley Health Authority (RHA 3) which resulted in 62% of their nurses on payroll deduction using online registration renewal.

THE PILOT PROJECT was expanded in the fall of 2009 to include four (4) zones within the two regional health authorities and one large nursing home which resulted in an 82% participation rate. Access to online renewal will be extended to all other RNs in New Brunswick participating in payroll deduction in the fall of 2010. If you are on payroll deduction and have not yet

completed registration renewal online, check with your employer to find out how you can do it in the fall of 2010! All members not on payroll deduction can continue to renew registration online between the months of October and December by visiting NANB's website at www.nanb.nb.ca/index.php/rn-renewal.

NANB WILL KEEP members informed in the upcoming months of the paperless registration renewal implementation plan through *Info Nursing* and NANB's e-bulletin the *Virtual Flame*. To ensure this campaign's success, NANB requires up-to-date member information including: your name; current mailing address; and a valid email.

Help a Child with Diabetes Have a Week to Remember at Camp

Camps for kids living with diabetes provide a unique opportunity for health care professionals to use and improve their day-to-day diabetes management skills in a fun setting. Once again, it is time to prepare for Camps Diabest (July 2nd–9th, Grand Lake, NB), PEI Children's Camp (July 24th–30th, Canoe Cove, PEI) and the Nova Scotia Camps Morton and Maxwell (Camp Morton July 10th–16th,

Kejimkujik, NS and Camp Maxwell August 21st–27th, Lunenburg, NS). We are currently looking for, registered nurses, physicians and dietitians to attend each camp.

The registered nurse's role includes being responsible for a group of campers. This includes supervision of insulin administration, supervision of blood glucose monitoring, treatment of



hypoglycemia, and assisting in decision-making regarding the camper's day-to-day diabetes care.

If you are interested in attending part or all of one of these camps, please contact (506) 389-9172 or email stephane.richard@diabetes.ca, by June 1st, 2010. Thank you for your interest. We hope to hear from you soon.





Submitted by:

Stacey Taylor, RN, Community Health Clinic

> Margaret Dykeman, Professor, Faculty of Nursing, University of New Brunswick

The Community Health Clinic:

Education in an Innovative Model of Health Care Delivery

n 2002, the Community Health Clinic (CHC) was opened in downtown Fredericton, under the management of the Faculty of Nursing at the University of New Brunswick. The vision of the Community Health Clinic was, and still is, that it be a dynamic community-based organization that engages innovative methods to achieve its vision in which each person has reasonable access to primary health care.

To achieve the vision of the CHC, the mission statement was developed to identify how to begin to work toward the anticipated outcomes. The mission of the CHC is to provide evidence-based and community-based, academically integrated primary health care to poor and at-risk populations in Fredericton while also providing a rich environment for education and research that is based in the community.

To move development from the conceptual stage to the operational stage, a working group connected educators and community members to determine what services would be offered to best meet the needs of the community and how to make the most of teaching/learning opportunities. The outcome of this working group is the innovative model that integrates health service provision with service learning and community-based research. This model currently directs operations within the CHC.

Six years after opening its doors, the CHC has gained recognition as a dynamic organization that provides an important service within the community it serves and for its involvement in interdisciplinary education

Through the processes of providing service to a variety of vulnerable populations, gaining an understanding of how theory speaks to practice, and how research informs both practice (provides evidence) and learning, students grow professionally from their experience at the CHC.

for health care professionals. Staffing numbers have grown to include two nurses, who provide service and also teach nursing students; a part time nurse practitioner; two part time social workers, who also supervise social work students; an office manager; and a facility manager. Approximately 1,000 individuals access care within the facility yearly, while many others benefit from the programming offered within the community. In addition to primary care services that include basic nursing and medical care, and a Methadone Maintenance Program and counseling services, clients have access to a clothing bank, a modest food bank, and shower and laundry facilities.

Students from a number of educational institutions in the Atlantic Region (e.g., nurses, physicians, social workers, massage therapists) are integral to the model of care delivery. They provide more than 8,000 hours of service each year while they learn about their chosen profession. Many of these hours are spent working with clients within the CHC; however, many more are spent in the community itself. Students spend time engaged in outreach to the local emergency shelters, the soup kitchen and the streets, providing services for clients in whatever circumstance they find them. If they assess that clients are in need of immediate care while doing outreach, they take the time to accompany them to the CHC for appropriate treatment or referral. Through their experiences working with a number of vulnerable populations at the CHC, the students develop a strong sense of social justice, one of the abilities-based learning outcomes central to the Faculty of Nursing curriculum.

In addition to working directly with the clients, students also have the opportunity to work with the community as a whole within the work the CHC does with the community to build partnerships with other organizations offering ancillary services. The establishment of strong partnerships facilitates improved continuity of care for persons accessing services, no matter which organization they first approach. Being familiar with the services that are offered by various partnering organizations ensures that staff will refer to the organization that is best suited to meet the client's specific needs. Being involved in these community development processes helps the students to understand the complexities involved in providing health care services that address the social determinants of health.

Students also learn about research as part of their experience at the CHC. They have been involved in numerous activities related to the community-based research that is ongoing.

They have conducted community needs assessments and literature reviews to provide the evidence needed to inform program development, as well they have participated in evaluation projects to determine if programs are effective or in need of restructuring.

Through the processes of providing service to a variety of vulnerable populations, gaining an understanding of how theory speaks to practice, and how research informs both practice (provides evidence) and learning, students grow professionally from their experience at the CHC. They often begin their experiences with preconceived notions concerning the vulnerable populations that access services; however, on completion of their experience, they leave with enlightened attitudes and a desire to continue to work within the community.

Although the initial target populations to be served by the CHC were the homeless, the near homeless, and the addicted,



Being involved in these community development processes helps the students to understand the complexities involved in providing health care services that address the social determinants of health.

other populations who have difficulty accessing health care are now included in the continually changing program dynamic (e.g., women without family doctors; newcomers to the area) in response to community-identified needs. These additions in programming provide a wider range of possibilities for students to be engaged in learning. Expanding in this way would not have been possible without the support of the greater Fredericton community.

The Faculty of Nursing, Manager and staff of the CHC would like to take this opportunity to say thank you to all of the persons in the City and surrounding area who have supported our innovative model of primary health care delivery. If you are interested in learning more about the CHC, please feel free to drop in or to call us. Our address is 275 Brunswick Street, our number is (506) 452-6383.

Annual General Meeting

Wednesday June 2nd, 2010 2:00p.m.-4:30p.m. Delta Hotel (225 Woodstock Road, Fredericton, NB)

Agenda

1:00PM 2:00PM

Registration Junior Ballroom

- □ Call to Order
- □ Introductions
- □ President's Remarks
- ☐ Approval of the Agenda, Rules & Privileges
- Announcement
 - Resolutions Deadline (2:30p.m.)
 - Introduction
 - ☐ Chairperson of the Resolutions Committee
 - □ Chief Scrutineer
- □ Auditor's Report
- □ Executive Director's Update

2:30PM 3:00-3:15PM Deadline for Submissions of Resolutions

Nutrition Break

Resolutions Committee Report 3:15-4:30PM

- □ Voting on Resolutions
- New Business
- □ Invitation to the 2011 Annual Meeting
- Adjournment

Short Business Meeting Planned for June

FOLLOWING THE JUNE 2010 meeting of the Board of Directors, the Nurses Association of New Brunswick will hold its Annual Meeting on June 2nd, 2010 at the Delta Hotel Fredericton from 2:00 p.m. to 4:30 p.m. This is a business meeting only and will include the auditor's report, the executive director's update and resolutions.

Resolutions

NANB has a year-round resolutions process. Resolutions can be submitted to the NANB Resolutions Committee up to six weeks prior to any board meeting and twelve weeks prior to the Annual Meeting.

Resolutions from the floor which relate to the business of the 2010 Annual Meeting must be presented by 2:30 p.m. on June 2nd. Please note that resolutions dealing with substantive issues, such as a fee increase, can only be submitted at the two and one-half day meeting which will take place in 2011.

Proxy Voting

Proxy voting can be used at the 2010 Annual Meeting by any member who cannot attend. It is not anticipated that many resolutions will be presented because substantial issues must be presented at the two and one-half day meeting to be held in 2011. A proxy voting form is included in this issue for your convenience. Please ensure that it is received at NANB offices before 1:00 p.m. May 28, 2010.

If you have questions, please call the NANB at (506) 458-8731 or toll free 1 800 442-4417.

NANB Annual Report

Please note—the 2009 NANB Annual Report will not be mailed to members. The Annual Report will be available to members at the Annual General Meeting on June 2rd, 2010 and on the website www.nanb.nb.ca. It would be our pleasure to send you a hard copy at your request.

Please contact NANB at nanb@nanb.nb.ca, call (506)458-8731 or toll free 1 800 442-4417.





Mentorship Program

Support for Nursing Department Undergraduate Students

IN AUGUST 2007, the Université de Moncton officially launched its Support Program for Academic Success (Programme d'appui à la réussite universitaire) a group of programs and services including the Mentorship Program, with an overall goal to promote undergraduate students' adaptation, integration and academic success.

Submitted by:



France Chassé, RN PhD, Professor, Université de Moncton, Edmundston Campus



Lisa Morin, RN MN (candidate), Clinical Instructor, Université de Moncton, Edmundston Campus

n January 2008, the Nursing Department staff at Université de Moncton, Edmundston Campus (UMCE), with the support of the dean of studies implemented a Mentorship Program for nursing students. Specific needs were identified, not only for new students, but also for students transitioning through each level of their educational program. The fact that student progress is greatly affected by the specific realities of the nursing department, such as overlapping of educational levels, clinical experiences and the current program reconfiguration, generated additional stress for all students. Furthermore, since the last four years, the Nursing Department at the UMCE (Edmundston Campus) has experienced a sharp increase in the number of adult and international students, with their own specific needs.

The goal of the Nursing Department Mentorship Program is to promote the adaptation, integration and academic success of undergraduate students. By this very fact, the program's objectives are: 1) to facilitate adaptation to university life; 2) to provide support to new students through a personalized presence; 3) to provide support when transitioning between program components; 4) to rapidly detect potential difficulties and dropout risks; 5) to promote a wise utilization of the various resources available; 6) to encourage participation in student activities and 7) to create a sense of belonging at the department level and an enhanced student life at the campus level.

To reach those objectives, two members of the Nursing Department staff agreed to lead the project and became responsible for recruiting, training, supervising, monitoring and supporting the Student Mentor Team. It was also considered essential to have five student mentors in order to ensure the sustainability of the program (i.e. two mentors for new students, one mentor for second year students, one mentor for third year students, and a senior student mentor to provide management and coordination of the various activities and program evaluations).

Thus, in the winter of 2008, the Nursing Department Mentorship Program was approved by the academic administration of the campus. In collaboration with Student Support Services, financial help was provided to each of the student mentors in the form of a \$1,000 leadership bursary.

In the spring of 2008, the Program was presented to the full student body of the Department, followed by activities to recruit student mentors, which included structured interviews conducted by the program leads, a member from the student services and a fourth-year student. Student mentor selection



criteria included full time enrollment in the nursing baccalaureate program, and demonstrated knowledge of university life and services available on campus. Leadership, a sense of responsibility, good interpersonal and communication skills were also required.

The program started in the fall of 2008. Student mentors were given access to a meeting room in the Nursing Department where they could hold individual or group meetings. Other more targeted meetings were also organized all year long to meet more specific student needs.

Between September 2008 and May 2009, the Nursing Department implemented several activities based on student population needs. For example, 52 individual meetings were held, including 37 during the first term and 15 during the second term. Sixty-seven percent (67%) of these meetings were with first and second-year students. Meetings of mentors with first-year students accounted for 48% of all meetings and were the most sought after. First contacts accounted for 50% of individual meetings, follow-ups, 25%, and, chance meetings, 25%. Eighty percent of these meetings were face-to-face, of which 50% were meetings held at the mentor's office and 30% were outside the office. The main difficulties identified had mainly to do with courses (75%), adaptation to courses or to university life (8%) and finally, the choice of courses and program (6%). Adaptation strategies used following the mentors' recommendations were consultation of available resources



(31%) and increased efforts in order to adjust learning/work methods (22%).

During this same period, 29 group meetings were held. Students from each of the four years of the program were seen at least six (6) times during the academic year. Other meetings were for groups of two to seven students. A meeting with international students was held in the fall term of 2008. In 48% of cases, group meetings were for sharing contact information and quarterly follow-ups. In 69% of cases, the meetings occurred in the classroom, and in 31% of cases, in various locations such as the student lounge, the student coffee shop, labs, hallways, etc. The main difficulties identified involved a combination of various needs (65%), time management problems (20%), concerns about practicums (16%) and a lack of information about the next term activities (10%). Adaptation strategies used following the mentors' recommendations were consulting professors (31%), setting a schedule (18%) and modifying work and learning methods (13%).

The student mentor experience was also evaluated. The interviews showed that the role of student mentors offers many benefits, such as self-actualization, increased self-confidence, feeling more competent, broadening of the social network, collaboration between student mentors, development of leadership abilities, greater independence, and improved time management skills. The challenges facing the Student Mentors included having to balance personal and professional life,

Front row (I. to r.): Véronique Levesque, Nursing Mentor; Anne Pelletier, Senior Mentor; and Stéphanie Couturier, Mentor for international students.

Back row (I. to r.): Félix Levesque, Mentor for international students; Junior Beaulieu, Nursing Mentor; Jonathan Jacques, Nursing Mentor; and Frédérick Dufour, Nursing Mentor.

establishing a relationship based on trust with the mentored student and the lack of role models. Thus, the experience in itself is a rewarding learning opportunity for the practice of future professionals who will be called upon to work with clients presenting various health needs, as well as an opportunity for nurturing several of the basic values specific to the nursing profession.

The success of the mentorship program in its first year provided the basis required to ensure the sustainability of the Nursing Department Mentorship Program. In the fall of 2009, the Mentorship Program rapidly expanded to other university populations at the Edmundston Campus.

Note: We wish to sincerely thank the academic administration of the Université de Moncton, Edmundston Campus, for supporting the development of this project.

Professional Conduct Review Decisions

Registration suspended

On January 11, 2010, the NANB complaints committee suspended the registration of registrant number 019026, pending the outcome of a hearing before the review committee.

Conditions lifted

The conditions imposed on the registration of registrant number 016611 have been fulfilled and are hereby lifted effective December 15, 2009.

Notice of Annual Meeting

In accordance with Article XIII of the bylaws, notice is given of an annual meeting to be held June 2nd, 2010 at the Delta 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

Regulatory Advisor/Consultant

JOB OPENING

he Nurses Association of New Brunswick (NANB) is seeking a candidate for the position of Regulatory Advisor/Consultant.

As a Regulatory Advisor/Consultant, your responsibilities will focus on NANB's Professional Conduct Review Process as well as other responsibilities related to regulatory services. You will: provide consultative service to the public; nurses; and employers regarding the formal complaint process under the *Nurses Act*; support the strategic directions of the Association on regulatory issues; contribute to the development and promotion of regulatory policies and processes and monitor emerging trends and issues in regulation.

The ideal candidate will demonstrate an ability to think conceptually and analytically in the provision of regulatory services to NANB members and other stakeholders, and in the development of resources that support quality and effective nursing practice.

Availability to work full-time is preferred. Work location will be at the NANB headquarters in Fredericton.

Salary

NANB offers a competitive salary and benefits package.

Deadline

Please submit your letter of application and resumé to Roxanne Tarjan, Executive Director on or before April 16, 2010.

Mail to

Nurses Association of New Brunswick c/o Roxanne Tarjan, Executive Director 165 Regent Street Fredericton, NB E3B 7B4

Fax: (506) 459-2838 Email: nanb@nanb.nb.ca

(indicate Job Opening—Regulatory Advisor/Consultant)

Qualifications

- Master's preparation preferred.
- Comprehensive knowledge of nursing practice acquired through a combination of relevant education and a variety of nursing experience.
- Ability to think conceptually and analytically with strong skills in problem solving and conflict resolution.
- □ Ability to work independently and as part of a team.
- Strong organizational skills including an ability to meet deadlines while working concurrently on multiple projects.
- □ Excellent verbal and written communication skills.
- □ Ability to communicate fluently in both official languages.
- Currently registered, or eligible for registration, with NANB.







Privacy and Electronic Medical Records

To protect the privacy of patients' personal information and decrease their legal risks, nurses should be aware of the unique privacy issues related to the use of electronic medical records (EMRs).

Canadian Nurses Protective Society

Privacy Risks

Access

Many EMR privacy breach cases involve inappropriate access. For example, a clerk in a plastic surgeon's office repeatedly accessed the health information of her lover's cancer-stricken wife through the provincial electronic health records system. The wife was not one of the plastic surgeon's patients. The clerk was charged with illegally accessing the wife's laboratory results, biopsy results and CT scans 17 times on six different days while she was working in the physician's office. The clerk pleaded guilty to the charge and was fined \$10,000 for violation of the provisions in Alberta's *Health Information Act*. ¹

Accuracy

The inclusion of more than one patient's health information in an EMR can result in inappropriate disclosure of personal information. This happened when a patient requested a copy of his own medical record from a records management company and received a data CD containing his personal health information and the personal health information of two other patients. The investigation by the Alberta Information and Privacy Commissioner's Office revealed that, prior to closing his practice, the patient's physician sent two CDs to a company for conversion of the data into Portable Document Format (PDF). One of the CDs contained patients' charts and a backup copy of any files that had ever been misfiled or deleted from a chart. After the conversion, the company sent two DVDs to the records management company who used the DVDs to respond to patient requests.²

Theft

Theft or loss of computers and portable devices such as laptop computers, Personal Digital Assistants (PDAs), flash drives, and PDA telephones can result in the inappropriate disclosure of personal information. Recently, a physician left the hospital with a laptop computer loaded with the unencrypted personal health information of approximately 2,900 identifiable patients involved in research studies. The physician parked his minivan in a parking lot and placed the laptop computer under a blanket between the front seats. When he returned to the van the front passenger window was broken and the laptop computer was missing.³

Disposal

A lack of secure procedures for the disposal of records containing personal information can result in a privacy breach. The Ontario Information and Privacy Commissioner's first order under the *Personal Health Information Protection Act*⁴ highlights the need for secure destruction practices for records in paper and electronic formats. In that case, records from a radiology clinic were strewn across a downtown Toronto street during a film shoot. The radiology clinic had provided patient records for shredding to a disposal company. Boxes that were marked recycling, not shredding, were sent to a recycling company and the recycling company sold the scrap paper to a film company for use as props on a film set. Some of the scrap paper contained patients' personal health information.⁵

Professional

Liability

Protection

for Nurses

by Nurses

Risk Management

Risk management strategies can decrease the likelihood of a privacy breach. Strategies should include:

- organizations having and enforcing policies and procedures related to the collection, use, access, disclosure, security and disposal of personal health information
- ongoing education for all employees, contracted staff, volunteers and students about privacy issues, the role of the organization's Privacy Officer, and the applicable privacy legislation
- having all employees, contracted staff, volunteers, students and agents (who have access to personal information) sign a confidentiality agreement
- having strong password protection on all computers
- limiting access to personal health information on a need to know basis for patient care or for purposes authorized in privacy legislation
- monitoring of use, access and disclosure of personal health information on an ongoing basis
- implementing a multi-layered approach including the use of strong passwords and encryption if personal health information is stored on mobile devices⁶
- custodians or trustees ensuring no other patient's personal health information is included in the EMR before use or disclosure7
- having permanent destruction or erasure of personal information in an irreversible manner as the goal of secure records destruction⁸

Resources

The following resources are available to assist you if you have questions relating to privacy issues: your organization's Chief Privacy Officer, federal/provincial/territorial Information and Privacy Commissioners' Offices, the Manitoba Ombudsman's Office, your professional nursing association or college, and the Canadian Nurses Protective Society.

www.cnps.ca Canadian Nurses

Protective

Society

Professional

Liability Protection

for Nurses

by Nurses

- Health Information Act, R.S.A. 2000, c. H-5; Alberta Court of Queen's Bench Docket number 061362778P1, 13 April 2007 (oral judgment).
- Investigation Report H2008-IR-002, Office of the Information and Privacy Commissioner of Alberta, online: www.oipc.ab.ca.
- 3. Order HO-004, Office of the Information and Privacy Commissioner of Ontario, online: www.ipc.on.ca.
- Personal Health Information Protection Act, 2004, S.O. 2004, c. 3, Sch. A. 4.
- 5 Order HO-001, Office of the Information and Privacy Commissioner of Ontario, online: www.ipc.on.ca.
- Order HO-004, Office of the Information and Privacy Commissioner of Ontario; Fact Sheet: Encrypting Personal Health Information on Mobile Devices, 2007; Safeguarding Privacy in a Mobile Workplace, 2007; BlackBerry[®] Cleaning: Tips on How to Wipe Your Device Clean of Personal Data, 2008; online: www.ipc.on.ca.
- 7 Supra note 2.
- Supra note 5; Fact Sheet: Secure Destruction of Personal Information, 2005, Office of the Information and Privacy Commissioner of Ontario; online: www.ipc.on.ca.

info@cnps.ca www.cnps.ca

N.B. In this document, the feminine pronoun includes the masculine and vice versa except where referring to a participant in a legal proceeding.

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Visionary, Pioneer and Leader... Celebrating Florence Nightingale's Contribution to Nursing



SUBMITTED BY: ANNE-MARIE ARSENEAULT, RN, RETIRED PROFESSOR, ÉCOLE DE SCIENCE INFIRMIÈRE, UNIVERSITÉ DE MONCTON

urses around the world are commemorating the 100th anniversary of Florence Nightingale's death. The European Nursing History Group and the American Association for the History of Nursing are organizing events in London to mark the occasion. The Nightingale Museum in London is undergoing renovations and expansion. Closer to home, the annual conference of the Canadian Association for the History of Nursing will take place in Winnipeg this year, and its theme is: *Continuities, Contingencies and Fault Lines: Nursing 100 Years After Nightingale*.

Despite controversies, the written works show a constant fascination for her life and career. New biographies published $\,$

Her work has also

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community and at home.

recently demonstrate this interest. Among them: Nightingale: The extraordinary upbringing and curious life of Miss Florence Nightingale (2004) by Gillian Gill, Florence Nightingale: The woman and her Legend (2008) by Mark Bostridge, and in French, La dame à la lampe: une vie de Florence Nightingale (2008) by Gilbert Sinoué, author of several historical novels. Lynn McDonald, a proud Canadian, published in 2001 the first of 16 volumes on the life and work of Nightingale and her many accomplishments in the health field and nursing education.

However, some positions held by Nightingale have been strongly denounced, for example her opposition to the registration of nurses, her submission to medical authority when organizing care at the military hospital in Crimea, her opposition to the germ theory of infection and her insistence

on having women only join the profession. We must however analyze these positions in the general context of that time, which influenced her choice of strategies for advancing the profession and the quality of care.

To better appreciate the reasons behind the commemoration of Nightingale, one must learn about her origins and her work. Firstly, who was Florence Nightingale, in what context did she work and what were her main accomplishments?

Her Life and Work

Florence Nightingale was born in Florence, Italy, on May 12, 1820. From a young age, Florence was interested in health and caring for people around her (Bostridge, 2008). Women were not admitted to university at that time, so her father became her professor. He insisted on developing knowledge in history, philosophy, ethics and mathematics. Florence knew several languages, including Latin, French and Greek. This liberal education normally offered to men would become useful later in life when she would make interventions at the political level (Baly, 1993).

A very spiritual being, Florence found inspiration in several Protestant religions and in Catholicism. She adopted the liberal ideas of her time, among others religious freedom and ending the slave trade. At age 17, during a flu pandemic, she reported being called by God, which pushed her to reject the sedentary life of upper-class women of her times and choose instead to help the poor and the sick (Dossey, 1999). In spite of her parents, who disapproved strongly of her choice of lifestyle, she rejected several marriage proposals.

The social position of her parents allowed her to travel through Europe and the Middle-East. During these trips, she studied the care provided and, later on in her work at the Institute for the Care of Sick Gentlewomen in London, where she acquired administrative skills (McDonald, 2001). She also developed more knowledge and skills while staying with the Sisters of

Charity in Paris and with deaconesses in Kaiserwerth, Germany.

Nightingale is known for organizing care provided to English soldiers in the Crimean War (1854-1856). Political authorities knew of her interest in health care, and she was asked to lead a team of 38 women nurses. Her efforts to improve hygiene and the care provided to the soldiers brought about a reduction in death rates. Later, back in England, she applied her experiences from the war to the construction and management of military and general hospitals (Dossey, 1999).

Nightingale did her work in the context of the industrial revolution and discoveries in the field of biology, including the germ theory. For example, she did research on the architecture of hospitals, death rates in general and maternal death rates in particular. She laid the foundation for hospital

statistics and investigated the sanitation at military hospitals in England and India. Her work has also inspired the creation of the Red Cross. Seen as a pioneer in public health, she tried to improve the population health with actions such as implementing health services in the community and at home. According to Bostridge (2008), towards the end of her life, Florence was more interested in prevention at the community level than in hospital care.

Nightingale was also involved in the creation of St. Thomas Hospital in London, one of the first nursing schools to be established. She gave a lot of thought to what was the best education for nurses, who she thought should be under the control of nurses, not physicians. What became the Nightingale model of nursing education exported in many countries did not always meet her requirements, namely formal lectures and valid learning experiences separate from the medical model (Bostridge, 2008). She opposed the registration of nurses who could not ensure their continued competency in the long term (McDonald, 2001).

Nightingale returned from Crimea with chronic health conditions that kept her invalid during many years. One assumption is that she had contracted bucellocis while in Crimea, which would explain her health problems and depressive bouts that afflicted her. McDonald (2001) claims that, because of her

demanding and difficult personality, she was more admired than liked. Nevertheless, she was successful in recruiting loyal collaborators who shared her ideas and facilitated the completion of her many projects.

Towards the end of life, Florence suffered from memory losses and visual problems. She died on August 13, 1910, at age 90. In recognition for her contributions to society, she was awarded the Order of Merit, a first for a woman. Shortly after her death, laudatory biographies (Cook, 1913; Woodham Smith, 1950) were published and contributed to making this legendary character known.

Conclusion

Florence Nightingale became a mythical figure for nurses and the public. Her social position and her liberal education facilitated her political action and the completion of her projects. Her influence on the health care system is undeniable, and her values remain relevant. Her many writings help us understand how importantly she viewed the prevention of disease, the quality of nursing care, health services for

the poor and the educational preparation of nurses for practice and teaching.

Bostridge (2008) adds that Nightingale would be disappointed to observe that, today, care provided to injured soldiers is often insufficient, the rates of maternal mortality are high in several countries and nosocomial infections are widespread.

Baly, M. (1993). Florence Nightingale à travers ses écrits. Paris: InterÉditions.

Bostridge, M. (2008). Florence Nightingale: The woman and her legend. London: Viking/Penguin.

Cook, E. (1913). The life of Florence Nightingale. Volumes I & II. Londres: Macmillan.

Dossey, B.M. (1999). Florence Nightingale: Mystic, visionary, healer. Springhouse, Pennsylvania: Springhouse Corporation.

Gill, G. (2004). *Nightingales: The extraordinary upbringing and curious life of Miss Florence Nightingale*. New York: Random House.

McDonald, L. (2001). Florence Nightingale: An introduction to her life and family. Volume 1, The Collected Works of Florence Nightingale. Waterloo: Wilfred Laurier University Press.

Sinoué, G. (2008). La dame à la lampe : une vie de Florence Nightingale. Paris: Calmann-Lévy.

Woodham Smith, C. (1950). Florence Nightingale. Londres: Constable.

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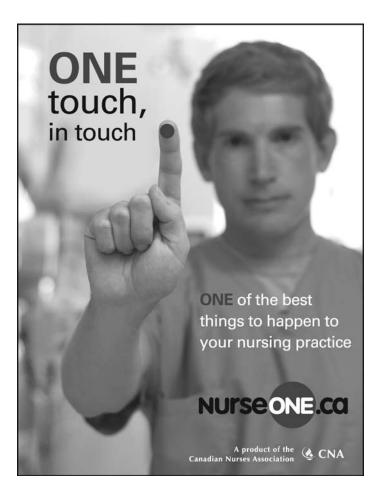
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MP1108 (02/2008)



Election to the Board of Directors



Lucie-Anne Landry
Director—Electoral Region 1



Darline Cogswell
Director—Electoral Region 3

Education: Bachelor of Nursing, Université de Moncton, 2003.

Additional education: Master's degree in nursing, Université de Moncton, 2008.

Present position: Clinical instructor, École de science infirmière, Université de Moncton

Professional activities: Co-speaker, career day, Odyssée School, 2009; co-facilitator, workshop on preceptorship/mentorship, RHA-A, Georges-L. Dumont Hospital, 2009; volunteer, wellness activity at the Université de Moncton, CEPS, 2009; member, exam writing committee for the CRNE, 2009.

Nominated by: Suzanne Harrison and Suzanne Doucet

Reason for accepting nomination: "As a nurse, I feel strongly about advancing and maintaining practice. As a member of the faculty staff of the École de science infirmière of the Université de Moncton, I have the opportunity to raise the awareness of future health care professionals about NANB's role and prepare them for their entry into practice. By sitting on the Board of Directors, I could contribute to the operation of the Association and participate in the decision-making process through my opinions."

Education: graduate, 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 2006–2010; 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: Dorothy Hall and Sharon Hall-Kay

Reason for accepting nomination: "I just finished a twoyear term on the Board of Directors. NANB members adopted a Strategic Plan for 2009–2012 at the June 2009 Annual Meeting. With your support, I would welcome the opportunity to see this plan implemented." The positions of Directors for region 1, 3, 5, and 7 will be elected for a two-year term consecutively beginning on September 1, 2010. Only practising members residing in a particular region can vote for the Region 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 Region Director positions is April 30, 2010. Ballots must be received at NANB by April 30, 2010, ballots received after that date will be considered void. Should there be only one candidate for a Region Director position, that candidate will be considered elected by acclamation and no mail ballot will be required.

Attention

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



Linda LePage-LeClair
Director—Electoral Region 5



Deborah Walls
Director—Electoral Region 7

Education: Bachelor of Nursing, Université de Moncton, 1983.

Additional education: Bachelor in Post-secondary Education, Université de Moncton, 1991; MBA, Université de Moncton, 2001; Master's Certificate in Project Management, University of New Brunswick, 2008.

Present position: Director, Education Services, Regional Health Authority A, Zone 5

Professional activities: Member, NANB Nursing Education Advisory Committee; Vice-President, Corporate Services, COFJA 2004/25th final of the Jeux de l'Acadie; Assistant Vice-President, Health and Medical Services, Canada Winter Games, 2003; Member, Health Services Foundation of Restigouche; Member, Management Committee, Restigouche Health Services Corporation; Member, Quality Control Committee, Restigouche Health Services Corporation.

Nominated by: Linda Plourde and Jennifer Belliveau

Reason for accepting nomination: "As the person responsible for the training of employees in Regional Health Authority A, Zone 5, for nine years, I have been involved in the orientation of new nurses in the organization and in identifying training needs for this specific group. As such, I sincerely think that I could share reflections in this area and add value to the current activities."

Education: graduate, Bathurst School of Nursing, 1984.

Additional education: Bachelor of Nursing, University of New Brunswick 1992; Nurse Management Certificate, McMaster University 1994; Microcomputer Business Application Diploma 1998; Master of Education, University of New Brunswick 1998; NB Executive Leadership Program (present).

Present position: Administrator—Mount Saint Joseph Nursing Home.

Professional activities: Member of the Gerontological Nurses of NB; Member of the Resident Care Committee and Negotiating Committee-Association of Nursing Homes; past Member of the Discipline Committee NANB; past Member of the RN/RNA Recruitment and Retention Committee—Nursing Home Association; past Treasurer Nurse in Career Transition Interest Group—NANB; Member of the Education Advisory Committee for Alzheimer's Association of New Brunswick; past President, VON Miramichi Local, NBNU.

Nominated by: Dawn Haddad and Kimberly Arseneault

Reason for accepting nomination: "I believe very strongly that nurses should participate in the Nurses Association, both at the local and provincial level, as a means of advocating for and influencing decisions that affect nurses every day work life. Only by actively participating, can we make sure that our opinions are heard and that our Region is well represented. I look forward to representing my Region 7 colleagues at the provincial level, and welcome their input so that I do my best to bring their concerns and issues forward."

By: Virgil Guitard, RN

NANB Consultation Services

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

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

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

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

You asked a Practice Advisor: "As an RN, can I be self-employed?"

egistered nurses can be selfemployed and provide safe, competent and ethical nursing care to clients in a variety of settings. Thus, to support nurses who wish to establish and maintain an independent nursing practice, the Nurses Association of New Brunswick (NANB) has developed two documents to provide them direction and information on professional and business requirements. They are: Minding your business: A guide for establishing an independent nursing practice (2008) and the Position Statement Selfemployed Nurses (2008).

The same as for all registered nurses, nurses in independent practice must maintain a current registration with the NANB. They are expected to maintain their competence to practice through participation in continuing education sessions and professional development activities. Furthermore, they must continuously and systematically evaluate their practice and fulfill the requirements of the NANB mandatory Continuing Competence Program (CCP). The CCP requires all registered nurses to annually reflect on their nursing practice through self-assessment, to develop and implement a learning plan, and to evaluate the impact of their learning activities.

Nurses in independent practice can offer professional nursing care themselves, in partnership with other health care professionals or they may employ others to do so. Regardless of the nursing care delivery model chosen, nurses in independent practice are responsible for the quality and safety of the services they deliver and must uphold the professional standards established by NANB. They must also meet the standards of the nurse-client relationship and be accountable to the client to whom, or on behalf of whom, nursing services are provided.

Nurses who plan to offer independent nursing services must identify the services they propose to provide

and determine their qualifications and competence to deliver them. Following this reflection they should seek an assessment of the proposed service by contacting NANB. This assessment will determine if the proposed service falls within the scope of nursing practice and meets the NANB standards. Until an assessment of the proposed service has been completed, the hours of work will not be recognized towards registration and the title "RN" cannot be used.

Additional Resources

NANB offers other resources to assist nurses who are considering independent practice. These documents can be found on the NANB website at www. nanb.nb.ca/publications or by contacting the Communication Department at 1 800 442-4417 or by email at nanb@ nanb.nb.ca

- Code of Ethics (2008) www. nanb.nb.ca/pdf_e/Publications/
 General_Publications/
 CNA%20Code%20of%20Ethics.pdf
- Minding your business: A guide for establishing an independent nursing practice (2008) www. nanb.nb.ca/pdf_e/Publications/ General_Publications/ MindingYourBusinessE2k8.pdf
- Nurses Act (1984) www.nanb.
 nb.ca/pdf_e/Publications/General_
 Publications/
 NursesAct_E&F.pdf
- □ Standards of Practice for Registered Nurses (2005) www. nanb.nb.ca/pdf_e/Publications/ General_Publications/StandardsofRe gisteredNursesE.pdf

If you have any questions regarding self-employed nurses or other nursing issues, please contact the NANB's Practice Advisor at 1 800 442-4417 or by email at nanb@nanb.nb.ca.

Nurses Association of New Brunswick (2008). Self-Employed Nurses. Fredericton: Author. www.nanb.nb.ca/pdf_e/Publications/ Position_Statements/POSITION_ STATEMENTS_pdf/SELF-EMPLOYED_NURSES _E_2k8.pdf



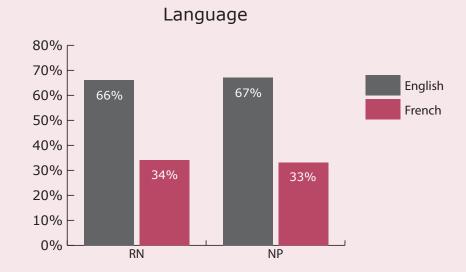
Audit Results

Continuing Competence Program (CCP)

Who was audited?

Fifty-nine members were audited:

Please note: one member was no longer practising as a nurse in the province at the time of the audit and therefore an audit was not completed.



ON JANUARY 1, 2008, NANB implemented a mandatory Continuing Competence Program (CCP) for all members with an active registration. In accordance with the NANB Bylaws, an annual CCP Audit is to be conducted to assess members' compliance with CCP requirements. The CCP requires all members to reflect on their practice through self-assessment, to complete a learning plan, and to evaluate the impact of their learning activities. Registered Nurses (RNs) and Nurse Practitioners (NPs) must comply with

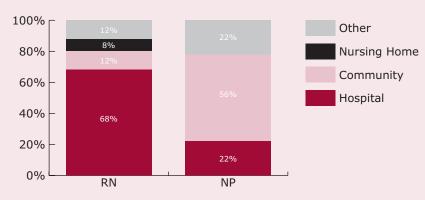
CCP requirements to maintain their registration and confirm if they have or not by answering a compulsory question on their annual registration renewal form.

The first CCP Audit was conducted in the fall of 2009. A small random sample of members (50 registered nurses and 10 registered nurse practitioners) was required to complete a CCP Audit Questionnaire prior to renewing their registration. Members were asked to complete a questionnaire related to their CCP activities for the 2008 prac-

tice year. The completed questionnaires were examined and assessed for compliance with the program. NANB was looking for evidence of the following three steps of the CCP:

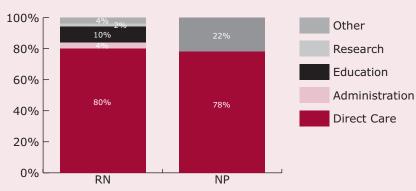
- 1) Completion of a self-assessment;
- Development and implementation of a learning plan including at least one learning objective and learning activities; and
- Evaluation of the impact of the learning on nursing or nurse practitioner practice.

Area of Practice



The next CCP Audit will be conducted in the fall of 2010. At that time, a random sample of approximately 200 RNs and 10 NPs will be audited on their CCP activities for the 2009 practice year.

Employment Setting



What did members tell us?

Self-Assessment: RNs chose indicator 2.1 (demonstrates competencies relevant to own area of nursing practice) and indicator 3.2 (continually assess practice to identify learning needs and opportunities for improvement) more frequently than any other indicator. NPs chose a variety of competencies.

Learning Plan: RNs and NPs included their main learning objective on the audit questionnaire. RNs included learning objectives such as: "to improve my nursing knowledge of the geriatric client" and "to become more skilled at creating and delivering workshops on addiction topics". One NP included the following objective: "to improve health history and expand knowledge of detailed physical examination".

Members also indicated which learning activity they had completed in order to meet their main learning objective. Reading articles / books and access-

ing the internet were the most popular learning activities for both RNs and NPs.

The majority of RNs and NPs confirmed that they recorded their CCP activities using the NANB CCP Self-Assessment and Learning Plan Worksheets. They also rated these two tools as the most helpful from a list of six possible tools. RNs and NPs also identified the Examples of Completed Worksheets (available on the website) as very helpful tools.

Evaluation: All members commented on the impact of their learning on their nursing practice. RNs included statements such as: "I feel much more comfortable facilitating sessions and delivering information to my patients" and "It has enabled me to become a more confident and assertive nurse and team member". One NP described her learning as having "...helped increase my knowledge of best practice guidelines which in turn increases my confidence of practising as an NP".

Results

As a result of the Audit, one RN and one NP required a follow-up call to obtain clarifications on the information they had submitted on their audit questionnaires. It was subsequently determined that all 59 audited members had met the CCP requirements.

What's next?

The next CCP Audit will be conducted in the fall of 2010. At that time, a random sample of approximately 200 RNs and 10 NPs will be audited on their CCP activities for the 2009 practice year.

Members who experience difficulty in meeting CCP requirements or who have questions related to the program should visit the NANB website Continuing Competence Program section under the Professional Practice heading or contact the Nursing Practice Consultant at 1 800 442-4417.

One Patient, One Record

New Brunswick's Electronic Health Record Initiative

SUBMITTED BY: CYRILLE GODIN, PROJECT OFFICER, ONE PATIENT ONE RECORD, DEPARTMENT OF HEALTH

In the future, authorized health care professionals, including nurses, will be able to find such information as clinical documents, laboratory results, radiology reports, immunization records and medication history at the click of a mouse.

OFFICIALS WITH THE Department of Health, along with representatives from the Regional Health Authorities (RHAs), FacilicorpNB, various health professional associations—including the NANB—and the information technology sector have been working diligently to create an electronic health record (EHR) for each New Brunswicker.

n addition to the timeliness factor, the EHR will include such benefits as: access to current patient information; the ability to locate a patient's relevant health information if the patient is unable to provide it; access to test results in real time; and the possible reduction of ordering duplicate

The One Patient, One Record (OPOR) Components

The EHR is a longitudinal health record of clinically relevant health history and care that will be available to authorized health care providers at any time and from any location, thus leading us to the realization of the One Patient, One Record

(OPOR) vision. The EHR is but one of several components that will make up OPOR.

Major OPOR components include: the Concerto viewer; the Client Registry (CR); the Diagnostic Imaging Repository (DI-r); the Drug Information System (DIS); and the Provider Index (PI).

The Concerto viewer is a bilingual software package through which relevant clinical and demographic information related to one patient can be viewed, such as patient demographics, patient visit history, laboratory results, diagnostic imaging (DI) reports, and eventually medications.

The "One Patient" component of the OPOR equation will be created through the Client Registry which links elements such as health identification numbers, demographic information and historic demographic information to a single individual.

On the other hand, the "One Record" element of OPOR is derived through the EHR since it provides the infrastructure to link, capture, store and

view relevant clinical information related to the "One Patient" mentioned previously.

The EHR will eventually link all relevant clinical patient information from various points of care and services such as hospitals, physicians' offices, pharmacies, public and mental health offices and diagnostic images. The EHR will therefore allow for the seamless sharing of information across systems and service providers.

The Diagnostic Imaging Repository will allow authorized users access to all diagnostic imaging reports and images such as CT scans, x-rays and ultrasounds, related to one patient.

Similarly, information from the Drug Information System will initially allow users to view a patient's drug history, with additional elements such as drug allergies and intolerances to be added later.

Finally, the Provider Index identifies health providers and will be the primary source of information when it comes to recognizing health professionals having access to a patient's health record.

Understandably, the EHR is a major undertaking with various components that will be introduced over time. For example, laboratory results to be included in the initial rollout will include chemistry, hematology, challenge and coagulation results with other types of results to be displayed at a later date.

Access

It is expected that the EHR

will give nurses, and other

health care providers, greater

access to patient information

enabling timelier decision-

making. It is also expected

that it will enable health

professionals to make clinical

decisions more quickly;

make better informed clinical

decisions; and serve patients

more efficiently.

Even though authorized health care providers will have access to a patient's EHR, the type of information they will have access to will depend on their role on the patient's care team. Essentially they will only access the information they need to

> allow them to provide the best care they can in a timely and efficient

With respect to the nursing profession, this means for example that a nurse working in the ER will see a patient's entire record. However a nurse working in a different setting, such as a hospital inpatient unit, may have access to only the select information required for the role in that

location.

The EHR and the **Nursing Profession**

It is expected that the EHR will give nurses, and other health care providers, greater access to patient information enabling timelier decision-making. It is also expected that it will enable health professionals to make clinical decisions more quickly; make better informed clinical decisions; and serve patients more efficiently.

The use of the Concerto viewer will introduce nurses to a new era of

work efficiencies (e.g. less faxing of patient results which could eventually make faxes obsolete in certain instances).

Training

The Department of Health is currently developing a training plan and package which will focus primarily on the Concerto viewer. Contact is being made with the RHAs to begin coordinating training sessions using a train-the-trainer approach.

Training on the use of the Concerto viewer is anticipated to start this spring and will progressively take place in all health zones over time. Initially it will target those health professionals who could best benefit from the demographic and clinical information currently available through the Concerto viewer keeping in mind it will initially offer patient encounters, some laboratory tests and diagnostic imaging reports.

Future access will be provided to additional health providers over time and as other types of information, such as medication, become available.

New CADTH Research Shows: Most People with Type 2 Diabetes Do Not Need to Test Their Blood Glucose as Often

SUBMITTED BY: STEPHANIE SMITH, CADTH LIAISON OFFICER, NB

IF RECENT RECOMMENDATIONS on self-monitoring of blood glucose using test strips became the practice in Canada, health outcomes for those living with diabetes would not be compromised, while over \$150 million annually could be redirected to other priorities. This is important when considering the best way to support good health for people with diabetes and how best to use our finite health care resources.

So what does the evidence say? Recent research focusing on the use of test strips that measure blood glucose in people with diabetes has revealed—what may be to some—surprising results. The analysis included all applicable evidence to find out if and how often people with diabetes should be testing their blood glucose.



The findings indicate that, generally, most people with type 2 diabetes do not have to test as often as they do now. For example, most patients with type 2 diabetes treated by diet and/or drugs taken by mouth—and not taking insulin—do not require routine self-monitoring of their blood glucose. However, the use of test strips among these patients is routine in Canada; it accounts for over 50% of the expenditure on test strips. Total spending in Canadian publicly and privately funded drug plans exceeds \$330 million annually. In fact, in many

public drugs plans, the cost of test strips falls into the top five classes on which we spend the most.

For additional information, please contact Stephanie Smith, CADTH Liaison Officer for New Brunswick, at

(506) 457-4948 or stephanies@cadth.ca, or visit www.cadth.ca. Detailed reports and tools are available online: www.cadth.ca/smbq

CADTH is an independent, not-for-profit agency funded by Canadian federal, provincial, and territorial governments to provide credible, impartial advice and evidence-based information about the effectiveness of drugs and other health technologies to Canadian health care decision-makers.

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





Literacy and Nursing Practice: Is There a Link?



Submitted by:

Nathalie Boivin,
RN MSc. PhD,
Associate Professor,
Nursing Faculty,
Université de Moncton,
Shippagan Campus
(Bathurst site)

id you know that the International Adult Literacy and Skills Survey (IALSS) conducted in 2003, with a representative sample of 23,000 Canadians, showed that 66% of NB Francophones aged 16 to 65 are below the minimum literacy level required to be considered functional (Corbeil, 2006) compared to 56% of Anglophone New Brunswickers?

This difficulty to read, decode, interpret and understand information impacts directly and indirectly on the health of individuals and their entourage. Whether they work in a hospital, community, industry or in a correctional setting, nurses can directly observe the impacts of limited literacy. Gillis (2005) describes some of the direct impacts of insufficient levels of literacy on the health of individuals. For example, Gillies mentions the difficulty in understanding the instructions for self-medication, the inability to read food labels at the grocery store, the difficulty and even the inability to understand protocol for diagnostic testing or to understand the terms and conditions when buying a car. Having difficulty reading, understanding and interpreting a text or an information grid can also have indirect

impacts on the health of individuals and their families. This may result in reduced opportunities for a safe, stable and well paid job, increased risk of living in unsuitable housing and a greater likelihood of withdrawal from social and community life and thus of lost opportunities for asserting one's rights (Gillis, 2005; Wagner, 2002).

Although it is easy to see how the literacy level of an individual is an important health determinant, how can we integrate that knowledge into nursing practice? How can we sort out the terms used in this area? The following paragraphs should be helpful.

A Lingo to Know

Literacy training, illiterate, functional illiterate, literacy, illiteracy... What does it all mean? Just as the health sector has its own terminology, people working in literacy and education also have their own language. Firstly, literacy training refers to the action of teaching literacy or helping another person to learn how to read and write. The United Nations Educational, Scientific and Cultural Organization (UNESCO) describes literacy training as being an integral part of the universal right to education and an essential component for improving health (2007). In the past, a person who had not reached the equivalent of a grade nine education was considered illiterate. A person was considered functionally illiterate if the educational level was grade five or less. Today the literacy level is not based on years of education achieved, but rather on the individual's understanding of prose, diagrams and numbers (numeracy). Experts have identified that, to be able to function in our society, one must reach a minimum level of three. Literacy is more than learning to read and write; it is also the use of this ability in different life situations (Wagner, 2002). Literacy is a way of being, of interacting and of communicating with the world. According to Masny (2007) literacy has several dimensions, including: personal; academic; community; and critical thinking. Illiteracy, refers to the difficulty or the inability to apply this potential of communicating with the world, of being and of interacting.

Nursing Practice and Illiteracy

How do we integrate this information on literacy to the nursing practice? A first step would be to include a few questions on this topic when first collecting data from the client. Obviously, this data collection could include a question on the educational level of the client. But most importantly, the reading ability of the client and the comfort level with reading should be established. Does the client like reading? Does he/she read often? Is reading difficult for him/her? Another option to explore is the use of questionnaires routinely given when accessing health care. The client arrives, and the receptionist hands out a questionnaire to fill. This practice is disturbing for people who have literacy difficulties. Before handing a questionnaire to someone, you should indicate that you need information. Ask them if they prefer to fill the questionnaire by themselves or if they want you to help. These simple and concrete actions reflect the staff sensitivity to the problem of illiteracy and help to build a trusting relationship with the client.

A Question of Empowerment

In a context of shifting towards primary health care, where individuals are expected to play an active role in maintaining their health, it is important to ensure that the nurse can support all clients in their efforts to achieve better health by empowering them to take charge of their health. This includes individuals with lower or limited levels of literacy.

A Few Possible Solutions....

The information communicated to the client must be understood, relevant and useful. Bacon said "Knowledge is power". The nurse is responsible for ensuring the information provided to the client becomes a tool enabling them to exercise power over their health and life. A few tips:

- Teaching starts with the client. Who is the client, what does he/she know, what information does he/she need and in what context?
- 2) The information should not be overwhelming. The teaching material is not the basis of the information; it supports the information through concrete examples.
- 3) The information provided to the client must be written in plain and simple language. The Canadian Public Health Association provides help for writing documents with the aim of maximizing their understanding by all. Don't hesitate to use this help! (http://www.cpha.ca/en/pls.aspx)
- Finally, before your client leaves, ask them to explain in their own words, the important points addressed during the session.

In their everyday practice, nurses strive to empower clients to take better care of their health. These few tips will expand your evidence-based practice when confronted with illiteracy while contributing to the empowerment of your clients. It is a win-win situation!

To learn more on this topic:

- □ Corbeil. J.P. (2006). The Canadian Component of the 2003 International Adult Literacy and Skills Survey (IALSS): The Situation of Official Language Minorities, Statistics Canada. No. 89-552-MIE2006015, available at: www. statcan.gc.ca/bsolc/olc-cel/olc-cel?lang=eng&catno=89-552-M2006015
- Gillis. D. (2005). Beyond words: The health-literacy connection, available at: www.nald.ca/library/research/ cahealth/English.pdf

Websites:

- □ www.cpha.ca/en/pls.aspx (plain language)
- www.capsulessante.ca (example of health promotion intervention with the Francophone population of New Brunswick)
- www.fanb.ca



My Choices - My Health!

Living a healthy life with a chronic disease

My Choices - My Health is a free six-session workshop, lasting 2.5 hours each, designed to help you improve your quality of life. Workshops are given throughout the province by trained volunteers.

Chronic diseases include diabetes, mental illness, heart disease, cancer, and arthritis.

Workshop topics include:

- · setting goals and solving problems;
- · managing difficult emotions;
- reducing stress and anxiety;
- eating healthy and being active;
- · managing pain and fatigue; and
- communicating effectively.

Comments from participants:

"I learned I can do anything if I start out with small steps."
"It motivated me to make major positive lifestyle changes."
"I have never felt better."

Be healthier.

Call 1-888-747-5511 to register.

Visit www.gnb.ca/health.

Mes choix - Ma santé!

Vivre en santé avec une maladie chronique

Mes choix - Ma santé est un atelier offert gratuitement, en six séances de deux heures et demie chacune, conçu pour vous aider à améliorer votre qualité de vie. Les ateliers sont donnés partout dans la province, par des bénévoles formés.

Parmi les maladies chroniques, on retrouve, entre autres, le diabète, les maladies mentales, les maladies du cœur, le cancer et l'arthrite.

Parmi les sujets abordés au cours de l'atelier, citons :

- l'établissement d'objectifs et la résolution de problèmes;
- · la gestion des émotions difficiles;
- des techniques pour réduire le stress et l'anxiété;
- · une alimentation saine et l'activité physique;
- · la gestion de la douleur et de la fatigue;
- la communication efficace.

Ce qu'en disent les participants :

« J'ai appris que je peux faire tout ce que je veux en avançant un pas à la fois. » « Les ateliers m'ont motivée à faire des changements positifs dans mes habitudes de vie. »

« Je ne me suis jamais senti aussi bien. »

Soyez en meilleure santé.

Pour vous inscrire, téléphonez au 18887475511.

Consultez le site : www.gnb.ca/santé.

Abilities Based Learning

Highlights from Alverno & Recent Literature

SUBMITTED BY: STEPHEN VANSLYKE RN, MN, SENIOR TEACHING ASSOCIATE,
FACULTY OF NURSING, UNIVERSITY OF NEW BRUNSWICK

s Janice Thompson describes in her overview, the UNB Faculty of Nursing has been engaged in thoughtful discussions about renewal in nursing education. A primary aim of the exercise has been to increase accountability to various stakeholder groups including our students. The focus of

this short article is to provide examples which address an "abilities-based outcomes" approach in assessment and learning and to highlight recent nursing literature which addresses ability-based learning.

In June 2006 a contingent of educators from UNB, including two nursing instructors, attended a weeklong workshop at Alverno College in Milwaukee, Wisconsin. The initiative was spearheaded by faculty seeking to strengthen teaching and learning at UNB while introducing the value of outcomes at the levels of curriculum, teaching and assessment. Alverno College is a small liberal-arts college for

women, which offers numerous undergraduate degree programs including nursing. They have been offering and refining their ability-based learning programs since the early 1970's. Their work has been published and they regularly offer higher education workshops and education sessions which attract international audiences.

Alverno College has developed eight general ability outcome areas, which are the same for all of their undergraduate programs including nursing. The eight general areas are broken down into levels representing beginning to advanced learners. For example, communication is a general ability reflected in speaking, writing, listening, etc. Students across all programs must demonstrate the first level ability for communication stated as "recognizes own strengths and weaknesses in different modes of communication" (Alverno College Institute, 2005, p. 2). Level 6 ability for communication is "uses strategies, theories, and technologies that reflect engagement in a discipline or profession" (p. 2). The School of Nursing defines the level which must be achieved for each of the eight abilities for successful degree completion. The abilities can be demonstrated by students in nursing or non-nursing courses, although the higher level abilities are typically met in the more advanced nursing theory and practice courses. All course outline explicitly states which outcomes are covered in the course and at what level is required for successful performance.

At Alverno College, all assessments directly contribute to learning as characterized in their commonly used phrase 'assessment as learning.' Faculty members do not typically assign numeric or letter grades. Student success is based on demonstrating the abilities set out in individual courses and relevant mid-way and final assessments. Criteria are established for all abilities. Faculty members teaching courses assess performance while using feedback to create opportu-

nities for learning during and after the assessment process. Rubrics are commonly used to provide assessment of learning and to give structure to student feedback. Criteria may also be self-assessed by students, peers, or RN's who staff the skills laboratory/learning center. At defined periods in

the BSN Program, students are assessed by external assessors who are trained and brought in from the community.

The outcomes and ability statements developed by Alverno College have been shaped to meet the specific needs of their context and their students and they are not intended to be copied or universally applied in another institution or program. Outcomes and ability statements are considered to be unique and the exercise of developing relevant and meaningful language is considered to be a necessary step in developing an ability-based learning program within

a program or institution.

At Alverno College the abilities and program elements are continuously evaluated and revised including some key terminology. For example the abilities were initially called competencies. Since competencies suggest discrete tasks that could be accomplished in specific contexts, the term ability was chosen to more accurately capture the intended meaning. An ability represents "an integrated combination of multiple components including skills, behaviors, knowledge, values, attitudes, motives or dispositions, and self-perceptions" (Schmitz, 1994, p. 9). An ability is developmental in the way that it can be leveled for a beginning to an advanced learner as increasingly complex aspects are considered. A third quality of an ability is that it is transferrable in terms of application to varying roles, settings and contexts.

In contrast with the shift described at Alverno College, the term competency is widely used to describe expected performance in nursing literature. In a discussion of competency in nursing, Scott Tilley (2008) outlines how articles focused on nursing education often fail to define competency as she notes variation in what is meant by the term. Her discussion suggests that a competency could have the attributes of an ability as she uses the Alverno College curriculum and a specific assessment technology as model cases to exemplify the best attributes of a competency-based nursing education.

Various funding agencies and accrediting bodies have called on universities for accountability and the need to provide outcome data for quality assurance activities in nursing education. In response, Glennon (2006) presents the case for developing clearly written learning outcomes stated as per-

Continued on page 37...

CNA Certification in Gerontology:

A Gift for Registered Nurses

CONGRATULATIONS TO MS. Carla Hartley, RN, Fredericton for being the first of six (6) registered members to qualify for a \$500 gift in memory of the late Mrs. Jeannette E. Marcotte, Moncton NB.

A gift of \$3,000 was given to the Nurses Association of New Brunswick (NANB). Monies will be directed to assist six (6) qualified registered nurses in attaining CNA Certification in Gerontology. Registered nurses meeting the requirements may apply. Please submit:

- □ a Curriculum Vitae (CV);
- documentation you have met CNA Certification requirements;
- □ a 500 word essay describing why you want to seek CNA Certification in Gerontology; and
- two letters of support from registered nurses.

Send your application by mail, email or fax to:

NANB – Gerontology Gift c/o The Communications Department 165 Regent Street, Fredericton, NB, E3B 7B4

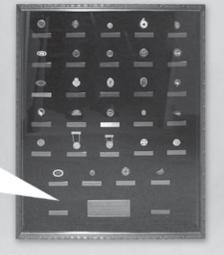
Fax: (506) 459-2838 Email: nanb@nanb.nb.ca (stating Gerontology Gift in the subject line)

The recipients will be notified by the Association.

Calling On L.P. Fisher Memorial Graduates

Donate your pin!

The Nurses Association of New Brunswick (NANB) is looking to complete a NB Nursing School pin collection. We are calling on former nursing students and families of the L.P. Fisher Memorial Hospital in Woodstock, NB to help make this collection complete. The collection is displayed publicly in the reception area of the NANB office.



If you are interested in donating your pin, please contact NANB's Department of Communications at (506) 459-2834 or toll-free at 1 800 442-4417.



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

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*.

Proxy Voting

What You Need to Know

ANYONE WHO DOES not plan to attend the 2010 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 2nd, 2010, 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:

- 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.

Information for nurses who give their vote away

Nurses holding NANB practising memberships may give their vote to another practising member. They should, however, keep the following in mind: (a) know the person to whom they are giving their vote, (b) share their opinion on how they wish that person to vote for them, (c) realize that the person holding their proxy may hear discussions at the meeting that could shed a different light on an issue (so discuss the flexibility of your vote), (d) fill out the form on this page accurately (the

blank form may be reproduced if necessary), and (e) send the form to the NANB office. All forms must be received at the office by **May 28, 2010 at 1300 hrs**.

When proxy forms are received at the Association office, staff members check that both nurses named on the form hold practising membership and that the information on the form is accurate. Occasionally a form has to be considered void because the name does not coincide with the registration number on record. A form is also void if it is not signed, if it is not completely filled out or if there are more than four forms received for one proxy holder. Since one nurse may hold only four proxies, a fifth form received for that nurse is void. Also no forms are accepted if received after **May 28, 2010 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.
- $\hfill\Box$ 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 who's 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.

Scholarships for Members

SUBMITTED BY: SUSAN FULFORD HEARN, FOUNDATION COORDINATOR, CANADIAN NURSES FOUNDATION

id you know that together, the Nurses Association of New Brunswick (NANB) and the Canadian Nurses Foundation (CNF) provide two annual scholarship awards? One award, "NANB Award at the Masters level", was established in 1997, while the second award "NANB-CNA Centennial Award" was founded in 2008 in recognition of the CNA Centennial celebration.

The awards are worth \$5,000 each, and the criteria are that the nurse must be registered with the NANB, and enrolled part-time or full-time in a Masters program at a Canadian academic institution.

The nurse must have at least two more semesters to complete before graduating. The candidate will submit an application, provide in-depth references, include CVs and transcripts, and demonstrate, in writing, to the Merit Review Panel why he/she should be chosen to receive the award. The Merit Review Panel scores the applications on the basis of academic excellence, worth 40%; leadership, worth 30%; and application (poten-

tial, characteristics and quality of application), also worth 30%. Merit Review Panel members are volunteers drawn from top-level nursing educators across the country, and the panel has language capacity in both English and French.

Of course, the award recipients will be la crème de la crème—but we all know there's a lot of nursing talent here in New Brunswick!

The Canadian Nurses Foundation, founded in 1962 by the Canadian Nurses Association, is the only National foundation solely committed to promoting the health and patient care of Canadians by financially supporting Canadian Nurses engaged in higher education, research, home health-care and specialty certification; advocating dissemination and utilization of nursing knowledge.

Study Awards are supported by the Scholarship Fund Trust Accounts investment income as designated by CNF donors, and by contributions made by corporate and individuals donors. In 2009, CNF gave nurses across Canada approximately \$275,000 in scholarships and certification awards.

You too can become part of the advancement of nursing knowledge. If you are a nursing student at the Master's level, or if you know someone who is, find out more from the CNF website http://cnf-fiic.ca/Scholarships/tabid/70/language/en-US/Default.aspx. You may also send an email to info@cnf-fiic.ca, or call toll-free 1 800 361-8404 x242.







Abilities Based Learning (continued from page 33)

formance-based abilities, grounded in contemporary practice in diverse settings and focused on professional responsibilities. The author shuns superficial exercises such as renaming existing objectives to call them outcomes and supports the intellectually stimulating exercise of developing articulate outcomes.

Several articles record challenges faced by nursing education including content saturation, pressure to increase enrollments, tensions to add new outcomes related to advances in health knowledge, genetics, and socially relevant health topics such as informatics, disaster planning, etc. In emphasizing the need to de-crowd the curriculum, Dalley, Candela and Benzel-Lindley (2007) call for the need to prioritize certain critical abilities for nursing students in order to prepare students for the workplace. The development of concept-based curricula, including ability-based learning and the use of student-centered teaching strategies, are also suggested as reasoned responses (Forbes & Hickey, 2009; Giddens & Brady, 2007). In the context of US based findings suggesting many nursing programs do not adequately prepare students for the current health care environment, Candella, Dalley and Benzel-Lindley, 2006 stress the value of learning centered curricula to achieve student outcomes. They describe how ideal learning centered curriculum would include interconnections with creative teaching, authentic assessments and outcomes at all levels.

Based on the Alverno Model and recent nursing education literature, the efforts to develop abilities at UNB are important and helpful steps to demonstrate accountability and to enhance student learning.

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Scott Tilley, D. (2008). Competency in nursing: A concept analysis. Journal of Continuing Education in Nursing, 39(2), 58-64.

Staff Changes at the NANB



Liette Clément Appointed to Director of Practice

APPOINTMENT—The Nurses
Association of New Brunswick
(NANB) is pleased to announce the
appointment of Liette Clément, RN,
MEd as Director of Practice effective
February 8, 2010 from her position
of the past 18 months as Regulatory
Consultant—Education. With over

30 years in our profession, Ms. Clément brings a wealth of experience and knowledge to her new role as Director of Practice, primarily in the nursing education and administrative sectors. A dynamic leader, we look forward to her leadership as she transitions into this new role.

Please join me in welcoming Liette Clément to the NANB nursing team.

Ruth Rogers Retires

RETIREMENT—After more than 16 years employment with the Nurses Association of New Brunswick (NANB), in a variety of roles including: Nursing Practice Consultant; interim Director of Practice and finally Director of Practice, we bid a fond farewell to Ruth Rogers, RN, Fredericton. Thank you Ruth for your commitment and service to the NANB, the nursing profession and the public of New Brunswick.

Please join me in wishing Ruth Rogers, good health and much happiness and adventure throughout her retirement.

I,a practising nurse me		es Association
of New Brunswick, he	reby appoint,	,
registration number		,
as my proxy to act an	•	
the annual meeting of		
New Brunswick to be adjournment thereof.	neia June 2 ¹¹⁴ , 201	u and any
aajoariinent tiiereoi.		
Signed this day:	of	2010
Registration number:		
Signature:		
To be received at N		

Conference: 5th Annual BC Nurse Practitioner Conference & BCNPA Annual General Meeting

Beyond Band-Aid Solutions: Promoting Health and Wellness

- □ March 24th-26th, 2010
- ☐ Sheraton Vancouver Airport, Richmond, BC
- □ www.bcnpa.org/index.asp

Globalization: Workshop

- March 25th-26th, 2010
- □ NANB Headquarters, Fredericton, NB
- www.nanb.nb.ca/PDF/Globalization_ Workshop_Poster_15July09.pdf

Conference: 3rd Annual New Brunswick Provincial Diabetes Educators Conference and Meeting

Dancing with Diabetes...New Steps in Diabetes Education

- □ Delta Hotel, Fredericton, NB
- □ March 26th-27th, 2020
- www.diabetes.ca

Conference: 18th Annual CANAC Conference

- □ April 18th-21st, 2010
- □ Crowne Plaza, Fredericton, NB
- www.canac.org/english/ CONFERENCE.htm

2010 CASN Nurse Educators' Conference

- May 3rd-6th, 2010
- □ Fort Gary Hotel, Winnipeg, MB
- www.casn.ca/en

Conference: "Riding the wave of Change"

- □ May 5th-7th, 2010
- National Emergency Nurses
 Affiliation/New Brunswick Emergency
 Nurses Association
- ☐ Hilton Hotel and Conference Center, Saint John, NB
- www.nena.ca

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

■ May 10th-16th, 2010

Conference: 2010 AOHNA Annual Conference & Education Day

- □ May 26th-28th, 2010
- □ Banff Park Lodge, Banff, AB
- www.aohna.ab.ca

NANB Board Meeting

□ June 1st-2nd, 2010

NANB Annual Meeting

- □ June 2nd, 2010
- □ Delta Hotel, Fredericton, NB

CRNE

□ June 2nd, 2010

Conference: CFPNA conference: "Illuminating Horizons: Advancing Family Practice Nursing"

- □ June 6th, 2010
- □ Delta Barrington, Halifax, NS
- www.cfpna.ca

CNA Biennial Conference: The Power of Nursing

- □ June 7th-9th 2010
- World Trade and Convention Centre, Halifax, NS
- www.cna-aiic.ca/CNA/news/events/ convention/default_e.aspx

Conference: 1st Canadian Stroke Congress

- □ June 7th-8th, 2010
- □ Quebec City, PC
- □ www.strokecongress.ca

Conference: International Clinical Nursing Research Conference

- □ June 14th−16th, 2010
- □ Ottawa, ON
- www.health.uottawa.ca/sn/se/ conf2010.htm

FYI

NANB Office Hours:

Monday to Friday 08:30 to 16:30

We Will Be Closed:

April 2nd Good Friday

April 5th Easter Monday

May 24th Victoria Day

July 1st Canada Day

August 2nd New Brunswick Day

September 6th Labour Day

Dates to Remember:

May 10th—16th National Nursing Week

June 1st & 2nd NANB Board Meeting

June 2nd
NANB Annual General Meeting



Get Involved!

Play an active role in your Association.

COMMITTEE MEMBERS NEEDED

DO YOU PROMOTE your profession? Will you share your expertise? Get involved! Play an active role in your association.

The *Nurses Act* (1984) mandates your professional association to maintain a number of standing committees, which includes the Complaints Committee; the Discipline/Review Committee; and the Nursing Education Advisory Committee. These committees allow members to be a part of a process that ensures the public is protected and that New Brunswickers receive safe, competent and ethical nursing care.

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

Factors considered when selecting committee members are:

- geographic area,
- □ language,
- □ gender,
- □ years of nursing experience (at least five years), and
- $\hfill\Box$ area of nursing experience.

To learn more about NANB committees, please 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.

Committee Members Needed

Name:
Address:
Registration number:
Current area of practice:
Telephone:
Email:
Language:

Areas of interest (please check):

- Nursing Education Advisory Committee
 Currently recruiting a nurse educator for UNB
 Saint John and one recent nurse graduate.
- Exam Writing Committee (CRNE)
- Complaints Committee
 This committee conducts the first step in the Professional Conduct Review (PCR) process and determines if further action is required.

 Meetings occur by teleconference.
- Discipline/Review Committee
 This committee conducts the second step in the PCR two-step process. Committee members examine evidence, hold hearing and make decisions.
- 1 Other



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Third, you'll receive outstanding service.

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Due to provincial legislation, our auto insurance program is not offered in British Columbia, Manitoba or Saskatchewan ¹Certain conditions and restrictions may apply.

*No purchase required. Contest ends on January 14, 2011. Total value of each prize is \$30,000 which includes the Honda Insight EX and a \$3,000 gas voucher. Odds of winning depend on the number of eligible entries received. Skill-testing question required. Contest organized jointly with Primmum Insurance Company and open to members, employees and other eligible people of all employer and professional and alumni groups entitled to group rates from the organizers. Complete contest rules and eligibility information available at www.melochemonnex.com. Actual prize may differ from picture shown.

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