INFO NURSING

VOLUME 41 ISSUE 2 FALL 2010

2011 REGISTRATION RENEWAL

MEMBERS SPEAK UP! 2010 PROVINCIAL ELECTION

NANB 2010 FALL PRACTICE FORUMS

Nurses Association OF NEW BRUNSWICK

fall 2010

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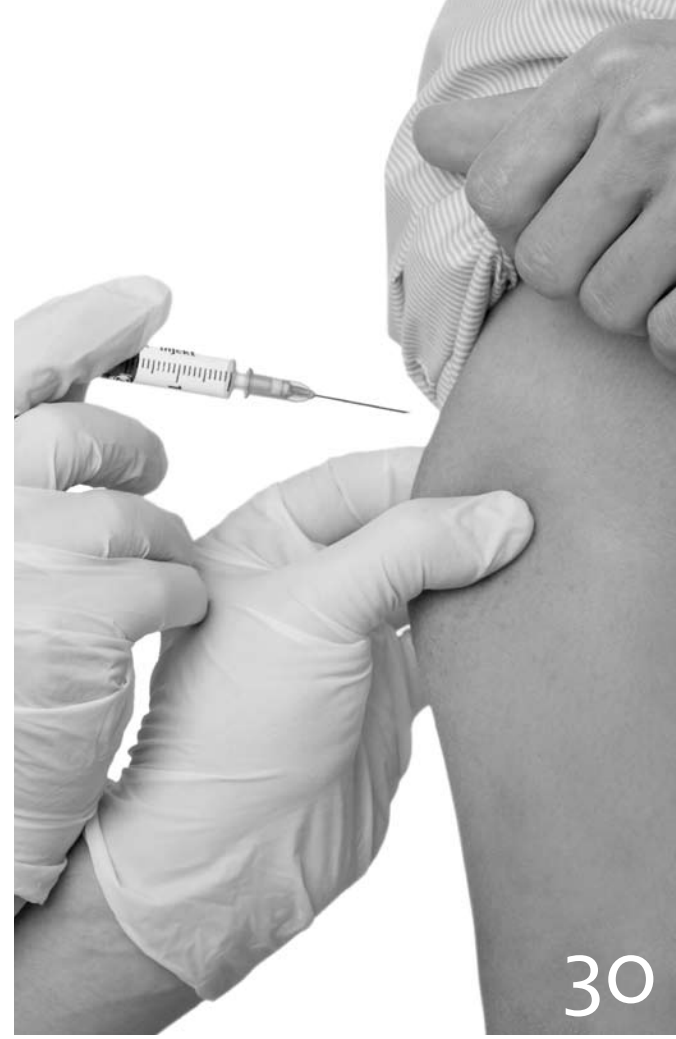

the pulse

The Vision of the
Nurses Association *of* New Brunswick

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

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

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

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Provincial Election 2010

RNs: Our Voice is Strong; Our Insight is First-hand

AS THE LARGEST GROUP OF healthcare professionals representing 8,900 registered nurses in the Province, and 1 in 83 New Brunswickers, our voice is strong, our insight is first-hand and we provide an informed voice for health policy in New Brunswick.

During the summer months, I along with senior NANB staff met with all political parties to share the Association's priorities for New Brunswick informed by our strategic planning initiative and the ends or goals of the NANB Board of Directors. These priorities focus on three key areas:

- Enhancing access to health services;
- Ensuring the sustainability of the health system; and
- Improving the health status of our population.

Today's reality is over 60,000 NB citizens are without access to primary health services; services that could be provided by registered nurses and nurse practitioners in many settings. We also shared our concerns over the rising cost of health services, the challenging health status of our population and the eventual sustainability of the health system. We underlined how our curative focused system has to expand in a more planned, robust and universal way to include primary healthcare services that will enhance disease prevention, health promotion and chronic disease management thus improving the health status of New Brunswickers and moderating the expenditures in our curative/acute-care focused services.

We reinforced our professions commitment and support for a publicly funded and administered, universal health system. We shared how improved health and success for our province and citizens requires effective public policy that addresses the social and environmental determinants of health. Poverty levels must be reduced in New Brunswick. We encouraged all parties to ensure the full implementation of the recently approved poverty reduction plan for our province; *'Overcoming Poverty Together'*. Over 50 per cent of NB adults have weak literacy skills and 31 per cent of NB children experience delays in cognitive and behavioural domains. Investments to improve literacy levels and support successful early childhood development are essential to our future health and must be a priority for the next New Brunswick government.

Additionally, the connection between the environment and health is well established. New Brunswick policy must ensure the health of our population and the protection of our environment. We simply cannot afford the additional expenses environmental diseases will place on our system and our citizens.

Finally, without adequate health human resources, including registered nurses, we will be unable to respond to these challenges as a province. With effective ongoing analysis, strategic initiatives and evaluation of outcomes we can ensure an effective nursing workforce. We called for the revitalization of the provincial nursing resource committee with representation of the leadership from all required stakeholders to ensure a comprehensive, coordinated and transparent approach to ensure our health system and population have access to the nursing services they require.

I want to challenge you to maintain this engagement and influence in the policy sphere in our province. Additionally, after the upcoming election get to know your MLA and make certain they know you; as a registered nurse you bring knowledge and expertise to government policy decisions through your frontline, first-hand experience in all health settings as well as many non-health settings in our province. That insight is invaluable to policy makers. Your influence does not end there; share your views and concerns with your family, friends and community. This will broaden the potential influence our profession can bring to important policy decisions.

Most importantly, stay engaged, get involved, speak up; together we can MAKE A DIFFERENCE!

—MARTHA VICKERS, *President*

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The New Brunswick Health Council

An Evolving Success Story

THE NEW BRUNSWICK HEALTH COUNCIL (NBHC) was established with the most recent reorganization of health services in our province as an independent body, accountable to the people of our province with predominant values of transparency, public engagement and accountability.

Under the leadership of the Council's Directors, which include a number of registered nurses and a team of capable, vibrant staff, all indications are that the Council is delivering on its mandate and will continue to develop in its capacity and effectiveness.

Today we recognize, in fact, demand that decisions are based on sound evidence. In the Council's reality, evidence that will inform current and future investment, utilization and development of health services in New Brunswick.

The NBHC's mandate focuses on four areas:

- engaging citizens;
- measuring, monitoring and evaluation of population health and health service quality;
- informing citizens on health system performance; and
- recommending improvements to health system partners.

During the initial months of operation, the following highlight major initiatives:

Over the past spring, the Council completed its first extensive citizen engagement. I was fortunate to participate as a stakeholder and to have the opportunity to hear first-hand the concerns and priorities of citizens. It was clear that many citizens are ready for change in how and with what provider they access health services, while assurance that they will have access to the provider with the expertise their particular health needs require. The report from this engagement; "*Our Health, Our Perspectives, Our Solutions*" is available on the Council website.

The Council has also published its first '*Population Health Snapshot*'. It identifies many of the population health challenges we are facing and can inform priorities for action and investment.

Most recently the Council released findings from its first '*Care Experience Survey*', as well as findings related to health system performance. The Council website also includes an announcement of the current development of a '*Sustainability Analysis Model*' to assist and inform future policy decisions.

These reports contain information of significant interest to registered nurses across the province; especially the most recent '*Health System Report Card*'. Whether a direct care provider, administrator, educator, researcher or nurse working in the policy arena, this data and analysis are an important resource. As the provincial regulatory body for registered nurses responsible for the standards of nursing practice and education and to inform our role in advancing healthy public policy the work of the New Brunswick Health Council and our relationship with the Council as a health stakeholder and partner are essential and is one we value greatly.

I encourage you to access the Council website (» www.nbhc.ca) and to review the various reports, their findings and recommendations. I am certain you will find them informative and stimulating as we all work toward advancing the quality, accessibility and effectiveness of our New Brunswick health services.

Congratulations to the Council!

—ROXANNE TARJAN, *Executive Director*

THE BOARD OF DIRECTORS MET ON MAY 31ST AND JUNE 1ST, 2010 AT NANB HEADQUARTERS IN FREDERICTON.

Policy Review

The Board reviewed policies related to:

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

Organization Performance: Monitoring

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

Nurse Practitioner Therapeutic Committee (NPTC)

Schedules for Ordering
The Board approved a resolution to amend Rules 14.01, 14.02 and 14.03 effective upon approval by the Minister of Health. The ordering of tests and drugs will be organized in categories rather than lists, thus allowing NPs to provide more thorough care to their clients, in a timely manner.

The Nurse Practitioner Therapeutic Committee is composed of: Kate Burkholder NP (Chair); Carolle Nazair-Savoie, NP; Ayub Chisthi, Pharmacist; Jacqueline Mouris, Pharmacist; Dr. Tim Snell, Physician; Dr. Patricia Ramsey, Physician.

Both physician members of the committee re-offered to serve a second two-year term on the NPTC effective September 1, 2010 through August 31, 2012.

Healthy Public Policy

To advance the BoD End on the social determinants of health Nathalie Boivin, RN MSc. Phd, Associate Professor, UdeM., presented on Health Literacy highlighting New Brunswick's current literacy situation, research and assessment and how literacy impacts people's health.

Nursing Education Program Review & Approval

Interim Report: Université de Moncton Basic Nursing Program
The Board approved the Nursing Education Advisory Committee's recommendation to accept the UdeM's Basic Nursing Program Interim Report dated January 7, 2010.

NANB Documents

The Board approved the following documents:

Position Statement(s):
- *Midwifery* (revised)

Standard(s):
- *Practice Standard: Documentation* (revised)
- *Core Competencies for Nurse Practitioner Practice* (revised)
- *Standards of Practice for*

Primary Health Care Nurse Practitioners (revised)

Document(s):
- *Guidelines for NANB Interest Groups* (revised)

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

Invitational Forum: Problematic Substance Use

The BoD hosted an invitational forum to sensitize key nursing informants and stakeholders on the issue of problematic substance use in the nursing profession and to seek their input as part of NANB's revision of its document on the subject. Presentations can be accessed on NANB's website » www.nanb.nb.ca.

Board of Directors: Election & Public Member Vacancies

2010 Election
Elections were held for Directors—Region's 1, 3 5 & 7. All candidates were elected by acclamation.

- *Region 1 Director:* Lucie-Anne Landry, RN
- *Region 3 Director:* Darline Cogswell, RN (re-elected)
- *Region 5 Director:* Linda LePage LeClair, RN
- *Region 7 Director:* Deborah Walls, RN (re-elected)

Public Director Vacancies

The Board of Directors is composed of 12 members, three of whom are members of the public. The role of the public director is to provide the Board with a public, non-nursing, consumer perspective on issues as they relate to nursing and healthcare in New Brunswick.

The term of two public directors, Aline Saintonge and Robert Theriault, will expire August 31, 2010. Both public director positions are appointed by the Lieutenant-Governor in Council from a list of candidates submitted by the NANB. The appointment is for a two year term effective September 1, 2010.

Board members approved the following four nominees:

- Aline Saintonge, Fredericton
- Robert Theriault, Paquetville
- Robert Stewart, Miramichi
- Normand Clavet, Edmundston

Committee Appointments

The Board approved the following appointments to NANB Committees:

Executive Committee
The President and President-Elect are members of the Executive Committee along with two region directors and one public director. The Board elected the following directors for a one-year term, effective September 1, 2010 to August 31, 2011 and are as follows:

- *Director, Region 2:* Ruth Alexander, RN
- *Director, Region 4:* Noëlline Lebel, RN
- *Public Director:* Roland Losier

Education Committee
- Cathy O'Brien-Larivée, RN (new)
- Kimberly Greechan, RN (re-appointment)

Complaints Committee
- Margaret Corrigan, RN (new)
- Edith Côté Leger, RN (new)
- Rhonda Shaddick, RN (new)
- Ruth Riordon, RN (new)
- Jacqueline Gordon, RN (re-appointment)
- Edith Tribe, Public Member (re-appointment)
- Anne-Marie LeBlanc, Public Member (new)

Discipline / Review Committee
- Erin Musgrave, RN (new)
- Dawn Torpe, RN (new)
- Eric Chamberlain, RN (new)
- Olive Steeves-Babineau, RN (new)
- Sandra Pitre, RN (new)
- Nannette Noel, RN (new)
- Nancy Sheehan, RN (new)
- June Kerry, RN (re-appointment)
- Terry-Lynne King, RN (re-appointment)
- Jacqueline Savoie, RN (re-appointment)
- Albert Martin, Public Member (new)
- Jack MacKay, Public Member (new)
- Elizabeth Goguen, Public Member (new)

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

Next Meeting: BoD

The next Board of Directors meeting will be held at the NANB Headquarters on October 13–15, 2010.

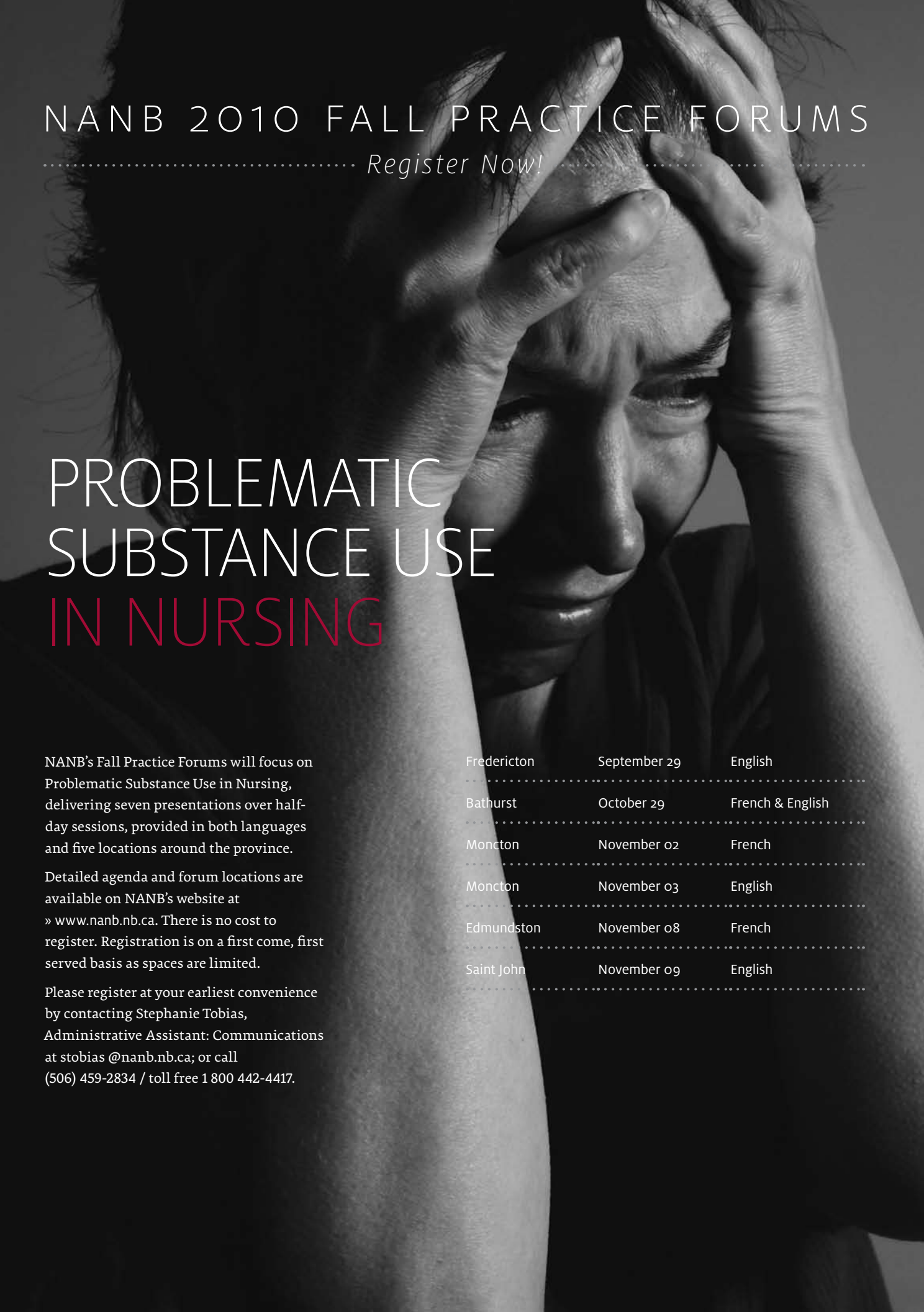
Observers are welcome at all Board of Directors meetings, please contact Paulette Poirier, Corporate Secretary at ppoirier@nanb.nb.ca or by calling (506) 458-2866.

The 94th Annual General Meeting was a short business meeting which occurred on June 2nd, 2010 at the Delta Hotel, Fredericton. An overview of the Auditor's Report and highlights of activities current and future were presented.

The 2009 Annual Report including the 2009 Auditor's Report are available on the NANB website » www.nanb.nb.ca.

2009–2010 NANB Board of Directors

- *President:* Martha Vickers
- *President-Elect:* France Marquis
- *Director, Region 1:* Lucie-Anne Landry
- *Director, Region 2:* Ruth Alexander
- *Director, Region 3:* Darline Cogswell
- *Director, Region 4:* Noëlline Lebel
- *Director, Region 5:* Linda LePage-LeClair
- *Director, Region 6:* Marius Chiasson
- *Director, Region 7:* Deborah Walls
- *Public Director:* Aline Saintonge
- *Public Director:* Robert Thériault
- *Public Director:* Roland Losier



NANB 2010 FALL PRACTICE FORUMS

Register Now!

PROBLEMATIC SUBSTANCE USE IN NURSING

NANB's Fall Practice Forums will focus on Problematic Substance Use in Nursing, delivering seven presentations over half-day sessions, provided in both languages and five locations around the province.

Detailed agenda and forum locations are available on NANB's website at » www.nanb.nb.ca. There is no cost to register. Registration is on a first come, first served basis as spaces are limited.

Please register at your earliest convenience by contacting Stephanie Tobias, Administrative Assistant: Communications at stobias @nanb.nb.ca; or call (506) 459-2834 / toll free 1 800 442-4417.

Fredericton	September 29	English
Bathurst	October 29	French & English
Moncton	November 02	French
Moncton	November 03	English
Edmundston	November 08	French
Saint John	November 09	English

REBUTTAL

Chronic Disease Management Must Not Have a Universal Approach

By LINDA AUSTIN, TERRI KEAN, MICHELLE CORCORAN & SHELLEY JONES

EDITOR'S NOTE: The following rebuttal received by the Chairs of the Diabetes Educator Section Chapters of New Brunswick, is in response to the article submitted by the Canadian Agency for Drugs and Technologies in Health (CADTH) entitled 'New CADTH Research Shows: Most People with Type 2 Diabetes Do Not Need to Test Their Blood Glucose as Often', Info Nursing, *(Volume 41, Issue 1, Spring 2010)*

The article submitted by CADTH comments on the practice of self-monitoring of blood glucose (SMBG) for patients with type 2 diabetes. Unfortunately, it does not include the Clinical Notes found in the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS) Report on SMBG. It is our position, and that of the Canadian Diabetes Association (CDA), that this information is relevant to care providers as it identifies some people with diabetes not using insulin that may benefit from routine or more frequent SMBG:

- patients treated with insulin secretagogues;
- people at increased risk of hypoglycemia;
- people experiencing acute illness;
- people undergoing changes in pharmacotherapy or significant changes in routine;
- people with poorly controlled or unstable BG levels; and
- women who are pregnant or planning a pregnancy.

This article may potentially lead to misinformation provided to patients by nurses who may not be aware of the recommendations in the 2008 Clinical Practice Guidelines for the Treatment and Management of Diabetes in Canada. Without the clinical notes, nurses may inadvertently and unknowingly provide information that contradicts and undermines the information provided by diabetes educators in the province of New Brunswick. In these times of fiscal restraint and the epidemic prevalence of diabetes, consistency in messaging is imperative by all healthcare providers.

It is worth noting that Diabetes Associations around the world evaluate the same research that COMPUS has and does. The recommendations brought forth by the leaders in diabetes care reflect the importance of individualized plans of care based upon the type of diabetes, the treatment prescribed, the value gained from the information blood glucose readings provide, and the individual's capacity to utilize blood glucose readings to modify behaviour and change outcomes. Chronic disease management must not have a universal approach. When one loses sight of the individual, those to the left and right of mainstream will be lost. Consideration must be given to the diverse human and clinical challenges faced in managing diabetes. While providers of diabetes care focus each intervention with the individual in mind, we all share the common goal of reducing the prevalence of co-morbidities and preventing catastrophic complications. Improved diabetes care will deliver savings in terms of cost avoidance to the healthcare system. To achieve these savings, patients and providers must have access to the tools and services they require to optimize care and promote self-management. As a result, there will be a need for more frequent SMBG in many patients with type 2 diabetes.

For more information please contact Terry Kean, RN at Terri.Kean@HorizonNB.ca or visit the Canadian Diabetes Association website » www.diabetes.ca. ■

Moved Recently?

If so, be sure to contact NANB and let us know. It's easy. Call toll free at 1 800 442-4417 or email: nanb@nanb.nb.ca. Be sure to include your name, old and current address, and your registration number.

Mailing Adress:
Nurses Association of NB
165 Regent St
Fredericton, NB E3B 7B4
Attn: Registration Services, Change of Address

Quick. Easy. Secure.

Online Registration Renewal 2011

Renew online...it's quick, easy and secure!

Online registration renewal is available on the NANB website from October 1 to December 31, 2010 at 4 pm. Your registration certificate and receipt will be mailed to you the next business day. It's that easy!

Please note: You cannot renew your registration online if:

1. you have a non-practicing registration and want an active practicing registration in 2011; or
2. you are on payroll deduction and your employer is not participating in online payroll renewal (check with your employer if unsure).

Paperless Registration Renewal by October 2011

Participation in online registration renewal has been steadily growing since it was introduced in the fall of 2005. In 2009, 43% of members renewed their registration online. The next step is to move to a totally paperless renewal by having all members renew registration online. NANB aims to have this process in place for registration renewal in October 2011.

What Does Having a Paperless Renewal Mean?

It means that NANB will no longer send paper renewal forms and registration certificates to members. A postcard will be sent prior to the registration renewal period to remind members to renew their registration online. Proof of registration will be available to members and employers through NANB's online verification of registration system that has been in place since 2004.

Watch for more details about the transition to paperless registration renewal in future editions of *Info Nursing*.

Online Payroll Registration Renewal

When NANB initiated online registration renewal in the fall of 2005, registered nurses (RNs) who participated in payroll deduction of their registration fee by their employer were not able to utilize the online service. In October of 2008 and 2009 NANB and a number of employers participated in a pilot project which enabled RNs on payroll deduction to renew their registration online. It is anticipated that most employers will be participating this fall which will result in an increased number of RNs renewing online.

If you are on payroll deduction and are not in one of the participating zones, complete your registration renewal form, sign it and submit it to your employer by the date requested, normally between October 15 and November 1, 2010.

Continuing Competence Program (CCP)

The NANB Continuing Competence Program is mandatory.

In order to renew registration for the 2011 practice year you must have:

1. completed a self-assessment using the NANB Standards of Practice for Registered Nurses to determine your learning needs;
2. developed and implemented a learning plan that outlines learning objectives and learning activities;
3. evaluated the impact of your learning activities on your practice; and
4. reported on the registration renewal form that you have completed the CCP requirements for the 2010 practice year.

CCP Audit

Compliance with the CCP is monitored through an audit process. The first audit took place in September 2009 whereby a random selection of members were sent a CCP audit questionnaire by mail and were required to complete and return it to NANB no later than September 30, 2009. CCP audit questionnaires have been sent to a group of randomly selected RNs and NPs in August 2010.

December 1st Deadline for Renewal Forms

In order to ensure that NANB has sufficient time to process more than 9000 registration applications before they expire on December 31, 2010, NANB has an administrative deadline of December 1, 2010 for the return of registration renewal forms and payment of fees. Please note: all other documents required to renew your registration need to be received by NANB before this deadline (e.g. verification of registration and hours worked if you worked outside of NB).

Misplaced your renewal form?

The registration renewal forms are mailed in mid-September each year. Should you misplace the form or not receive it, you can register online or download a copy from the NANB website at » www.nanb.nb.ca.

Office Hours

The NANB office is open Monday to Friday 08:30 to 16:30. Please note the office will be closed December 24, 27 and 28, 2010 and January 3, 2011.

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

Late Registrations

A late fee of $56.50 will be charged for any form received at NANB after December 31, 2010. The registration renewal will not be processed and you will be unable to work until the late fee is received. It is illegal to practice nursing without a valid registration.

Name Change

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

Self-employed or Working in a Non-traditional Role

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

Working in Another Province / Country

If you are practicing nursing in another province or country and wish to maintain registration with NANB you must have the licensing body in that province or country send a verification of registration directly to NANB and have your employer send a confirmation of your hours worked directly to NANB, before being eligible for registration renewal. Hours worked outside of New Brunswick and not verified by the employer cannot be added to your file. To avoid any unnecessary delay in processing your renewal application you are advised to make these arrangements with the appropriate authorities well in advance.

Incomplete Information

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

- your form is incomplete;
- your form is not signed;
- you have not answered the question on criminal conviction;
- you have not answered the question on continuing competence;
- your payment is not enclosed; and/or
- you worked outside of New Brunswick in 2010 and NANB has not received a verification of registration and hours of practice.

Verification of Registration Status for Employers and Members

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

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

Unauthorized Practice Fee

The Nurses Act (1984) requires that a nurse must be registered with the NANB in order to practice nursing in New Brunswick. It is the responsibility of the nurse and the nurse's employer to ensure that registration is current. The registration year is from January 1 to December 31. Every September a registration renewal form is sent to practicing and non-practicing members. Once the registration renewal form and the registration fee are received by NANB, a registration certificate is sent to the nurse.

If registration is renewed after January 1, a late fee of $50 plus HST is required before the registration can be renewed. As long as the nurse has not practiced during the period when the registration has expired, the late fee is the only repercussion.

A nurse, who practices while not being registered, is in violation of the Nurses Act (1984). As soon as this is discovered, the nurse and the nurse's employer are informed that the nurse must stop working immediately until the registration has been renewed. Subsequent to this, a letter from the Registrar is sent to the nurse and the employer notifying them of the seriousness of the incident and of the expectation that such an incident will not reoccur in the future. Any hours worked during this period are not counted towards future registration requirements and liability protection would not have been in effect.

In order to reinforce the serious nature of such incidents, the NANB Board of Directors at their meeting in June, 2009, approved the establishment of an unauthorized practice fee of $250 plus tax. This fee will be charged in addition to the registration fee and late fee should a nurse practice without a valid registration.

CNSA National Convention

By ALLISON REIKER & ANDREA KEOHAN

The 2010 Canadian Nursing Student Association (CNSA) National Convention was held in Quebec City, Quebec. This year's theme was titled, *Moving Forward Change is Here*. This Convention provided insight, opinions, and guidance into what nursing students can do to improve Canada's healthcare system now, and as registered nurses. After attending this Conference our knowledge base on several important healthcare topics has improved.

One of the most memorable topics was presented by Linda Silas, President of the Canadian Federation of Nurses Unions, on the subject of Canada's Medicare today. The four main topics addressed were: protecting patients; wages; workload; and work environment. Silas also noted that in 2005 the Supreme Court of Canada decided that Quebec's ban on private insurance for healthcare breaches the Quebec Charter of Rights if patients have to wait too long to access the public system, and this is seen as a threat to our public healthcare system. Silas states that as for-profit alternatives increase in Canada, this two-tier medicine threatens the healthcare provided to and received by all Canadians.

Nursing Students Moving Environmental Health Issues Forward was the topic presented by Della Faulkner, Nurse Consultant with the Canadian Nurses Association. Faulkner's speech addressed tools and resources for nurses, and how nurses can and are advocating for changes of environmental health issues. By empowering nursing students, we can begin to implement an attitude of change, increase the awareness of environmental health issues and how these issues impact the overall health of our nation.

Andrée-Anne Gagné, a Masters Student at Laval University, presented her thesis on ethical confusion among neonatology nurses regarding end of life care for newborns. Some of the highlights included: increased ratio of patients to nurses leading to burnout; bearing the death of a newborn; ethical confusion; and euthanasia.

Attending a CNSA Convention is a great way for nursing students to educate themselves and share information. By coming together at a national level, students are able to collaborate on what nursing students can do to improve Canada's healthcare system now, and in the future.

How Clean is Your Air?

Cities Get Access to Real Time Air Quality Information

At-risk patients in Saint John have long had the advantage of publicly accessible information about air quality in their region. *The Air Quality Health Index (AQHI)* is now expanding to Fredericton and Moncton and will provide real-time information about air quality in those cities collected from monitoring stations operated by the Department of the Environment. The AQHI is measured on a number and colour scale of 1 to 10-plus and labels health risk as low, moderate, high or very high. The lower the number, the better the air quality. The higher the number, the greater associated health risk. A patient-friendly guide the AQHI in both official languages is available on the New Brunswick Medical Society web page: » www.nbms.nb.ca. Patients in Saint John, Fredericton, and Moncton can access real time information about air quality in their communities by visiting: » www.airhealth.ca.

Online Course on Outdoor Air Quality and Health

The University of British Columbia offers an online, self-paced course about outdoor air quality and its impact on health, as well as an overview of the Air Quality Health Index. Health Canada estimates that 6,000 premature deaths per year in Canada are caused by air pollution. This course offers an overview of air pollutants, their health effects, and advice for patients. The course can be accessed at: » www.soeh.ubc.ca/Continuing_Education.






A Painting Worth a Thousand Words

ONE NURSES JOURNEY IN HAITI

By JODIE BROWN-McNAMARA






EDITOR'S NOTE: The following article highlights some of the most memorable moments Jodie Brown-McNamara, RN Clinical Resource Nurse, Surgery Admission Unit at the Moncton Hospital, experienced during her seven day volunteer mission in Haiti. Brown-McNamara replied to the NANB's call for RNs who volunteered to help in the Haiti relief efforts. The Association would like to thank all members for sharing their first-hand experiences in this issue of Info Nursing.

Along with millions of other people I saw the effects of the devastating earthquake that hit Haiti in January of this year. I watched scenes on television of bodies decomposing in the streets, later transferred into trucks to be buried in mass graves and the faces of the people who had lost everything. I watched this devastation from the comfort of my home—warm, safe, surrounded by pictures of family, and a small collection of art and objects that I had acquired on trips I have taken. One of these items now holds more meaning for me than any of the others—a painting I bought from a nameless vendor at the end of my journey in Haiti.

I answered an email at work asking for volunteers. The next few weeks were a whirlwind of planning, fundraising, and sorting through all the donations of medication, medical supplies, clothing, and necessities. The situation in Haiti was so chaotic that arrangements to get there took weeks. Our team consisted of doctors, nurses, translators, and ministers trained in grief counseling. The team totaled 26 people from Ontario, Quebec, and the Maritimes. Six weeks after the earthquake we were on the very first commercial flight Air Canada flew to Port-au-Prince.

Arriving in Haiti was a moment I will never forget. Weeks of planning, anxiety, and the emotional turmoil of wondering how I would cope with the devastation had finally arrived. The chaos of the temporary Arrivals Terminal (a converted airplane hangar) was just a preview of what I was about to see. The heat was overwhelming as we stood surrounded by hundreds of people, who like us were trying to get their luggage. After three hours we had collected 75 of our 76 pieces (each weighing 50 lbs)—only one bag lost amongst the chaos.

The drive through the streets of Port-au-Prince was surreal. None of the scenes on TV could have prepared me for the reality of the devastation all around. It was like a war zone with every other building collapsed into piles of concrete rubble. As we passed the collapsed buildings, all of us were aware that bodies remained buried inside. Then there were miles and miles of makeshift tent cities, some of the tents were literally made of garbage bags and sheets. The smell was like no other smell I have ever encountered—a mix of burning garbage, refuse, and human waste. Every gutter and waterway was completely polluted with garbage and sewage. Our bus was eerily silent as we passed through the destroyed city. How would the Haitian people ever recover from this?

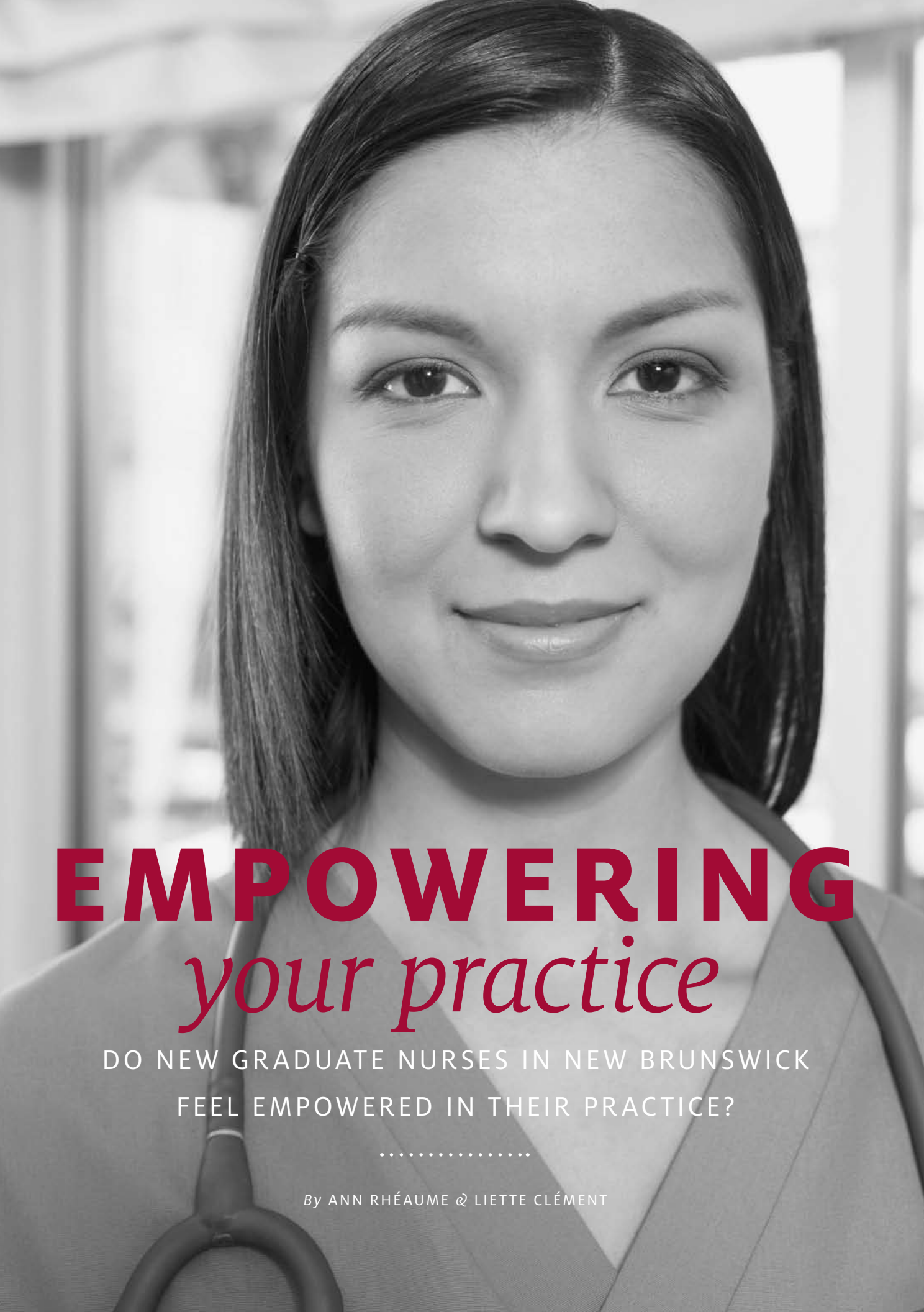
Our first clinic was in Léogâne, a city outside of Port-au-Prince, it was one of the hardest hit by the earthquake. It has been estimated that 80 to 90% of all the buildings in Léogâne were destroyed, and very little aid had reached the community of 130,000 people. We had prepared for broken arms, legs, amputations, and large infected open wounds—visible signs of earthquake victims. What we didn't realize was that 6 weeks after the earthquake the victims who had developed infections were already dead, unable to survive without medical care and antibiotics. The people we were treating had survived, but the look in their eyes revealed that they were all still suffering. The same look that reminded me of the many families I had cared for while working in Neuro ICU over the last 18 years—families who had lost children, spouses and loved ones. Ninety per cent of the patients we triaged before seeing the doctors had complaints related to post-traumatic stress. Headaches, stomach pains, and sleeplessness were reported over and over, along with complaints of burning eyes from the concrete dust.

We left Léogâne with many people still lined up in hopes of getting free medical treatment. This turned out to be the most frustrating part of every clinic we did. No matter how long we worked or how many patients we saw, there were still hundreds of people we were not able to see at the end of the day. The guilt of seeing those faces as we left each clinic was emotionally draining.

Our next clinics were all in small communities three hours north of Port-au-Prince. We set up a makeshift pharmacy on the altar of a church in La Colline. The pharmacy was the epicenter of our clinic. It usually took four of us just to fill the prescriptions written by the doctors, package them individually, and then write and explain the directions in French. We ran out of some of the medications toward the end of the week. I was shocked to realize that life and death might depend on something as trivial as Kwellada lotion, used to treat scabies. One of the most heartbreaking patients I saw was a nine month old baby who was so severely infected with scabies that open pustules had developed over most of his body. The doctor prescribed antibiotics but told us that the baby would most likely not survive without treating the scabies.

Some of my most memorable moments include the children who asked to be taken home with us, the little girl who would not smile no matter what we did, the mother of twins who was so emaciated from breast feeding her children she could barely walk, the old woman who walked three hours to get to our clinic, the children who laughed and played with a grocery bag they were using as a kite, the 24 year old amputee we taught to change the dressing to her amputated leg (lost two days before her wedding date), the mother living in a tent set on a steep hill who had to stand all night holding her baby off of the muddy dirt floor while it rained.

I remember all of these things and more as I sit in my home looking at the painting I bought on my last day in Haiti. All of these memories are mixed with feelings of how privileged I am to be a nurse. Along with all the heartbreak and frustration were truly rewarding moments of doing something I love and helping others at the same time.



EMPOWERING *your practice*

DO NEW GRADUATE NURSES IN NEW BRUNSWICK FEEL EMPOWERED IN THEIR PRACTICE?

By ANN RHÉAUME & LIETTE CLÉMENT

The transition period from the educational setting to the workplace can be stressful for new graduate nurses. Many factors within the workplace environment contribute to increased levels of stress, for instance, new graduates fear of making mistakes, interactions with physicians and a general lack of support within the workplace (Boychuk Duchscher, 2001; Oermann & Moffitt-Wolf, 1997). Furthermore, new graduates must adapt to a workplace environment whereby professional values taught within the nursing program are different than those that predominate in the workplace (Boychuk Duchscher, 2001). Given the transition period with its many challenges, it is not surprising that many new graduate nurses do not feel empowered.

Empowerment is the process of increasing the capacity of the individual to make choices and to transform these choices into desired actions (World Bank, 2009). For nurses, it implies having control over the content, context and competence of nursing practice (Manojlovich, 2007). There are several ways of looking at empowerment. One perspective, Kanter's structural theory of empowerment, describes how structural factors within the work environment such as access to resources and information regarding all facets of the organization, contribute to empowerment (Kanter, 1993). An alternative perspective, the psychological perspective, suggests that the interaction of the work environment with one's personal characteristics may influence behaviour and actions (Menon, 2001). For instance, feeling competent in one's practice will contribute to empowerment. Regardless of which perspective is chosen, there is evidence that empowerment contributes to higher levels of job satisfaction (Laschinger, Finegan & Shamian, 2004).

Purpose of the Study

The purpose of the Study was to examine the integration of new graduate nurses into the workplace over a five-year period and to capture employers' perceptions regarding new graduate nurses' integration during their first year at work. The data presented in this paper will focus on findings regarding new graduate nurses' perceptions of empowerment.

Methods

Data collection was initiated in 2005 and ended in 2009. Each year, the cohort of nurses (Anglophones and Francophones) that graduated the previous year from a New Brunswick university program was surveyed; meaning data on 2004 graduates was collected in 2005. The Study included quantitative and qualitative data. The survey questionnaire consisted of seven sections: employment status, practice setting orientation program, mentorship program, empowerment, work environment, intent to leave and demographic data. The survey tool also contained an area for the participants to add their own views.

Findings

A total of 347 nurses responded to the survey during the five-year period. Sixty-six per cent (66%) worked full time and 59% were between 20 and 24 years old. New graduate nurses had high levels of empowerment, and the empowerment levels have remained relatively constant over the five-year period. The subscale with the highest score was related to perceived competence, while the subscale with the lowest score, perceived control. We also examined the work environment of the new graduates. The highest scores on the survey tool were related to good working relationships between nurses and physicians, followed by management support of nursing practice. On the other hand, issues related to staffing and support services were seen as most problematic by the participants. Approximately, fifty per cent (46.6%) of the entire sample indicated that they did not want to leave their current employer, while 4.9% were definitely planning to leave, and 45%, were uncertain about leaving.

We also examined the relationship between empowerment, work environment and intent to leave. We found that new graduate nurses who felt more empowered were less likely to consider leaving. As well, when nurses perceived that the administrative infrastructure supported their ability to provide quality nursing care, they were less likely to leave.

What do these findings imply?

The results of this Study suggest that new graduate nurses feel empowered and believe they have the skills and capabilities required to provide quality nursing care. A recent study in Ontario suggests that new nurses do not feel as empowered as the participants in this New Brunswick study did (Cho, Laschinger & Wong, 2006). One possible explanation may be that many nurses in our sample worked in the same clinical setting as the one where they did their preceptorship as part of their nursing program. This may have contributed to an enhanced comfort level in caring for their patients. In relation to intent to leave, this study suggests that nurses who feel less competent and capable of influencing patient care may be more likely to

TABLE 1 *Rank Ordering of Empowerment Item Scores*

Items Related to Empowerment	Rank Ordering
I have the competence to work effectively.	1
I have the skills and abilities to do my job well.	2
I have the authority to make decisions at work.	3
I am enthusiastic about working toward the organization's goals.	4
I am inspired by what we are trying to achieve as an organization.	5

Empowerment is the process of increasing the capacity of the individual to make choices and to transform the choices into desired actions (World Bank, 2009).

leave. A question that we need to ask is how can we ensure that all new nurse graduates feel that they can influence change and practice?

Nurse managers have an important role to play in empowering new graduates, by seeking nurses' input in relation to decisions, by providing a setting in which nurses can make the best decisions free from bureaucratic rules and by providing a means for increasing nurses sense of worth (Madden, 2007). Studies examining the theme of empowerment find that social support from co-workers and managers influence the well-being of the nurse and improve work effectiveness (Laschinger & Havens, 1997). In essence, strong leaders are essential to empowering nurses.

New graduate nurses require a practice environment that will facilitate a seamless transition from the academic setting to the clinical workplace by providing the support and guidance needed. Furthermore, the quality of nurses' professional practice environments has a direct impact on job satisfaction, productivity, recruitment and retention, the quality of care, and ultimately, client outcome (CNA, CFNU, 2006).

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NANB Supporting Good Practice

New & Revised NANB Documents

The NANB Board of Directors recently approved the following two (2) new document additions / revisions to four (4) existing NANB documents.

New

Standards of Practice for Primary Health Care Nurse Practitioners
The Standards of Practice for Primary Health Care Nurse Practitioners document is intended to describe the NP's scope of practice and identify expectations for NP practice in New Brunswick.

It contains four standards which are authoritative statements that identify the legal and professional expectations for nursing practice. Each standard is supported by indicators meant to illustrate how the NP will meet the standards.

Practice Standard: Documentation
This practice standard explains the regulatory and legislative requirements for nursing documentation. It contains three standard statements each with accompanying indicators that outline a nurse's responsibility and accountability when documenting. The document also provides guidance on applying the standard statements to particular practice environments.

Revised

NANB Practice Guideline: Professional Accountability during a Job Action
This document is intended to help registered nurses understand their accountability and responsibilities during a job action and support safe and effective decision making regarding nursing care.

Position Statement on Midwifery
This position statement was updated to reflect the legislative changes in NB surrounding the introduction of midwives. It is intended to: 1) highlight that midwifery is a discipline separate from nursing in NB and that it will be regulated by the Midwifery Council; 2) provide RNs with information on the differences and similarities between RN and Midwife scope of practice; and 3) encourage the continued work by government in introducing midwifery using an integrated approach.

Schedules for Ordering for Nurse Practitioners
The schedules for ordering for nurse practitioners document specifies NPs' authority to order: a) X-rays, ultrasounds and other forms of energy; b) laboratory and other non-laboratory tests; and c) drugs. This revised document of the Nurse Practitioner Schedules for Ordering is less restrictive than previous versions and allows NPs to provide more thorough care to their clients in a timely manner.

Guidelines for NANB Interest Groups
This document is intended to support the development of interest groups by registered nurses who have a common interest in a defined area of nursing practice, education, administration or research and/or concern for professional development in their area of interest. It offers information around the application for recognition as an interest group and around the establishment of by-laws and constitution.

Publications are available on NANB's website » www.nanb.nb.ca under Publications and Resources, with the exception of the document *Schedules for Ordering for Nurse Practitioners* which is awaiting the Minister of Health's approval. ■

Did you know...

Nurse's or their employers are able to verify their registration status online? You can find this on NANB's website at www.nanb.nb.ca, located on our home page, under Quick Links. For more information contact the Registration Department at (506) 458-8731 or 1 800 442-4417.

Hours & Dates

NANB Office Hours:

Monday to Friday 08:30 to 16:30

We Will be Closed:

- October 11th
  Thanksgiving
- November 11th
  Remembrance Day
- December 24th–28th
  Christmas Holidays
- January 3rd
  New Years' Day

Dates to Remember:

- October 13th–15th
  NANB Board Meeting
- December 1st
  Registration Administrative Deadline
- December 31st
  Registration Deadline

Ask a
PRACTICE ADVISOR

By VIRGIL GUITARD

YOU'VE ASKED

"I am a nurse practitioner hired to work in the emergency department. I am occasionally asked to replace a registered nurse for a shift on a medical nursing unit. Can I do this?"

You can work as an RN on any nursing unit because even though you are registered as a NP, you are an RN. Nurse practitioners in NB are also Registered Nurses and must meet the standards of practice for both NPs and RNs. Working part-time as a nurse practitioner and part-time as a registered nurse is what is called 'sequential practice'. Practicing sequentially requires a clear understanding of the respective roles and a clear separation of work schedules.

Before accepting to take on the role of an RN you must determine whether or not you have the knowledge and competence to work with this specific client population. Once this determination is made and you accept the work assignment, it has to be clear to the employer, the healthcare team and clients that you are practicing as an RN and not as a NP. When being asked to work with admitted patients, you have to practice as an RN as NPs in NB do not have the authority to practice on inpatient units. This means you are not authorized to diagnose, order tests and prescribe medication and furthermore, these functions are outside the scope of practice of an RN. Also, you must utilize the designation RN when identifying yourself or when providing your signature. However, because you are also a NP, you will be expected to apply your knowledge in advanced health assessment which means that you may assess and identify client issues that an RN might not. If so, you would be expected to report your assessment findings to another provider (for example, a physician) for follow up.

What if, as a NP employed in the emergency department, I am asked to replace an RN colleague in the emergency department?

This is also considered 'sequential practice' however, in this particular scenario there is a higher risk of role confusion for clients and colleagues alike. It may be tempting to respond to clients' need as a NP since this is what would normally be expected of you when working as a NP in the ER, but since you are working as an RN, your role has to stay within the limits of the RN's scope of practice. The employer, healthcare team and patients must clearly understand that you are not authorized to provide services such as diagnosing and prescribing when working as a RN even if it's within the same work setting as where you normally practice as a NP.

NANB does not support concurrent or simultaneous practice within the same position, shift, or clinical situation, an individual practices both as a NP and as an RN. This would contribute to role confusion and blurring of accountability.

Do the hours worked as an RN count for my NP registration?

When working as an RN, those hours cannot be reported as NP hours for registration purposes. To maintain and renew registration, a NP must have worked 600 hours as a NP in primary healthcare during the previous two calendar years.

For more information on this practice question or other nursing practice issues, please contact the NANB's Practice Advisor at 1 800 442-4417 or by email at nanb@nanb.nb.ca.

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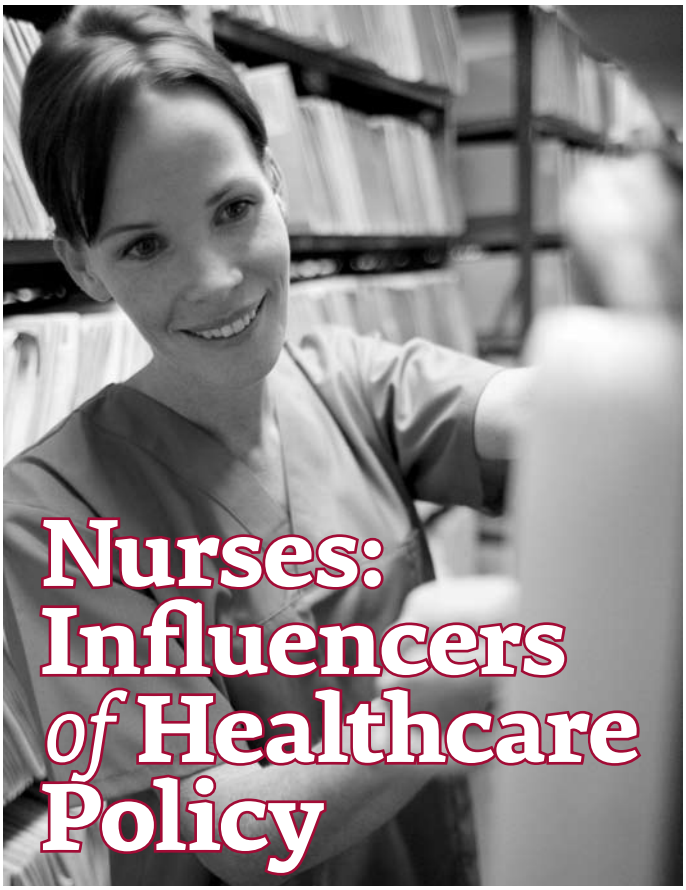
NANB Consultation Services

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.



Nurses: Influencers *of* Healthcare Policy

A Master's Student Reflects on Her Experience at NANB

By NATALIE WARREN

TO THEIR CREDIT, the University of New Brunswick is one of the few universities in Canada that provides nurses the opportunity to pursue a Master's of Nursing Degree immediately following their undergraduate studies prior to gaining clinical experience which is the pattern followed by most nurses. Recognizing the importance of evidence-based practice, a desire to learn more about the research process and become involved in research that enables nurses to provide evidence informed practice, continuing graduate education studies was evident to me.

The Nurses Association of New Brunswick provided an opportunity to perform my clinical hours shadowing a Nursing Practice Consultant. This eye-opening experience increased my knowledge and skill of policy development. As typical of many nursing undergraduate degrees, there was little emphasis given as to how nurses' can positively impact the direction of healthcare policy for the future of our profession.

Researchers have indicated that despite being the largest healthcare professional group, nurses have traditionally played a minor role in healthcare policy decision making. This clinical experience increased my understanding of the process that I, as a nurse, can follow to help affect healthcare policy change.

Attending a NANB Board of Director's meeting increased my awareness of the role that the Association plays in ensuring quality of nursing education and practice as well as advocating for policy to improve the health of New Brunswickers. The Board meeting provided me with information about policy changes happening in the Association as well as other health initiatives occurring locally, nationally, and internationally.

Overall, this experienced provided me with an increased understanding of my role as a nurse in health policy development and I would encourage undergraduate and graduate students to pursue a clinical placement at the Nurses Association of New Brunswick. I am confident that the knowledge gained through this experience will prove useful when it is time for me to disseminate the results of my thesis research in particular to those who influence policy decisions.

My thesis will investigate the effects of having off-service patients on maternity units in terms of the rates of exclusive breastfeeding at discharge. I am predicting that the likelihood of exclusive breastfeeding at discharge will be lower during periods when hospital occupancy rates are higher and more off-service patients are on the maternity unit. I hope the findings from my research will help inform healthcare policy that not only increases breastfeeding initiation and duration rates, but also improves nursing practice.

Lessons Learned:

1. It is important to know that not only health policy affects health, but that all policy influences health directly or indirectly (e.g., income and social status, education, employment, and environment) (International Council of Nursing, 2008).
2. It is important that nurses understand key healthcare issues that are happening locally, provincially, nationally, and internationally
3. Becoming involved with the Association by: attending Board of Director and Chapter meetings; participating on a committee; and or joining an interest group can enable nurses to play a role in shaping health policy.
4. Nurses are in a position to advocate for healthy public policy by contacting key stakeholders that continually develop policy (e.g., politicians and nurses in administration, government, non-government, volunteer, and organization positions).
5. Nurses can shape and influence health policy by sharing their ideas with colleagues through formal and informal verbal presentations or through written articles.

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Seamus O'Brien, Clinic Leader, spoke to the morning crowds of 600+ Haitians waiting hours, standing in the heat. Every day, clinics saw patients consistently from 9am to 4pm.

Babies were delivered every day in the presence of family and friends on this table in a 'somewhat private' clinic at the back of the pharmacy.

The makeshift pharmacy at the Petit Goave Clinic stored all our medical supplies.

The doctor arrived soon after I delivered this baby myself. Expecting mothers were not given epidurals and only allowed to lie down at delivery time. An hour later, they were released, and most of them walked home.

HELPING HAITI

PHOTOS *by* ALICE HARDING

EDITOR'S NOTE: The following photographs were taken by Alice Harding, RN currently working as a Staff Nurse at the D.E.C.H. and volunteer for recent mission to help those affected by the earthquake in Haiti from February 15th–23rd. Harding replied to the NANB's call for RNs who helped in the Haiti relief efforts. The Association would like to thank all members for sharing their first-hand experiences in this issue of Info Nursing.

Here pediatric patients, children under the age of six, wait to be seen by the doctors in the Spanish Army.

Instruments were all cleaned by a toothbrush using cleansing powder, then H202, water and finally alcohol then left outside to dry. The instruments were very rusty and in poor working condition.

Haitian interpreters rescued this little guy who could not push his wheelchair up the clinic road.

Known as 'Jingle Trucks', these spiritual modes of transportation were used to transport people and belongings.

Healthcare workers helping Haitians recover after the devastating earthquake in January 2010.

Our Mission team
Back row left to right: Joel Currie; Aileen Anderson, ORT (DECH); Raymond Fancy, Pastor; Carl Gillies, Pastor; Dr. Gavin Langille (DECH); Dr. Ravi Ramsewak (URVH); Dr. Michael Chandra (URVH); *Front row left to right:* Laura Kravacek; Nursing student (Perth, ON); Cathy Davies, RN (URVH); Patti Kravacek, RN (Perth ON); Dr. Colm Mcgrath (URVH); and Alice Harding, RN (DECH).

In celebration of the 15th Anniversary of Nursing Research Day, Dr. Judy Wuest and Dr. Jan Thompson, participate in the cake cutting ceremony.

UNB Faculty of Nursing Celebrates

15th Anniversary of Nursing Research Day

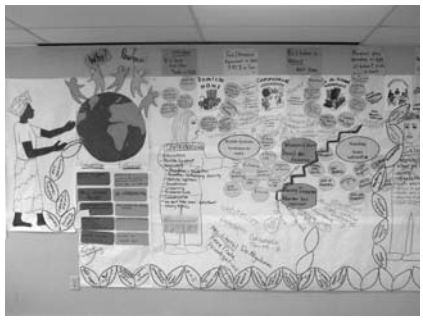
By JUDY MACINTOSH

The 15th Annual Nursing Research Day was held April 16, 2010 with 95 attendees. Keynote speaker, Dr. Judith Ritchie, Associate Director for Nursing Research at McGill University Health Centre, a New Brunswicker, and a former UNB Nursing professor, spoke on "Evidence-based practice: Connecting the dots - why, who, where, and when?" Twenty-five concurrent sessions by graduate students, educators, and community-based researchers included talks on health effects of partner abuse, men's experiences becoming non-violent, postpartum depression, electronic education portfolios, working with mental health clients, clinical practice guidelines, and overweight children. Dr. Barbara Paterson, Tier 1 Canada Research Chair in Chronic Illness, conducted a workshop on "Overcoming Publication Paralysis."

The first UNB Faculty of Nursing Research Day was held in April 1996 to promote health research. In NB in the 1990s, health research was in a fledgling state; universities, professional bodies, and healthcare institutions were beginning to recognize how health research could provide evidence to improve practice, health services, and people's health. There were few opportunities to exchange ideas about health research projects, potential research, resources, and infrastructure needs. The Faculty recognized an urgent need for a research forum so students in the new Master of Nursing (MN) program could connect with institutional and community stakeholders and researchers. Hence, in 1996, Dr. Judith Wuest, then Director of Graduate Studies, launched Nursing Research Day.

Attendees at that first day were clinicians, faculty members, health researchers, and students. Sessions focused on reporting completed research and sharing ideas for new projects to improve health or health services. This was important because the 15 part-time MN students who began in 1995 were required to plan and conduct a research project. Research Day provided opportunities to network, discuss ideas, and later share completed studies. These initial students conducted research in many NB communities and institutions, profiling nurses as researchers and users of research-based evidence. Many MN graduates became leaders in clinical, professional, government, and education settings, opening doors for health research.

The Faculty is pleased that Nursing Research Day continues to highlight growth in health research capacity in NB and facilitates an exchange of ideas. Our researchers have developed international reputations and funding for research has grown exponentially since 1996. We plan to continue the tradition of Nursing Research Day to showcase our graduate students' and faculty's research. ■



A Global Workshop Success!

RNs providing a voice for nursing and healthcare in today's economy.

A group of 28 participants including nursing students, administrators, clinicians and novices alike participated in a two-day Globalization: its impact on nurses and health systems workshop co-hosted by the Canadian Nurses Association (CNA) and the Nurses Association of New Brunswick (NANB).

The Workshop delivered by Vicki Campbell and Suzanne Doerge, highlighted the need to improve standards of nursing and create conditions of equity in the workplace provincially, nationally and internationally. RNs were able to share their experiences and increase their awareness of the global economy and its direct impact on the healthcare system. Given that nurses are key to the health and well-being of an economy and its people, nurses are in a significant position to call for greater equity in health and in the nursing profession. Overwhelmingly, the Group identified RNs are not aware of their impact on the healthcare system or how they can influence change. A list of actions were identified to promote equity in nursing while maintaining a culturally sensitized workplace at the regional, national and global level.

As Nursing Associations draw upon their strengths, and link with new allies, they can be a significant voice for nursing and healthcare in today's economy. ■

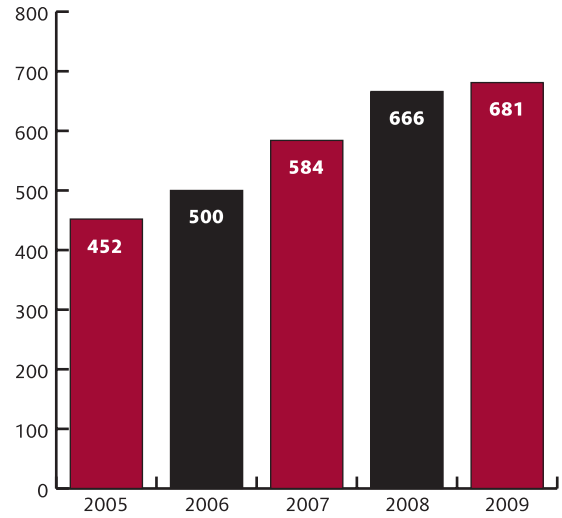


FIGURE 1
Number of Certified New Brunswick RNs from 2005–2009

CNA Certification for Nursing Specialties

Offered by the Canadian Nurses Association (CNA), the Certification for Nursing Specialties (competencies) is part of a respected national certification program that help registered nurses (RNs) stay current by testing their specialized knowledge and skills in their area of specialty. It is a voluntary program that allows RNs to build on the solid foundation of their RN registration and the clinical experience gained in their specialties.
The purpose of the certification is:

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

The certification credential indicates to patients, employers, the public and professional licensing bodies that the certified registered nurse is qualified, competent and current in a nursing specialty. CNA offers 19 nursing specialty certifications.

Since 2005, there has been a steady increase in the number of New Brunswick RNs having a valid CNA certification. As of December 31st, 2009, there were 681 valid CNA certifications in 19 different specialties/areas of nursing practice. Figure 1 demonstrates the continuing increase in number of certified RNs for the period of 2005-2009 in NB.

Figure 2 gives a breakdown of the number of valid CNA certifications and certification renewals by specialty for New Brunswick for 2009.

In order to get more information or to apply for the next CNA certification exam scheduled for, April 9, 2011, visit the CNA website at » www.cna-nurses.ca/CNA/nursing/certification/default_e.aspx or call (613) 237-2133 / 1 800 361-8404. Applications for the exam will be accepted between September 1 and October 15, 2010. Certification renewal application deadline: November 26, 2010.

The information in this article is provided by CNA's department of Regulatory Policy (2010) » www.cna-aiic.ca/CNA/documents/pdf/publications/Cert_bulletin_9_April_10_e.pdf.

REFERENCES

Canadian Nurses Association (2010). Department of Regulatory Policy. Author: Ottawa. » www.cna-nurses.ca/CNA/nursing/certification/default_e.aspx

FIGURE 2 *Number of New Brunswick RNs with Valid CNA Certification by Specialty for 2009*

Cardiovascular	61
Community Health	9
Critical Care	49
Critical Care-Pediatrics	0
Emergency	110
Gastroenterology	7
Gerontology	70
Hospice Palliative Care	37
Nephrology	31
Neuroscience	23
Occupational Health	20
Oncology	44
Orthopaedic	24
Perinatal	51
Perioperative	72
Psychiatric-Mental health	64
Rehabilitation	†
Enterostomal Therapy	‡
Medical-Surgical	0
Total	681

† Information suppressed to protect privacy (5 or more records)
‡ Information suppressed to protect privacy (1 to 4 records)

The plaques on the wall showcase all nurses who have received their CNA Certifications.

Study Group Participants with the Neuroscience Unit Manager include from back row (left to right): Kerry Betts, Tanya Hussey, Karen Furlong, Cathy Abric, Frances McConnachie (Neuroscience Unit Manager). Front row (left to right) : Christine Aucoin, Shelley Paul, Trudi Rickard-Lyons, Rose Butler, and Betty Anne Waugh.

Neuroscience Nursing

A CNA Certification Success Story

By KAREN E. FURLONG, CATHY ABRIC, TRUDI RICKARD-LYONS

AUTHORS' ACKNOWLEDGMENTS: Authors would like to acknowledge the following study group members: Christine Aucoin, Kerry Betts, Rose Butler, Tanya Hussey, Shelley Paul, and Betty Anne Waugh.

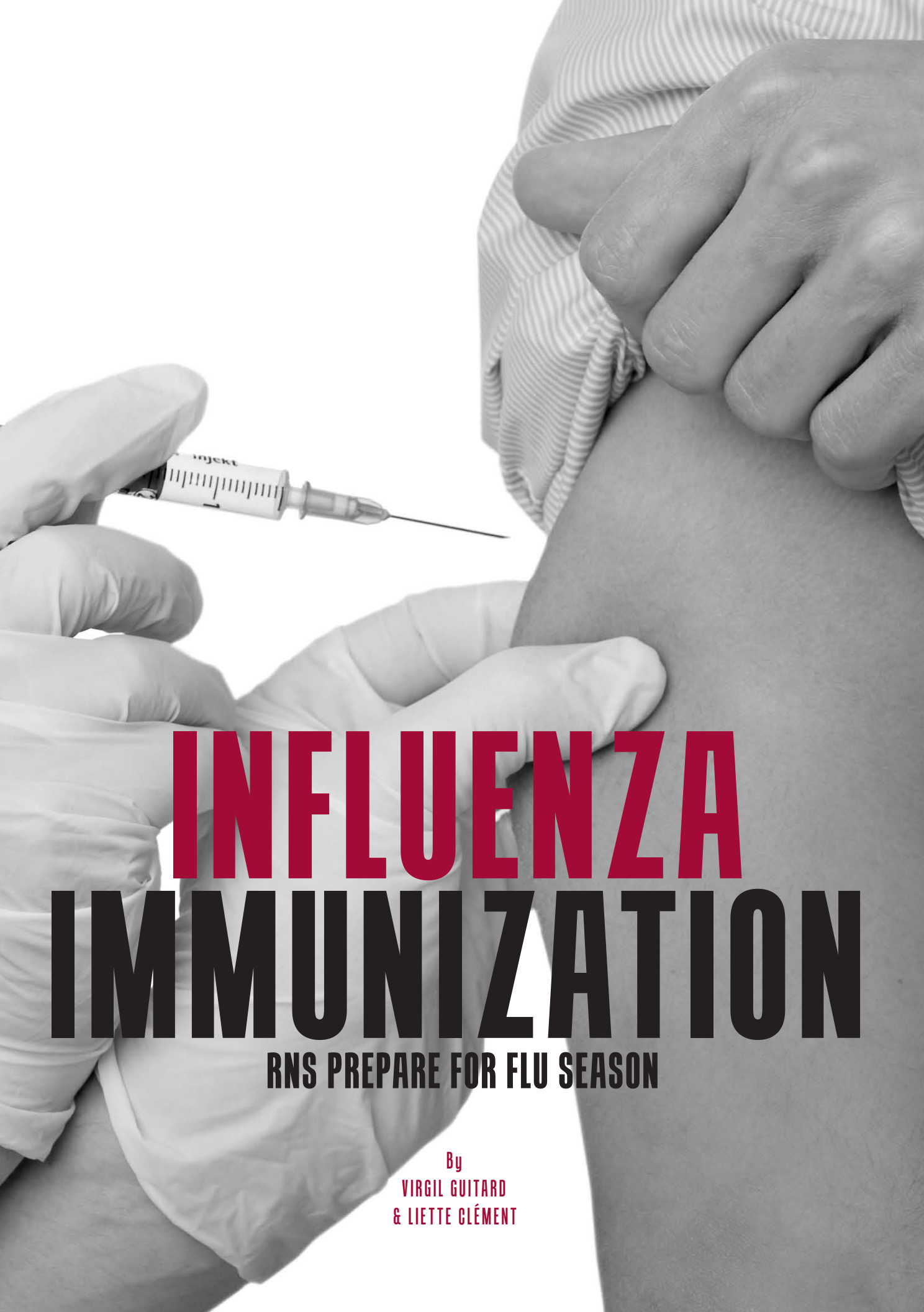
In 2008, nine neuroscience nurses from Saint John, NB, formulated a Study Group in preparation for the writing of their Canadian Nurses Association (CNA) Certification Exam in Neuroscience Nursing. Although all involved nurses consistently demonstrated an ongoing commitment to lifelong learning through the engagement in professional development activities, the formality of writing a national nursing examination presented a new challenge that, for many, was undertaken with a moderate degree of uncertainty.

From the onset, members of the Study Group agreed to work together in preparing to write their CNA Certification Exam. Study Group sessions facilitated learning through the sharing of information. Peer learning also provided nurses with opportunities to gain confidence in their abilities to understand and apply relevant content. It was through working together that feelings of uncertainty were replaced with a belief that CNA Certification was a doable and a valuable goal.

Another key component of this success story is the support provided by several neuroscience team members, including neurosurgeons, neurologists, and nurses within advanced practice roles. The Unit Manager of the Neuroscience Unit, Frances McConnachie, deserves special recognition. Although scheduling of Study Group sessions proved to be a rather challenging task due to shift work, Frances helped facilitate attendance at planned study sessions by collaborating with involved nurses to minimize scheduling conflicts. Frances also ensured that group members obtained the necessary resources for their studies, consistently praising nurses in their quest to enhance their neuroscience competencies.

It is with extreme pleasure and an overabundance of pride to report that all nine of the neuroscience nurses passed the CNA examination! Although the commitment to nursing excellence was the main impetus for pursuing CNA Certification, nurses gained so much more both as individuals and as professionals. The meaningfulness of this experience is evident in previewing personal testimonials of these nurses on the CNA website at » www.cna-aiic.ca/CNA/nursing/certification/apply/studygroups/default_e.aspx.

This success story is a true reflection of the benefits of working together in preparing for the CNA Certification Examination. Involved nurses worked diligently toward the attainment of a common goal. Overall, the experience was extremely positive. Here's hoping that this story prompts other nurses to write their CNA Certification Exam in 2011! ■



INFLUENZA IMMUNIZATION

RNS PREPARE FOR FLU SEASON

By
VIRGIL GUITARD
& LIETTE CLÉMENT

Flu season is fast approaching and many registered nurses working either in the publicly funded systems or private immunization services may soon find themselves being asked to provide vaccination to clients, the public, family, friends and colleagues. In New Brunswick, influenza immunization can be obtained at no cost for individuals who are at high risk for influenza related complications through family physicians and other healthcare providers working in specific community settings (e.g. VON clinics, pharmacies, healthcare institutions). Non-publicly funded immunization services may also be provided by private healthcare agencies. The safety and quality of these services rest with the health professional providing the immunization program oversight, and the registered nurse or other health professional who administers the vaccine.

Providing immunization is within the scope of practice for registered nurses in New Brunswick. When administering vaccines, a RN is accountable and responsible for meeting NANB's Standards of Practice for Registered Nurses (2005) and other relevant practice standards—e.g. Practice Standard: Documentation (2010); Practice Standard: Medication (2009).

Influenza immunization is more than performing the psychomotor task of giving an injection. Safe immunization requires:

- knowledge, skill and judgment to assess the appropriateness of administering the vaccine to an individual client;
- sharing with the client the risks and benefits of receiving and not receiving the vaccine;
- careful client assessment for anaphylaxis risk such as previous anaphylaxis, severe allergy to any component of the vaccine, to latex or to thermisal (if contained in the vaccine);
- compliance with the recommended dose, route, site, and schedule for administering the vaccine;
- vaccine handling and storage according to the vaccine manufacturers package insert;
- knowledge of the vaccine action, interactions, minor side-effects and potential adverse events;
- monitoring the client during and following vaccine administration; and
- managing side-effects or an adverse effect of the vaccine.

Furthermore, when administering immunizing agents, the RN must ensure that the following four conditions are met:

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

1—Informed Consent

The CNA Code of Ethics for Registered Nurses (2008) states that nurses "... provide persons in their care with the information they need to make informed decisions related to their health and well-being." (p.11)

The nurse administering the vaccine is responsible for taking reasonable steps to ensure consent is obtained. An informed consent ensures that before administering a vaccine the client was provided with the information necessary to make a decision to accept or to refuse the immunization. This information must include: the nature of the vaccine; the expected benefits of the vaccine; the risks and side effects of the vaccine; alternative courses of action; and the likely consequences of not having the vaccine. If the client is incapable of giving consent, the substitute decision maker must provide consent.

Consent for immunization may be written or verbal and must be documented on a consent form or in the client's health record.

2—Prescription and Directives

A prescription by an authorized prescriber is required to administer any immunizing agent and any medication to treat any adverse reactions caused by an immunizing agent. (NANB Practice Standard: Medication, 2009).

This can take the form of: 1) a client-specific order, which is a prescription for an individual client, or 2) as a directive. A directive is written order from an authorized prescriber for a procedure, treatment, intervention or drug for a number of clients when specific conditions are met.

There are a number of specific components required in a directive including:

- the name and description of the procedure/treatment/intervention/drug being ordered;
- specific client clinical conditions and situational circumstances that must be met before the procedure(s) can be implemented;
- clear identification of the contraindications for implementing the directive;
- the name and signature of the authorized prescriber approving, and taking responsibility for the directive; and
- the date and signature of the administrative authority approving the directive.

3—Competency

Registered nurses are responsible for their own competence and are accountable for the administration and outcome of all care they provide including providing vaccines, in any setting. Registered nurses need to understand the indications and contraindications to vaccination, the risks involved and the expected outcomes.

The determination of competency to administer vaccines should rest on the following reflective questions:

- Do you have the knowledge, skill, and judgement required to assess the appropriateness of the vaccine?

- Do you have the knowledge, skill, and judgement required to take appropriate actions before, during and after the administration of the vaccine?
- Do you have the knowledge, skill, and judgement required to assess for negative outcomes?
- Do you have the resources to intervene, if required? (For example, in the case of anaphylactic reaction, having an anaphylaxis kit available and the competency to use the kit?)

If you are a RN giving vaccines as an independent practitioner (e.g. contracted by a local pharmacy), you need to consider what legal risks are involved. Some additional questions to consider are:

- Do you have a prescription or directive for immunizing and administering adrenaline if it is required?
- Who is responsible if the individual being immunized goes into anaphylaxis?
- Are there protocols and equipment in place to handle anaphylaxis?

Note: If you are a RN in independent practice and need further advice around liability you can contact the Canadian Nurses Protective Society (CNPS) » www.cnps.ca.

4—Documentation

Documentation is integral to safe and effective nursing practice in all settings including the administration of vaccines. Nurses are required to record and maintain timely and accurate documentation in accordance with agency policy and accepted professional standards (Practice Standard: Documentation, 2010).

REFERENCES

CNA Code of Ethics for Registered Nurses (2008) » www.nanb.nb.ca/PDF/practice/CNA%20Code%20of%20Ethics.pdf

College of Nurses of Ontario Practice Guideline: *Influenza Vaccinations* (2009) » www.cno.org/docs/prac/41053_fsInfluenza.pdf

NANB Standards of Practice for Registered Nurses (2005) » www.nanb.nb.ca/PDF/practice/StandardsofRegisteredNursesE.pdf

NANB Practice Standard: Medication (2009) » www.nanb.nb.ca/PDF/Practice_Standard_Medication_E.pdf

NANB Practice Standard: Documentation (2010) » www.nanb.nb.ca/PDF/Practice_Standard-Documentation-E.pdf

Association of Registered Nurses of Newfoundland and Labrador. Position Statement: *Influenza Vaccination by Registered Nurses* (2004) » www.arnnl.nf.ca/documents/publications/Influenza_Vaccination_by_Registered_Nurses.pdf

NEW BRUNSWICK'S

New Personal Health Information Privacy and Access Act (PHIPAA)

PART 1

EDITOR'S NOTE: In anticipation of the soon to be proclaimed Personal Health Information Privacy and Access Act, NANB will be publishing a series of articles to inform nurses on the implications this new legislation will have on nursing practice. Special thanks to Stewart McKelvey Law Offices for granting permission to print the following article. PART 1 PROVIDES GENERAL *background information about PHIPAA and key definitions of concepts associated with personal health information.*

The PHIPAA is New Brunswick's proposed new health privacy legislation which will govern the manner in which personal health information may be collected, used and disclosed by health information 'custodians', individuals or organizations that act on their behalf and other persons who receive personal health information from custodians or their agents. This new legislation received Royal Assent in 2009 and is expected to come into force later this year. This article provides an overview of the scope and application of the PHIPAA.

What is Personal Health Information?

Under the PHIPAA, "personal health information" is defined as any identifying information about an individual in oral or recorded form if that information: (i) relates to the individual's physical or mental health, family history or healthcare history; (ii) is the individual's registration information (such as a Medicare number or hospital record number); (iii) relates to the provision of healthcare; (iv) relates to payments or eligibility for healthcare or for healthcare coverage; (v) relates to the donation of a body part or bodily substance of the individual or is derived from the testing or examination of any body part or bodily substance; (vi) identifies a substitute decision-maker of that individual; or (vii) identifies an individual's healthcare provider. The Act however, does not apply to all personal health information, but only to personal health information that is collected, used or disclosed by a custodian or that is in the custody or control of a custodian.

Custodians of Personal Health Information

A 'custodian' means an individual or organization that collects, maintains or uses personal health information for the purpose of providing or assisting in the provision of healthcare or treatment or the planning and management of the healthcare system or delivering a government program or service. Custodians generally include healthcare providers, nursing homes and operators, laboratories or a specimen collection centre, healthcare facilities (such as hospitals, pharmacies, community health centres, and medical clinics), and certain organizations and agencies, including the regional health authorities, Ambulance New Brunswick Inc., FacilicorpNB Ltd, the Workplace Health, Safety and Compensation Commission, and the Canadian Blood Services. The term 'custodian' also includes an "information manager"—an individual or organization that processes, stores, retrieves, archives or disposes of personal health information on behalf of a custodian, or otherwise provides information management or information technology services, and to the custodian's "agents"—an individual or organization that acts for or on behalf of the custodian in respect to personal health information for the purposes of the custodian only and not for the agent's own purpose.

The Act does not apply to an individual or organization that collects, maintains or uses personal health information for purposes other than healthcare or treatment and the planning and management of the healthcare system (a 'non-custodian'). Non-custodians include employers, insurance companies, and regulatory bodies of healthcare providers.

Right and Access to Information

The PHIPAA gives individuals the right, upon request, to examine or receive a copy of his or her personal health information maintained by a custodian (subject to exceptions) and sets out the process for addressing personal health information requests in a timely manner. Where the individual's record is not available in his or her official language of choice, the Act specifically obligates a custodian to 'accommodate' the individual's official language needs by either providing access to a physician or healthcare provider for assistance in interpreting his or her record or translating or causing to be translated the individual's record for the purpose of a unilingual physician treating the individual if the record is in a language the physician cannot understand. Individuals also have the right to make a request to correct any personal health information that an individual may examine or copy (subject to exceptions).

Consent

With some exceptions, a custodian must obtain the individual's consent to collect, use, or disclose personal health information. To be valid, consent shall: (i) be the consent of the individual (or the consent of a substitute decision-maker where the individual is unable to give consent); (ii) be knowledgeable; (iii) be able to

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NANB Hosts Invitational Forum

MEMBERS AND STAKEHOLDERS PROVIDE VALUABLE INSIGHT

Responsiveness
The Consultation Forum brought together 97 nurses, nurse managers, staff health nurses, staff education nurses, human resource directors, government officials and other stakeholders to participate in a consultation process to inform the revision of NANB's document *The Recognition and Management of Substance Abuse in the Nursing Profession*.

Sensitization
NANB staff Shauna Figler, Practice Consultant, presented evidence both nationally and provincially on the realities of problematic substance use in the nursing profession today; while Odette Comeau Lavoie, Regulatory Consultant: Professional Conduct Review provided an overview of NANB's role when dealing with complaints of problematic substance use. Guest speaker, Chantal Cloutier, Regional Addiction Coordinator with the Horizon Health Network discussed the reality of addiction and a Drug Free Workplace Program now available to RNs through the Health Network.

Engagement
Discussions were focused and energetic, with a variety of viewpoints put forward. Participants shared their appreciation of the process and suggested that the experience be repeated at a larger scale across the province.

Recommendations
The feedback and recommended revisions collected from all focus groups in attendance and will be used to inform and validate the proposed revision to NANB's document.

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The national professional voice of registered nurses in Canada

cna-aiic.ca

RNs ARMED TO HELP

EDITOR'S NOTE: The following interview captures Cindy McKinley-Brown's, RN, Staff Nurse, Operating Room, D.E.C.H., volunteer experience in Haiti through the Canadian Armed Forces. McKinley-Brown replied to the NANB's call for RNs who volunteered for one month to help in the Haiti relief efforts. The Association would like to thank all members for sharing their first-hand experiences in this issue of Info Nursing.

Why did you decide to volunteer in Haiti?

"Following the devastating earthquake that hit Haiti in January of this year, Canadians immediately signed up to help with relief efforts. As a Nursing Officer and trained member of the Canadian Armed Forces, I knew this opportunity would allow me to apply these skills together and help those less fortunate."

Have you volunteered in previous disaster relief efforts around the world? If so, where? And was this experience different?

"Although very different missions, during my career in the military I had the opportunity to deploy to Afghanistan. My experience in Haiti was different and challenging in so many ways. All situations were urgent and chaotic at the same time. One month in Léogâne, Haiti (February 12–March 10) was more rewarding to me than any other."

What was your role as an RN? And, were you part of a team?

"Teams played a critical role in our relief efforts. As a perioperative nurse, I was part of a surgical team consisting of: two anesthesiologists; four surgeons; four RNs; two LPN (ORTs); and a central sterilization technician."

How did you and your team overcome cultural barriers?

"Thankfully, Haitian French is very close to that of Canadian French which helped communicating with patients and family members. Although, the Canadian standard temperature of the operating room was much too cold for Haitians, we quickly improvised by providing extra blankets and warmers. The people were so grateful for our help."

Can you describe your working and living conditions?

"We lived in a secure compound which was very safe. I shared a two man tent with one of my other team members. We ate military field rations which were ready made bags, four different varieties that required heating. Everyone including locals, patients, and volunteers used portable toilets. We washed our clothes by hand and hung to dry. Insects were a problem, especially tarantulas. At night, flashlights and headlamps were used to get around. My flashlight was directed to the ground most of the time to avoid stepping on the tarantulas."

I will forever be grateful for this opportunity and hope others are able to experience all that nursing has to offer. ■

info LAW
Vol. 18, No. 2, December 2009
A LEGAL INFORMATION SHEET FOR NURSES

Evidence

www.cnps.ca

Canadian Nurses Protective Society

Facts are central to any legal decision. Only once the facts of the matter have been determined by the court can the relevant law be applied and a decision rendered. The basic rule of evidence is that information can be admitted as evidence where it is relevant to a material issue in the case. Other rules of evidence deal with the exclusion of evidence from being considered by the court or tribunal. An example of such an exclusion is legislation on apology which prevents an apology from being introduced as evidence.

Types of Evidence

The primary ways evidence is put before a court or tribunal are verbal testimony of the people involved, documents, and the opinions of expert witnesses.

Testimony

Oral testimony is given by parties to the case, such as plaintiffs, defendants, complainants, and respondents. It is also given by witnesses, who are persons without legal interests at stake in this proceeding but with information relevant to the legal issues to be decided. In order to impress the gravity of the situation on people about to testify, they are required to swear an oath or make an affirmation as to the truth of what they are about to say. Testimony will be tested for its reliability by questions put to the person, most commonly by lawyers, though the judge or panel may also pose questions.

Documents

Although not the only document used as evidence, the patient's health record can be extremely important to a case's resolution. The health record should provide a factual chronology of events, given its function as a communication tool for health care providers, for the benefit of the patient. Criteria used by the court to assess the reliability of chart entries are that they were made: contemporaneously to the care given; by the person who had personal knowledge of the events; and by a person who had a duty to record the events.[1] Witnesses or parties to the proceeding may prepare to give evidence by reviewing documents such as the patient's chart to refresh their memories. Interestingly, the plaintiff's lawyer and defendant's lawyer will be using the same documents to try to prove opposing facts.

Expert witness opinion evidence

Unlike factual witnesses, expert witnesses testify as to their opinion about some element of the case.[2] They cannot testify about what happened at the time because they were not there. The chart is a prime source of data for the formation of expert witness opinion evidence. If a court decides that the chart is unreliable, it brings into question the reliability of expert witnesses opinions since the foundation for the opinions has been deemed to be flawed.

Admissible Evidence

To be admissible, evidence must be: reliable; relevant to an issue in the case; and not subject to an exclusionary rule of evidence. The rule against hearsay is an exclusionary rule and it provides an example of the complexity of the rules of evidence. Hearsay is evidence (such as testimony) of a

statement made to a witness or party by a person who will not be called as a witness, put forward as the truth of the statement. There are many exceptions to the hearsay rule. It is not hearsay to introduce an out-of-court statement to establish the fact that the statement was made. A nurse who is giving evidence can simply identify what was said to her and by whom. Then a legal determination as to the admission of this hearsay evidence will be made by the court after the lawyers have presented their legal arguments about its admissibility.

Weight

Once a court has decided evidence is admissible, it will determine how much weight it has, in other words, evaluate its significance in relation to other evidence. This is not a mathematical calculation. To use the patient's chart as an example, the weight given to it may be based on a number of factors such as frequency of entries, level of detail, accuracy of times and events, presence or absence of alterations, and omissions of information relevant to the patient's care at the time.

Formality of Legal Process and the Rules of Evidence

The process of civil litigation is governed by provincial and federal statutes which set out the rules of court. An example is the requirement for early disclosure of relevant documents between the parties to encourage early resolution of the dispute. The rules of procedure and rules of evidence are less formal for an administrative tribunal such a panel hearing a professional discipline case but they still exist.

Preservation of Evidence

The resolution of a legal dispute can take place years after the originating incident. While the patient's health record may be the best evidence of your good nursing care, it is the property of the health facility and must be accessed and used only in accordance with law. Preserving your evidence by writing down what you know of the event can ensure it is not lost or varied with the passage of time. High quality evidence will positively affect your credibility. To preserve your evidence while maintaining solicitor-client privilege,[3] the document must be a communication to a lawyer in anticipation of legal proceedings. Nurses who wish to preserve their evidence may seek assistance from the institution's risk management or legal department. The Canadian Nurses Protective Society can help a nurse preserve her written evidence. Physical evidence, such as a patient's clothing or bullets, may have to be preserved for future legal proceedings. Health institutions should direct their staff by having a policy on the preservation of physical evidence.

Our legal system strives to achieve fair resolutions to disputes. Nurses who give evidence can contribute to this goal by providing the court with high quality evidence thereby helping ensure its judgments are as fair as possible.

1. *Ares v. Venner*, [1970] S.C.R. 608.
2. *infoLAW®*, Expert Witness (Vol. 15, No. 1, March 2006).
3. *infoLAW®*, Privilege (Vol. 9, No. 1, April 2000).

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

REGISTRATION REVOKED

On February 23, 2010, the NANB review committee found Kimberly Susan Ferris (née Reid), registration number 021997, to be suffering from ailments or conditions rendering her unfit and unsafe to practise nursing, having demonstrated dishonesty and conduct unbecoming a member as shown by two criminal convictions, and professional misconduct and a disregard for the safety of patients by practising nursing while incapacitated by her ailments or conditions.

The review committee ordered that the member's registration be revoked and that she be prohibited from practising nursing or representing herself as a nurse. She shall be eligible to apply for reinstatement three years from the date of the committee's order. The Committee also ordered that she pay costs to NANB in the amount of $2,000.

REGISTRATION REVOKED

On April 7, 2010, the NANB review committee found that Mary Mireille Manuel, registration number 016508, demonstrated professional misconduct and a disregard for the safety of patients by practising nursing while incapacitated, and demonstrated conduct unbecoming a member as shown by one criminal conviction.

The review committee ordered that the member's registration be revoked and that she be prohibited from practising nursing or representing herself as a nurse. She shall be eligible to apply for reinstatement one year from the date of the committee's order. The committee also ordered that she pay costs to NANB in the amount of $3,000.

REGISTRATION REVOKED

On April 8, 2010, the NANB review committee found Debbie Lee Neill (née Fraser), registration number 014852, to be suffering from ailments or conditions rendering her unfit, incapable and unsafe to practise nursing.

The review committee ordered that the member's registration be revoked and that she be prohibited from practising nursing or representing herself as a nurse. She shall not be eligible to apply for reinstatement for a minimum of one year from the date of the committee's order, and unless and until sufficient evidence is presented confirming that she is fit and capable of returning to the practice of nursing in a safe manner.

REGISTRATION SUSPENDED

On May 3, 2010, the NANB complaints committee suspended the registration of registrant number 019799 pending the outcome of a hearing before the review committee.

REGISTRATION REVOKED

On May 11, 2010, the NANB review committee found Vicki Lynn Narramore, registration number 025277, to be suffering from ailments or conditions rendering her unfit and unsafe to practise nursing, and demonstrated professional misconduct and a disregard for the safety of patients by practising nursing while incapacitated by her ailments or conditions.

The review committee ordered that the member's registration be revoked and that she be prohibited from practising nursing or representing herself as a nurse. She shall be eligible to apply for reinstatement two years from the date of the committee's order. The committee also ordered that she pay costs to NANB in the amount of $2,500.

SUSPENSION CONTINUED

On May13, 2010, the NANB discipline committee found Kelly Ann Brown (née Mitton), registration number 017472, to be suffering from an ailment or condition rendering her unfit, incapable and unsafe to practise nursing, and that her conduct, acts and omissions in her nursing practice demonstrate a lack of knowledge, skill, judgement and a disregard for the welfare and safety of patients.

The discipline committee ordered that the suspension imposed on the member's registration be continued for a minimum period of one year and until conditions are met. At that time, the member will be eligible to apply for a non-practising registration to complete two modules of the Nurse Refresher Program. Upon successful completion of the two modules, the member will be eligible to apply for a conditional registration.

REGISTRATION SUSPENDED

On June 11, 2010, the NANB complaints committee suspended the registration of registrant number 026777, pending the outcome of a hearing before the discipline committee.

REINSTATEMENT OF REGISTRATION

In a decision dated June 18, 2010, the NANB discipline committee granted reinstatement of the registration of Penny Jean Dempsey (née Blodgett), registration number 016562. The discipline committee further ordered that conditions be imposed on the registrant's registration.

REGISTRATION SUSPENDED

The Nurses Association of New Brunswick hereby gives notice that the registration of registrant number 024707 is suspended effective June 25, 2010.

REGISTRATION SUSPENDED

On July 12, 2010, the NANB complaints committee suspended the registration of registrant number 026728 pending the outcome of a hearing before the review committee.

REINSTATEMENT OF REGISTRATION

In a decision dated July 14, 2010, the NANB review committee granted reinstatement of the registration of Marie Éveline Lise France Savoie (former name Chiasson) , registration number 021584. The review committee further ordered that conditions be imposed on the registrant's registration.

OCT.13–15, 2010

NANB Board Meeting

NANB Headquarters, Fredericton, NB

OCT.14–15, 2010

CPHA, NB-PEI Branch Conference

Wu Conference Centre, UNB, Fredericton, NB

» www.nanb.nb.ca/PDF/Biennial_meeting_save_the_date_English_2010-05-06.pdf

OCT.14–16, 2010

AWHONN Canada 21st National Conference

Fairmont, The Queen Elizabeth, Montreal, QC

» www.awhonncanada.org/en/awhonn/2010_AWHONN_Canada_Conference_Montreal_QC_p2284.html

OCT.31–NOV.3, 2010

Canadian Conference on Global Health 2010 "Global Health: A Humanitarian Crisis?"

Crowne Plaza Ottawa Hotel, Ottawa, ON

» www.csih.org/en/index.asp

NOV.1–2, 2010

New Brunswick Health Research Foundation's 2nd Annual Health Research Conference—*Fostering a Health Research Culture in New Brunswick*

Saint John Trade & Convention Center, Saint John, NB

» www.nbhrf.com/conferences

NOV.1–2, 2010

CHSRF—2010 Picking up the Pace—How to Accelerate Change in Primary HealthCare

Hilton Montreal Bonaventure, Montreal, QC

» www.chsrf.ca/PickingUpthePace/index_e.php

NOV.5, 2010

Nursing Exploration 2010—Nursing our Profession Back to Health: Creating high retention environments

McGill University School of Nursing, Montreal, QC

» www.medicine.mcgill.ca/nursing-explorations2010

DEC.1, 2010

NANB Registration Administrative Deadline

DEC.2–4, 2010

Canadian Association on Gerontology 39th Annual Scientific and Educational Meeting: Spotlight on Integration of Knowledge and Practice

Centre Sheraton, Montreal, QC

» www.cagacg.ca/conferences/400_e.php

DEC.31, 2010

NANB Registration Deadline

Privacy and Access Act

continued from page 33

be withdrawn or withheld; (iv) relate to the personal health information; and (v) not be obtained through deception or coercion. Consent is 'knowledgeable' if it is reasonable in the circumstances to believe that the individual knows: (i) why their personal health information is collected, used or disclosed; (ii) he or she can provide or withhold consent; and (iii) that the information can only be collected, used or disclosed without his or her consent only in accordance with the Act. Where it is not unreasonable in the circumstances, a custodian is entitled to assume an individual has knowledge if the custodian prominently posts or makes readily available a notice describing the purpose of the collection, use or disclosure or a person's personal health information. While consent must always be knowledgeable, it may be either express or implied. For example, a custodian who receives an individual's personal health information from another custodian may assume that it has implied consent for the collection, use and disclosure from that individual for the purposes of providing healthcare, unless the receiving custodian is aware that the individual has expressly withheld or withdrawn consent. However, subject to specific exceptions, there are some instances in which consent must be expressed, such as where a custodian discloses personal health information to the media, for fundraising activities, to a person outside New Brunswick, for research purposes and to a visitor to a healthcare facility.

REFERENCES

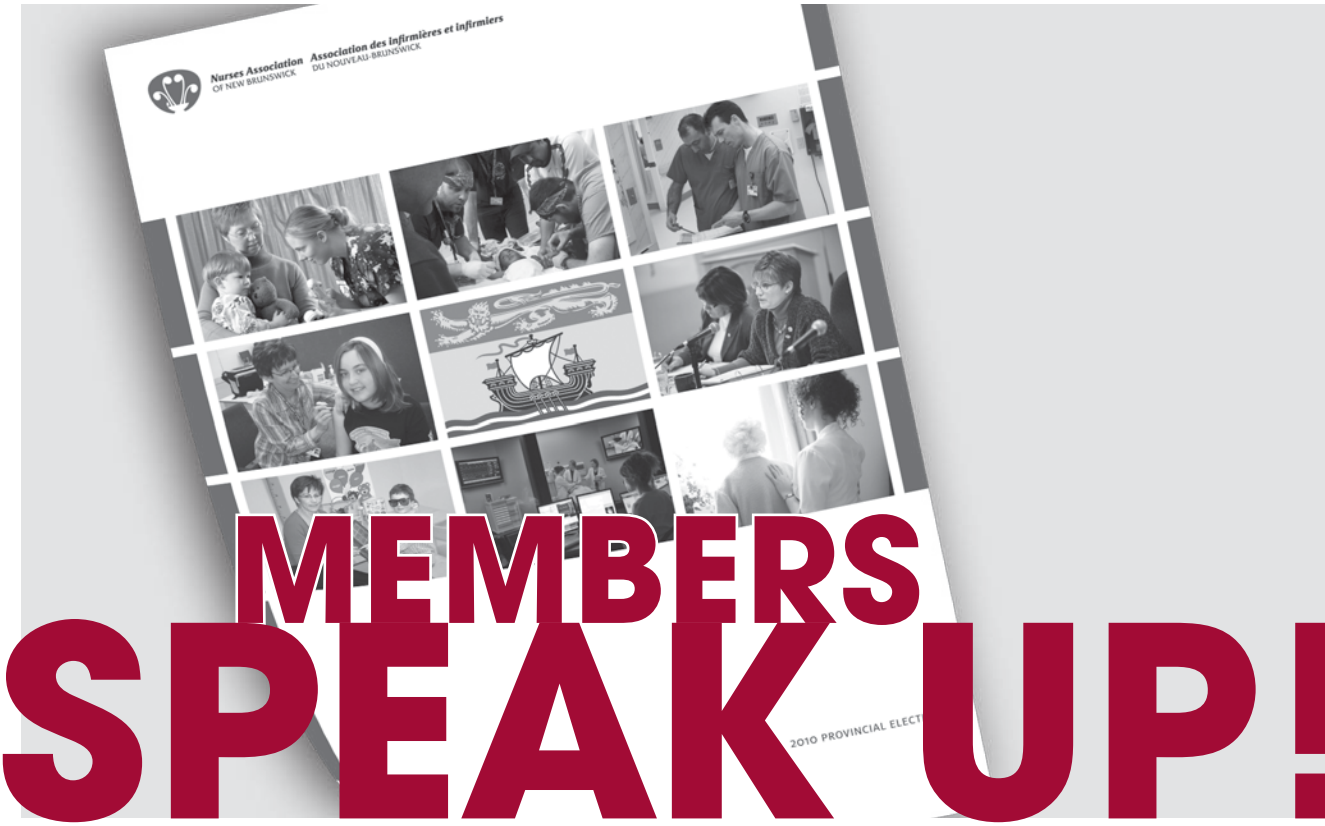
Stewart McKelvey Law Offices; Atlantic Business Counsel - March 2010; 'New Brunswick's New Personal Health Information Privacy and Access Act' (PHIPAA); Author: Karen Pierpont » www.smss.com/en/home/publications/current/atlanticbusinesscounsel march2010/newbrunswicksnewpersonal healthinformationprivacyan.aspx

Saint John School *of* Nursing

CLASS OF 1990 REUNION

The Saint John School of Nursing 20 Year Reunion will take place November 5th–7th, 2010 in Saint John, NB.

If we have not located you, please go to » www.sjsn.myevent.com for more information or contact liz.evans@horizonNB.ca or nancy.schuttenbeld@horizonNB.ca.



MEMBERS SPEAK UP!

VOTE SEPTEMBER 27

A PROVINCIAL ELECTION is currently underway. As registered nurses, you provide a strong, first-hand and informed voice to engage political representatives of the existing challenges facing our healthcare system.

As your regulatory body and professional association, NANB met with all five political parties over the summer months to share our priorities. NANB recommended four policy initiatives based on your feedback provided in the recent strategic planning process, which we believe are also the priorities for New Brunswick in relation to the health of our population and health services which include:

- enhancing access to health services;
- ensuring the sustainability of the health system;
- establishing a national pharmacare program; and
- improving the health status of our population.

Detailed information including NANB's recommended policy initiatives document, Elections NB information, party platforms and candidates by riding is available on the NANB website at » www.nanb.nb.ca.

MEMBERS CAN:

- engage candidates when they arrive at your door or call you at home;
- write it down—send letters expressing your concerns to all candidates and / or publicly mail a letter to the editor;
- approach candidates face-to-face at community events or at their campaign headquarters;
- bring strength in numbers, organize a group, colleague or chapter meeting with your local candidates;
- attend local debates to learn more about each candidate's position on various issues; and
- most importantly VOTE on September 27th, 2010.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Due to provincial legislation, our auto insurance program is not offered in British Columbia, Manitoba or Saskatchewan.

[1]Certain 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.