INFO NURSING

VOLUME 41 ISSUE 3 WINTER 2010

Influence Change

Become a Director of the NANB Board





Nurses Association OF NEW BRUNSWICK

winter 2010

INSIDE

NANB Board of Directors (missing from photo: Linda LePage-LeClair, Director—Region 5).

13

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.

The NANB Board of Directors

Martha Vickers
President

France Marquis
President-Elect

Lucie-Anne Landry
Director, Region 1

Ruth Alexander
Director, Region 2

Darline Cogswell
Director, Region 3

Noëlline Lebel
Director, Region 4

Linda LePage-LeClair
Director, Region 5

Marius Chiasson
Director, Region 6

Deborah Walls
Director, Region 7

Aline Saintonge
Public Director

Roland Losier
Public Director

Robert Thériault
Public Director

Info Nursing is published three times a year by the Nurses Association of New Brunswick, 165 Regent St., Fredericton, NB, E3B 7B4. Views expressed in articles are those of the authors and do not necessarily reflect policies and opinions held by the Association.

Submissions
Unsolicited articles, suggestions and letters to the editor are welcome. 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.

DESIGNER ROYAMA DESIGN

TRANSLATION JOSÉ OUIMET

EDITOR JENNIFER WHITEHEAD
Tel: (506) 458-8731; Fax: (506) 459-2838;
1 800 442-4417; Email: jwhitehead@nanb.nb.ca

Canada Post publications mail agreement number 40009407. Circulation 10,000. ISSN 0846-524X.

Executive Office
ROXANNE TARJAN *Executive Director*
Email: rtarjan@nanb.nb.ca

PAULETTE POIRIER
Executive Assistant, Corporate Secretary
459-2858; Email: ppoirier@nanb.nb.ca

Regulatory Services
LYNDA FINLEY
Director of Regulatory Services
459-2830; Email: lfinley@nanb.nb.ca

DENISE LEBLANC-KWAW *Registrar*
459-2856; Email: dleblanc-kwaw@nanb.nb.ca

ODETTE COMEAU LAVOIE
Senior Regulatory Consultant
459-2859; Email: ocomeaulavoie@nanb.nb.ca

JOCELYNE LESSARD
Regulatory Consultant: Registration
459-2855; Email: jlessard@nanb.nb.ca

LORRAINE BREAU
Regulatory Consultant: Professional Conduct Review
459-2857; Email: lbreau@nanb.nb.ca

ANGELA CATALLI
Administrative Assistant: Regulatory Services
459-2866; Email: acatalli@nanb.nb.ca

STACEY VAIL *Administrative Assistant: Registration*
459-2851; Email: svail@nanb.nb.ca

SHAWN PELLETIER
Administrative Assistant: Registration
459-2869; Email: spelletier@nanb.nb.ca

ERIKA BISHOP
Administrative Assistant: Reception and Registration
459-2860; Email: ebishop@nanb.nb.ca

Practice
LIETTE CLÉMENT *Director of Practice*
459-2835; Email: lclement@nanb.nb.ca

VIRGIL GUITARD *Nursing Practice Advisor*
783-8745; Email: vguitard@nanb.nb.ca

SHAUNA FIGLER *Nursing Practice Consultant*
459-2865; Email: sfigler@nanb.nb.ca

SUSANNE PRIEST *Nursing Practice Consultant*
459-2854; Email: spriest@nanb.nb.ca

Corporate Services
SHELLY RICKARD
Manager, Corporate Services
459-2833; Email: srickard@nanb.nb.ca

MARIE-CLAUDE GEDDRY-RAUTIO *Bookkeeper*
459-2861; Email: mcgeddry@nanb.nb.ca

Communications and Government Relations
JENNIFER WHITEHEAD
Manager, Communications and Government Relations
459-2852; Email: jwhitehead@nanb.nb.ca

STEPHANIE TOBIAS
Administrative Assistant: Communications
459-2834; Email : stobias@nanb.nb.ca

What difference can you make in healthcare in NB?

AS I BEGIN MY SECOND and final year as President of the Nurses Association of New Brunswick (NANB), I reflect on this privilege. Nursing is a living, breathing force in our healthcare system. We have nurse leaders in all domains of nursing, working to influence change at both the provincial as well as national levels. Whether working in hospitals or communities, with individuals or families, at the bedside or in policymaking, registered nurses (RNs) are influencing change. Our voice is strong, our insight firsthand.

Have you taken a few minutes lately to think about your career as a registered nurse? What difference can you make in healthcare in New Brunswick? Perhaps now is the time to pause and reflect on this. We are all so busy just getting through each shift, each day, each week that we often take for granted the truly amazing nursing contributions we are providing every moment of every day. When I hear a nurse speak of his/her passion for the profession, despite the challenges faced every day in the continuously evolving workplace environments, I am truly in awe of the level of knowledge and personal accountability that is carried forth to ensure safe, competent, compassionate care. The presence of a registered nurse in a person's care has proven to be irreplaceable. Compliment a fellow RN on their approach to a particular patient scenario—it will be a win-win for each of you and will foster a camaraderie much needed in these challenging times. Excellence in practice deserves to be recognized! Registered nursing practice will strengthen because of best practice, and ultimately our patients will reap the benefits.

I would encourage each of you to think of a colleague, a mentor, whom you feel is a truly remarkable exemplar of the profession. To mark the outstanding contribution of our peers, NANB supports the submission of nominations for one of the nursing awards. They include: Life Membership, Honorary Membership, Excellence in Clinical Practice, Award's of Merit in each of the four key areas of nursing as well as the newest Entry-level Nurse Achievement award. To acknowledge the special contributions of current and former members of the profession, colleagues, friends and family will gather for a memorable Awards Banquet to be held June 8th, 2011 at the Delta Hotel, Fredericton as part of the NANB AGM & Biennial Conference. Please refer to page 39 for further information on the NANB Awards. To be honoured by one's own profession has been said to be one of the highest of honours one can achieve.

Do you see yourself as a nurse leader? Are you interested in debating current healthcare issues, in contributing to your profession? I urge you to consider seeking support, or nominating a colleague, for one of the NANB Board of Director positions or for the President-Elect position. Talk with fellow nurses and consider the possibility! We are the largest and most progressive association of healthcare professionals in New Brunswick. If you would like to contribute to your profession, I guarantee you the experience of sitting on your professional Association's Board of Directors will strengthen your role as a registered nurse in this province and allow you the opportunity to influence change. Please refer to page 13 for further information on NANB's Election 2011.

May each of you find moments of peace during this holiday season. Merry Christmas and best wishes for a healthy, fulfilling 2011! ■

—MARTHA VICKERS, *President*

CONTRIBUTORS *this issue*


Nicole Giddens


Cyrille Godin


Virgil Guitard


Caroline Lutes


Claudia McCloskey


Jessica Ryan


Karen Tomlyn


Kathryn Wilson


Reida Woodside

14

CLAUDIA McCLOSKEY, RN, Med
Nurse Clinician and Undergraduate Curriculum Coordinator

KAREN TOMLYN, RN, MN
Professor and Associate Dean Academic Programs

KATHRYN WILSON, RN, PhD
Associate Professor and Acting Assistant Dean of Graduate and Advanced RN Studies

REIDA WOODSIDE, RN, MScN
Retired Professor and former BN Program Director, Fredericton

16

SUE COLE, RN
Staff Nurse, Gibson Health Clinic

19

DIANE MURRAY, RN
Discharge Coordinator, Oromocto Public Hospital

20

NICOLE GIDDENS
Coordinator, Recruitment and Selection, SYKES Assistance Services Corporation

24

CAROLINE LUTES, BScN
Volunteer

29

CYRILLE GODIN
Project Officer, Department of Health

33

JESSICA RYAN
Life Member, NANB

Why Regulate?

THE CURRENT NURSES ASSOCIATION of New Brunswick (NANB) registration renewal period for registered nurses and nurse practitioners provides me with a unique opportunity to focus on regulation and its importance to the New Brunswick public and all NANB members. Our legal authority to regulate registered nurses and nurse practitioners comes through the *Nurses Act* (1984) approved by the New Brunswick legislature. Our government representatives have authorized this management or control of our profession in the interest of public safety and the quality of nursing practice and services delivered to our population.

Our Association mission informed by this legislation states the following:

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

We fulfill this mandate through a variety of regulatory activities starting with the establishment of standards of education, required entry-level competencies and nursing education program review and approval. These regulatory tools inform the content delivered in nursing education programs and competence expectations for individuals completing these programs. They are continuously updated to ensure nursing education evolves to reflect new developments in health, science and technology and meets the needs of an evolving health system and the recipient of care, the public. This ongoing development and review are collaborative processes and are informed by members of the profession and essential stakeholders.

The association also establishes the requirements for entrance into the profession and the privilege to identify one's self as a registered nurse or nurse practitioner. These requirements have also evolved over time; as public expectations of safety and quality have evolved and objective measures of competence verification have become the expected standard when significant potential harm can result from the practice of members of a particular profession. Standards are also evolving to require the review of any criminal record as an essential component of screening and assurance of fitness to practice and public safety. If all entrance requirements are met the individual is granted the authority to hold themselves out as a registered nurse or nurse practitioner. Your title informs the public and potential employers you have met professional requirements and they can expect a certain standard of performance or competence as you deliver those nursing services which your title and scope of practice give you the authority to provide.

The expectations for ongoing competence are also evolving. Knowledge, science and technology in the health field are expanding at an ever increasing pace. To remain competent health professionals must update their knowledge and skills on an ongoing basis to ensure the quality and safety of their practise. Regulators in response to this reality and to fulfill their mandate have established continuing competence requirements to maintain registration and the authority to practise. Compliance with the NANB Continuing Competence Program became mandatory in 2008. This Program provides nurses with a framework to assess their practise and identify learning and development needs each year to support the maintenance of competence. Currently, legislation and 'best practices' are evolving in the areas of quality assurance and risk management, all in an effort to enhance public safety. Supporting nurses to protect the public also involves the establishment and promotion of standards of professional practice. These standards inform and direct registered nurse and nurse practitioner practice on a daily basis and describe the standard of practice or care the public and employers can expect from members of our profession. Your association develops and maintains a variety of standards to support your practise and provide direction throughout your career. These regulatory tools are also developed and reviewed collaboratively, involving and supported by nurses and essential stakeholders.

Our framework for regulation includes promoting good

page 35

The meeting commenced with an afternoon orientation session welcoming four new region directors and two re-appointed public directors effective September 1, 2010 through to August 31, 2012.

A Director's liability presentation was delivered by Fred McElman, NANB legal counsel. The following are newly appointed and re-appointed directors:

- *Lucie-Anne Landry, RN*
  Director—Region 1
- *Darline Cogswell, RN*
  Director—Region 3
- *Linda LePage-LeClair, RN*
  Director—Region 5
- *Deborah Walls, RN*
  Director—Region 7
- *Aline Saintonge*
  Public Director
- *Robert Thériault*
  Public Director

Policy Review

The Board reviewed policies related to:

- *Governance Process*
- *Executive Limitations*

Organization Performance: Monitoring

The Board approved monitoring reports for the Executive Limitations.

Healthy Public Policy

Beth McGinnis, RN, Executive Director/ Acting Registrar, Midwifery Council of New Brunswick, provided an update on the introduction of the practice of Midwives to the NB Healthcare system.

Acknowledging the recently proclaimed Personal Health Information Privacy and Access Act (PHIPAA) will have on impact on nursing practice a presentation was delivered by Sara Smallwood, Chief Privacy Officer and New Brunswick's newly appointed Access to Information and Privacy Commissioner, Anne Bertrand, Q.C.

Board of Directors & Committee Appointments

The Board established an Ad Hoc Committee, to develop a Long Range Fiscal Plan. Members appointed are:

- *France Marquis, RN*
  President-Elect
- *Darline Cogswell, RN*
  Director—Region 3
- *Marius Chiasson, RN*
  Director—Region 6
- *Aline Saintonge*
  Public Director
- *Roxanne Tarjan*
  Executive Director
- *Shelly Rickard*
  Manager of Corporate Services

Board members approved the appointment of Ruth Riordon, RN, Carleton Victoria Chapter as Chairperson of the Nominating Committee for the NANB 2011 Elections.

Sharon Hall Kay, RN, York Sunbury Chapter was appointed Chief Scrutineer for the NANB 2011 Election and Annual Meeting by the Board.

NANB Documents

The Board endorsed CNA's position statement: *Spirituality, Health and Nursing Practice*.

The Board also approved the retirement of the following two documents and one position statement: *Implementing the Legislative Amendment Allowing Nurses to Order Physical Restraints in Nursing Homes; Employment Guidelines for Nurses; Scope of Nursing Practice*.

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

Nursing Education Program Approvals

The Board of Directors accepted the recommendations of the NANB Nursing Education Advisory Committee to award a five (5) year approval status to the MacEwan University Nurse Refresher Program and to the appointment of Approval Team members for the UdeM Baccalaureate in Nursing program approval process which will take place early in 2011.

Staff Recognition Ceremony

The Board of Directors recognized Shelly Rickard, Manager of Corporate Services for five years of service to the Association and Paulette Poirier, Executive Assistant-Corporate Secretary for a milestone 20 years of service to the Association.

Next Board

The next Board of Directors meeting will be held at the NANB Headquarters on February 16 & 17, 2011.

Observers are welcome at all Board of Directors meetings. Please contact Paulette Poirier, Executive Assistant—Corporate Secretary at ppoirier@nanb.nb.ca or call (506) 458-2858 / 1 800 442-4417.

2010-2011 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

THE BOARD OF DIRECTORS MET ON OCTOBER 13, 14 & 15, 2010 AT NANB HEADQUARTERS IN FREDERICTON.

NURSING IN THE NEXT DECADE

NANB's 2011 AGM & Conference

Mark Your Calendars!

June 8th & 9th, 2011

Delta Hotel, Fredericton, NB

This is your opportunity to provide input and guidance to the Association. Next year's AGM & Conference planning is underway with an exciting lineup of guest presenters and panelists.

Stay tuned for more information and registration details in the spring issue of *Info Nursing*.

Business Session	June 8th
Celebrating Excellence: NANB Awards 2011	June 8th @ 19:00 hrs.
Conference and Professional Development	June 9th

Notice of Annual Meeting

In accordance with Article XIII of the bylaws, notice is given of an annual meeting to be held June 8 & 9, 2011 at the Delta Hotel, Fredericton, NB. The purpose of the meeting is to conduct the affairs of the Nurses Association of New Brunswick (NANB).

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

Resolutions for Annual Meeting

Resolutions presented by practising members according to the prescribed deadline, March 18, 2011, will be voted on by the voting members. During the business session, however, members may submit resolutions pertaining only to annual meeting business.

Voting

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

Roxanne Tarjan, Executive Director, NANB

Nathalie Warren

Jennifer Pasch

And the winners are...

ON BEHALF OF the Canadian Nurses Foundation (CNF) and the Nurses Association of New Brunswick (NANB), we would like to congratulate **Nathalie Warren**, of Fredericton, the 2010 NANB Centennial Scholarship recipient and **Jennifer Pasch**, of Saint John, recipient of the 2010 NANB Scholarship.

Both awards are in the amount of $5,000 and are provided to registered nurses in New Brunswick pursuing continuing education courses in graduate nursing studies.

Congratulations to both recipients and best of luck to you in your future nursing aspirations.

Canadian Nurses Foundation
Fondation des infirmières et infirmiers du Canada

NANB AIINB

What's happening in NB?

IN OCTOBER 2009, the Atlantic Provinces Ministers of Post Secondary Education agreed to examine the possibility of creating new educational pathways related to three different professions, one of which was the nursing profession.

The New Brunswick Council on Articulations and Transfer (NBCAT) was subsequently established and mandated to provide advisory direction to the NB Department of Post Secondary Education, Training and Labour in the enhancement of educational opportunities for learners through inter-institutional transfer.

NANB is a member of the NBCAT *Sub-Committee for the LPN-BN Articulation or Credit Recognition*, established in February 2010 to advance this objective.

The Sub-Committee work is focused on conducting a gap analysis between the Practical Nurse programs delivered by the New Brunswick colleges and the first two years of the UNB and UdeM BN programs. Upon completion of the gap analysis, the Sub-Committee will evaluate the results and provide a report with recommended actions to the NBCAT in February 2011.

It is anticipated that further directions, to be determined by NBCAT, will be decided in the spring of 2011.

Staff Changes at NANB

Odette Comeau Lavoie

Odette Comeau Lavoie, RN, MAdEd, New Maryland, has held the position of Regulatory Consultant: Professional Conduct Review with the Nurses Association of New Brunswick (NANB) since 2005. On November 1, 2010, she was appointed to the position of Senior Regulatory Consultant. As a member of the Regulatory Department, Odette's new responsibilities include: identifying trends and issues in nursing regulation, developing regulatory policy, providing support to the Nursing Education Advisory Committee, coordinating the Nursing Education Program Approval Process, and developing and maintaining regulatory documents such as the *Standards for Nursing Education*.

Lorraine Breau

Lorraine Breau, RN, BEd, Petit Rocher, accepted the position of Regulatory Consultant—Professional Conduct Review with the Nurses Association of New Brunswick (NANB) effective August 16, 2010. Ms Breau brings over 34 years of nursing experience in a variety of roles and settings including Public Health, Community Health, nursing education, staff education, long-term care and correction services in both NB and Newfoundland. In this position, her primary responsibility will be overseeing the complaints and discipline process under the *Nurses Act* (1984).

Paulette Poirier

Paulette Poirier, North Tay, has been appointed as Executive Assistant-Corporate Secretary with NANB effective September 27, 2010. Ms. Poirier joined the Association in 1990 as Secretary to the Communications Department and in 1994 she accepted the position of Secretary for the Practice and Education Departments. Over the past 13 years, Ms. Poirier held the position of Corporate Secretary providing support to the Director of Regulatory Services, the Regulatory Consultant in Professional Conduct Review and to the Executive Director and the Board of Directors in matters related to governance.

In this new role as Executive Assistant-Corporate Secretary, Ms. Poirier will bring her breadth of experience and knowledge of NANB to provide support to the Executive Director and the Board of Directors.

Angela Catalli

Angela Catalli, Hanwell, has been appointed Administrative Assistant: Regulatory Services with the Nurses Association of New Brunswick (NANB), effective September 27, 2010. Ms. Catalli joined the Association in 2009 as Administrative Assistant: Reception and Registration. In this position, Ms. Catalli will provide support to the Regulatory Consultant in Professional Conduct Review and to the Regulatory Services Department. ■

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:

- December 24th–28th
  Christmas Holidays
- January 3rd
  New Years' Day

Dates to Remember:

- December 31st
  Registration Deadline
- January 30th
  Deadline for NANB Elections Nominations
- January 30th
  Deadline for NANB Awards Nominations
- February 16th & 17th
  NANB Board Meeting

ELECTIONS 2011

Nominations for the 2011 elections are now being accepted.

Why should I run for office?

This is your opportunity to:

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

How can I become a candidate?

Any practising member of the Association may nominate or be nominated for positions on the board of directors of the Association.

Nominations submitted by individuals must bear the signatures and registration numbers of the nominators.

Nominations submitted by chapters must bear the signatures and registration numbers of two members of the chapter executive who hold practising memberships.

Nominators must obtain the consent of the candidate(s) prior to submitting their names.

Nomination Restrictions

Only nominations submitted on the proper forms and signed by current practising members will be valid.

No director may hold the same elected office for more than four consecutive years (two terms).

A director is eligible for re-election after a lapse of two years.

If there is only one person nominated, the nominee is elected by acclamation and no vote will be required.

Information and Results of Elections

Information on candidates will be published in the spring 2011 edition of *Info Nursing*. Voting will take place by mail ballot. The names of the elected candidates will be announced at the 2011 Annual General Meeting and will be published in the fall edition of *Info Nursing*.

* Are you interested in NANB affairs? *

NANB is currently seeking interested members of the public to serve as public directors on the Board of Directors and as public members on the Complaints Committee and the Discipline and Review Committee on a voluntary basis.

Public members are individuals who are not now, and have never been registered nurses.

Public members should have:

- An interest in health and welfare matters;
- Previous committee or board experience;
- Time to devote to the role and have some knowledge about the nursing profession;
- Volunteer or work experience that demonstrates acting in the interest of the public.

If you would be able to contribute to NANB's Board of Directors or the standing committees, please forward your Curriculum Vitae to Lynda Finley, Director of Regulatory Services at lfinley@nanb.nb.ca or by fax (506) 459-2838.

For additional information, you may contact the Association at 1 800 442-4417.

INTRODUCING

Abilities-Based Learning Outcomes

IN THE UNDERGRADUATE BACHELOR OF NURSING PROGRAM AT THE UNIVERSITY OF NEW BRUNSWICK (UNB)

By CLAUDIA McCLOSKEY, KAREN TAMLYN, KATHRYN WILSON & REIDA WOODSIDE

EDITOR'S NOTE: *The following article is the last of the education series submissions. NANB would like to thank both universities for participating and invite educators and researchers to continue submitting articles for this series in* Info Nursing.

The goal of all educational programs is to ensure that students meet the specified learning goals and objectives for their course of study. This is especially true of professional degree programs, such as nursing, that have specified criteria for professional registration and clearly articulated competencies expected of new graduates. Determining how, where and when learning occurs throughout a four year nursing program is a complex task. It is imperative that educators have a clear understanding of when and where in the undergraduate nursing program specific knowledge, skills and attitudes are learned, developed and assessed. Such knowledge is important to ensure that new graduate nurses are meeting the learning outcomes for the program and are being prepared with the knowledge, skills and attributes required of a professional nurse in contemporary workplaces. To address these challenges, the Faculty of Nursing at UNB engaged in an iterative and collaborative process of developing and defining program abilities, program outcomes and specific course outcomes as a way to carefully and intentionally assess student's cumulative learning across the curriculum.

As the change to abilities-based outcomes was to be a restructuring of the paradigm used for the assessment of student learning rather than a revision of the curriculum, the committee also had to consider how the program outcomes reflected the philosophy of the curriculum. The concepts of primary health care, caring and social justice continue to be the core philosophical underpinnings of the curricular framework. Other major concepts of the curriculum are: health, person, environment, nursing, individual, family, community, population health, diversity, inquiry, professional sensibility, transition, illness, and nursing therapeutics. The importance of these concepts being reflected in the outcome statements was noted and is still under review by the curriculum committee.

In the fall of 2007, the faculty embraced a philosophical shift in nursing education, expanding the concept of a competency to include the required knowledge, skills, and attitudes expressed as abilities. The Learning Outcomes Advisory Committee (LOAC) , with student and multi-site faculty membership, was tasked with reviewing the Maritime Provinces Higher Education Commission (MPHEC, 2007) Degree Level Qualifications Framework to determine how the indicators intersected with the undergraduate nursing curriculum and with the competencies expected of an entry level nurse. First, through a process of taxonomic analysis, the committee members, both individually and collectively, sorted the MPHEC indicators and the Standards of Practice for Registered Nurses (NANB, 2005) into five domains that reflected the attributes of a graduate of the program. Through this rigorous process, the committee members gained consensus for five draft program abilities: Knowledge and Its Application; Communication; Skills of Analysis/ Critical Thinking; Professional Identity and Ethics; and Social Justice/ Effective Citizenship. The Advisory Committee then engaged in a process of mapping each of the NANB (2006) *Entry-level Competencies for Registered Nurses in New Brunswick* across all five domains to ensure that the draft program abilities accounted for all of the 119 competency statements. This process was repeated in conjunction with the release of the NANB (2009) *Entry-level Competencies for Registered Nurses in New Brunswick* to ensure that the domains reflected the revised assumptions and competencies specified in the new document.

To determine students' perceptions of the draft abilities and their alignment with current learning in the curriculum, a student assessment of abilities for each year (SAAY1-4) was developed. These were administered to the appropriate student cohort at the end of their academic year. The student feedback further informed the draft abilities. At curriculum meetings in June 2008, all faculty members worked together to further refine these documents and thus, the first year of intensive work resulted in the development of five draft program abilities and a student self-assessment survey for each year of the program.

During the next phase faculty began an intensive process of defining the program abilities, formulating program outcomes, and carefully levelling them across all four years. This work was guided by five subcommittees each chaired by a member of the undergraduate curriculum committee. Each subcommittee focused on one program ability. Throughout the fall of 2008 and beginning of 2009, these committees worked diligently to consult nursing literature about the ability, and revisited the supporting documents used by the LOAC in their preliminary work.

By early June 2009, a draft of the *Program Abilities with Levelled Outcomes* was ready for review and final approval by the Faculty at the Annual Curriculum Days. The challenge was to develop program outcomes that were comprehensive enough to capture the professional abilities and remain clear to students, faculty, and employers as the abilities expected of new graduates. Determination of the expected level of student learning for each year was noted in various ways: the amount of guidance expected for that outcome, the client grouping (individual, family, community), the nature and complexity of the health situation, and the use of various taxonomies (such as Em Bevis and Benjamin Bloom), to denote the verb level.

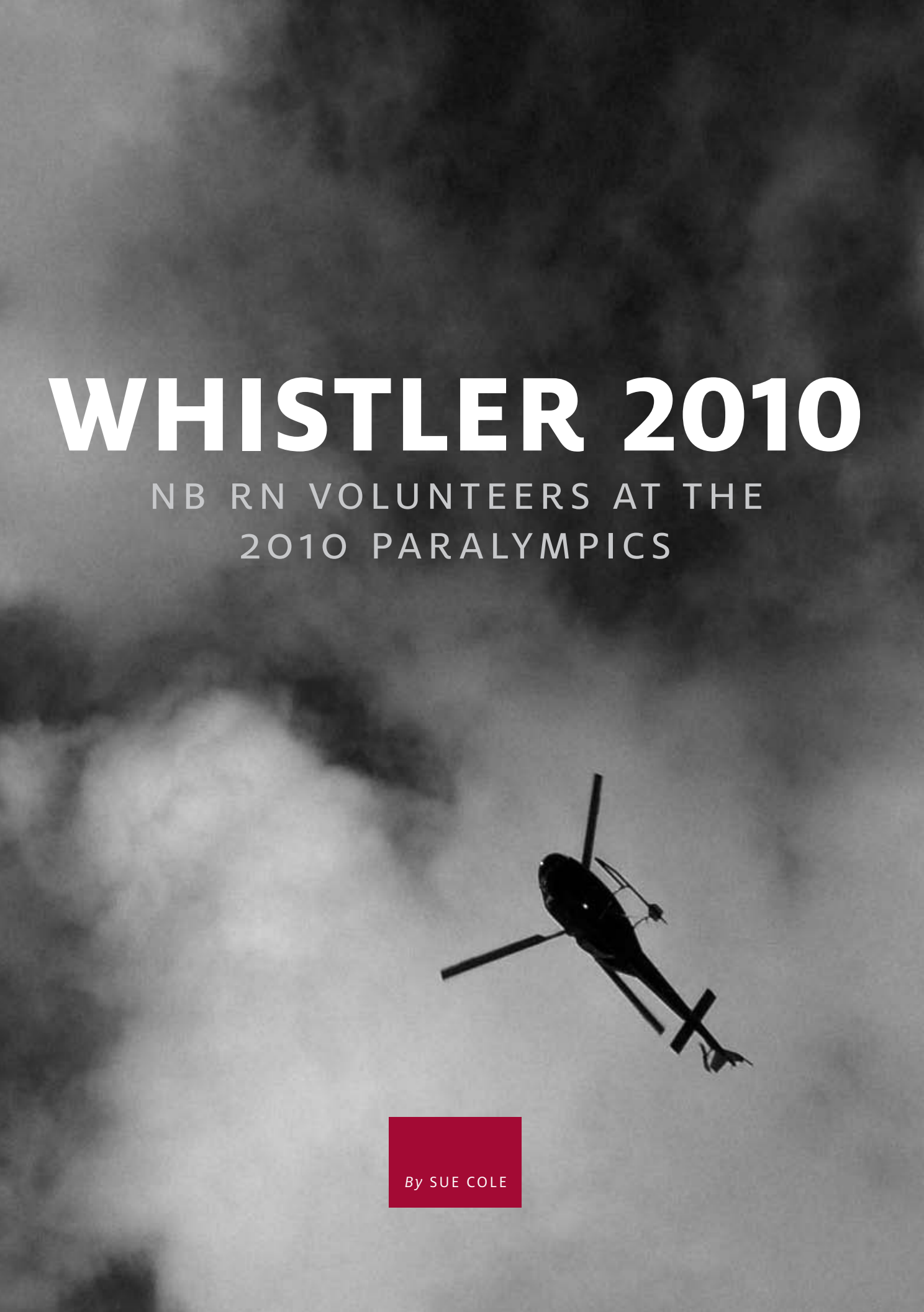
During June 2009 Curriculum Days, the focus of the curricular work was to map all of the year learning outcomes across the respective courses and begin to revise existing course blueprints to reflect the learning outcomes. This work continued through the summer and in August 2009 the Faculty approved a motion to use these revised course blueprints during the 2009-2010 academic year.

Faculty feedback from preliminary work with the new course blueprints, program abilities and learning outcomes statements, guided revisions brought forward for the 2010–2011 academic year. Recognizing the iterative nature of curriculum development Faculty remain engaged in rich discussion about when, how and where outcomes are being addressed within each year of the program in both classroom and clinical courses.

Faculty are simultaneously in the process of identifying indicators which will provide clear evidence that students have achieved the learning outcomes and program abilities. These indicators will then form the basis for the development of rubrics to guide faculty practices related to assessment of student learning.

WHISTLER 2010

NB RN VOLUNTEERS AT THE 2010 PARALYMPICS



By SUE COLE

As an RN, I am fortunate to have the opportunity to utilize my skills in a variety of environments. I've always had a great respect for Olympic athletes, and an unbelievable respect and admiration for Paralympians. They have conquered fear and adversity to reach amazing goals and compete at a very high level, despite their disability.

My volunteer experience began on March 15th, 2010 when I arrived in Vancouver under sunny skies. I was chosen to volunteer for the Paralympic Games that had started a few days prior. My first stop was in Whistler Village at accreditation, then to my accommodations at the Whistler Athletes Village. With much fewer athletes participating in the Paralympics, we were fortunate to be housed on-site.

At least sixty people from NB volunteered at the Olympics and Paralympics in various capacities: officials; announcers; course preparation; maintenance; and events.

My first day started at 0700 the next morning. I had six, 12 hour shifts at the Polyclinic in Whistler Athletes Village. The Polyclinic was an amazing and busy place. It housed many medical services including a Dentist and Ophthalmologist. Many of the Eastern European athletes took full advantage of these services as the cost in their home country is high. Nursing staff worked in the Mobile Medical Unit (MMU) at the rear of the facility or in the clinic area, floating to MMU as needed. The MMU housed the ICU, trauma and OR areas.

Midway through the morning of my first day, the first of several trauma scenarios occurred. The helicopter flew in with the 'trauma' and two technicians hanging from the long line and dropped them in the parking lot behind the Polyclinic. The scenario was a skier from an Alpine event that had crashed and had severe injuries. A full trauma code ran with debriefing to follow. Debriefings were done daily with different scenarios to keep all staff aware of their roles, aware of where equipment was and working together as a team. It took me right back to working through many traumas at one of my previous jobs. One morning, we had three traumas within a short period of time from an Alpine event which demonstrated the importance of the scenarios. Transfer of patients to Vancouver was done by land or air as required.

I worked with many physicians, nurses, lab technicians, x ray technicians, pharmacists, physiotherapists, chiropractors, massage therapists, and land and air ambulance crews.

The majority of the medical staff came from British Columbia however others arrived from Alberta, Ontario, Quebec and the Canadian Forces. I suspect there were also volunteers from the other Provinces I did not get the opportunity to meet.

Many of the Polyclinic staff members worked during the Olympics and Paralympics using up vacation time or days off and would return to their regular jobs in between. The Polyclinic was a 24/hr/day facility, in addition to this there were two satellite clinics in Whistler Village. The Satellite clinics were also staffed 24/hrs a day by either a nurse or paramedic. Working at the Polyclinic was a phenomenal experience and truly a highlight of my 35 year nursing career. My past experiences in emergency, the Extra Mural Program, medicine, surgery and my current clinic setting were all of great benefit to me that week.

I encourage all RNs with an adventurous spirit to consider volunteering for the London Olympics in 2012 or Sochi in 2014—you will not be disappointed.

camh
Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

CAN-ADAPTT

CANADIAN SMOKING CESSATION GUIDELINE

CAN-ADAPTT is developing a Practice Informed Clinical Practice Guideline (CPG) for smoking cessation in Canada. As a Practice-Based Research Network (PBRN), CAN-ADAPTT is committed to facilitating research and knowledge exchange among providers, decision makers and researchers to help more Canadians successfully quit smoking.

How CAN-ADAPTT is Unique: A Practice-informed Approach

Healthcare providers have previously identified a number of barriers to implementing guidelines into practice. CAN-ADAPTT aims to overcome these barriers with a unique approach to guideline development.

Healthcare practitioners, policy makers and researchers will help to inform CAN-ADAPTT's development of a practice informed clinical practice guideline by providing ongoing feedback and identifying gaps in knowledge contributing to CAN-ADAPTT's research agenda.

How to Get Involved

Healthcare providers, researchers and policy-makers across Canada are invited to:

- Join the CAN-ADAPTT network,
- Share tools and best practices,
- Review and implement the existing guideline, and
- Provide feedback to be considered for the next iteration of CAN-ADAPTT's guideline and research agenda.

Membership is free, and open to nurses and other healthcare professionals interested in helping smokers quit.

Benefits of Joining the Network

- Access up-to-date a clinical practice guideline (CPG) on smoking cessation.
- Opportunity to contribute to this Canadian CPG for smoking cessation.
- Opportunity to contribute to CAN-ADAPTT's "*Population level approaches to smoking cessation*" White paper
- Connect/collaborate with other health professionals interested in smoking cessation across Canada.
- Access to CAN-ADAPTT's discussion board to post questions, receive feedback, disseminate information and resources.
- Receive updates on meetings/ conferences
- Access links to a variety of smoking cessation tools and resources

For more information, visit » www.can-adaptt.net or contact:

Katie Hunter
Regional Coordinator, Atlantic Canada
CAN-ADAPTT
tel.: (416) 535-8501 ext. 7421
email: katie_hunter@camh.net

The CAN-ADAPTT project is funded by the Drugs and Tobacco Initiatives Program, Health Canada.

As a key component of the health care team, nurses in the role of Discharge Coordinator provide a link for care to safely and successfully transfer from hospital to community.

What Role do Discharge Coordinators Play in NB?

By DIANE MURRAY

Throughout the various hospitals in the province of New Brunswick discharge coordination is provided by registered nurses who identify, assess and plan for transition from acute care facilities to a variety of community settings.

Discharge planning is the process by which patients are provided with services that will allow continuity of care so healing or health maintenance can occur outside the acute care hospital. All patients have discharge planning needs, some more complex than others (*New Brunswick Discharge Planning Nurses Group Standards*).

Throughout the province discharge coordinators liaise with the extramural program, home care agencies, long-term care program, nursing homes, adult residential care facilities, and Veterans Affairs. Whether it is an aging senior who requires home aids or a surgical patient who requires acute care, the discharge coordinator in conjunction with the health care team develops a plan for discharge from the hospital setting.

With the help of a discharge coordinator, clients can establish expectations, identify resources and plan for their immediate and long term care. Discharge coordinators often organize family/team meetings where these needs and goals can be discussed and actualized.

Often clients are no longer able to decision-make independently and the discharge coordinator can provide the much needed communication between families, social workers and the health care team. Often the elderly find traversing the healthcare system to be confusing or overwhelming. Nurses working in discharge planning assist these clients to understand and move successfully along the continuum of care.

Over the past several years, acute care hospitals have been confronted by the increased number of alternate level of care clients, discharge coordinators have been challenged to facilitate a timely discharge to appropriate levels of care based on the client's holistic needs. As a key component of the health care team, nurses in the role of discharge coordinator provide a link for care to safely and successfully transfer from hospital to community. ■

WWW.SYKESASSISTANCE.COM

You Care, We Care, Telecare!

By NICOLE GIDDENS

What would you do if you were a single parent, and one of your children woke up in the middle of the night with a fever and abdominal pain? Who would you call if your elderly husband complained of stomach upset and you were concerned that this was more than indigestion? The Registered Nurses at Sykes Assistance Services Corporation (SASC) are equipped to assist callers in making health related decisions on a daily basis.

Ronald Robichaud is a bilingual Registered Nurse who has been working in tele-triage since June 10, 1997. "I remember this mother who was very frantic, calling about her six year old daughter at 02h00 in the morning. The child had a fever and boy did I have a hard time getting the caller to focus! After a few minutes of reassurance, the concerned mother settled down and did a pretty good job answering the assessment questions I had for her. I explained the causes of fever and how a fever assists the body in fighting illness or disease. I recommended that she take her daughter to the family doctor or walk in clinic the next day. I was pleasantly surprised to learn that the mother called immediately to the New Brunswick Tele-Care Service wanting to give me a big thanks! The night she called, she had been alone with two children, her husband was on night-shift and she had no vehicle. She advised that she was ready to call 911 before calling Tele-Care. She was very grateful for our service."

Ron could tell you more stories about the types of calls that he handles but instead he likes to focus on the feedback that the team receives. "We get a lot of positive feedback from parents, elders who are alone, etc...and because of this...I find it is such a rewarding place to work!" Before Ron went to work for Sykes, he was working several jobs at the hospital, putting in over 60 hours a week, and not considered full time. The decision to work for Sykes was an easy one with a guarantee of full-time status, competitive wages and benefits as well as equitable shift rotations.

According to the RNs at SASC, tele-triage requires a nurse to listen to the patient, pick up on verbal cues while conducting the verbal assessment. You don't have the benefit of the visual or sensory assessment as you would face-to-face. It is very important that the Registered Nurses are equipped with the technology as well as the right skills in order to bring piece of mind to the callers.

Ron works with a team of RNs that handle on average 250 calls per day. They direct less than 15% of all calls to the Emergency Room and about 36% are instructed to remain at home with self-care instructions. Caller satisfaction is quite high and repeat callers are common.

SASC has two healthcare contact centers in New Brunswick and also supports similar services in Ontario and British Columbia. The service that Ron supports in New Brunswick is called Tele-Care/Télé-Soins and is sponsored by the New Brunswick Department of Health.

Ron's story is not his alone as his sentiment is shared among his colleagues at SASC. Join the team at Sykes Assistance Services Corporation and be inspired.

For more information, please visit our website for a comprehensive look at our services. ■

INTRODUCING...

NB Access to Information & Privacy Commissioner

Anne E. Bertrand, Q.C.

This appointment brings challenges and opportunities—how has your background/career prepared you for this role?

I have been a lawyer in private practice for 24 years, during which time I represented clients before administrative tribunals and all levels of Court, including the Supreme Court of Canada, which has given me extensive experience in analysis of the law and its applicability to factual situations. My role expanded to review boards, as an adjudicator and mediator at both provincial and federal levels, all of which enabled me to acquire a multitude of skills to resolve disputes. I therefore feel confident that these skills and experiences will enable me to study and apply the new legislation properly and with fairness, with a view to balancing the rights of individuals to access and protect their personal information, while allowing the healthcare system to continue to provide services in an effective manner.

Public privacy and healthcare—how do you interpret/ balance the two?

There is no need to interpret public privacy and the provision of healthcare separately, as I see the two principles already at play in the everyday lives of healthcare professionals. For instance, the importance of ensuring the confidentiality of the information collected from patients by a family physician and his/her nursing staff has always been and remains an essential element of the medical field, and this new legislation will not modify those principles, but rather provide useful guidelines to ensure that such confidentiality is respected at all times. One's medical records today are that much more in need of protection as not one but in many cases several healthcare professionals having to access them in order to provide patient care. Consequently, the need to provide secure access, proper use and disclosure is no longer limited to one's family physician, but also to all others who access the same medical records, including nurses. Whoever will be

allowed to access such medical records will have to be monitored in order to preserve the public's trust in our healthcare system.

How do you see nursing responsibilities relating to privacy legislation?

Nurses play an important role in safeguarding the privacy of individuals in the healthcare sector, whether private or public. Nurses are often the ones who have the responsibility of safekeeping health records. We all have personal experiences of nursing care as the first level of care to be given to us when we require medical or other treatment, and we know of their professionalism and their obvious care in the handling of our person and also of our personal information. Their responsibilities will not change with the new legislation; rather, the importance of their work in collecting and protecting the personal health histories of the patients will become more apparent to them, and thus, will ensure that the rules are followed. Nurses' responsibilities will not change with the advent of this new privacy legislation; the new rules, however, will require nurses to be more cautious to collect, use or disclose only that personal health information which is necessary to satisfy the purpose of the collection, use or disclosure. The new legislation also provides a heightened awareness on the question of consent, and nurses will play an important role in ensuring that the appropriate and requisite consent has been obtained from the individual before the personal health information is collected, used or disclosed. For instance: is the consent knowledgeable? Has the individual been informed in plain language and simple terms about the purpose of the collection, use or disclosure of his or her information? Was consent voluntary? Was there implied knowledgeable consent of the individual to share his/her personal health information within the circle of care for providing healthcare to that individual; i.e., can it be reasonable to assume that the individual understands the purpose for the collection, use or disclosure of his/her personal health information within the circle of care and the implications of providing or withdrawing consent). Are there procedures in place to allow an individual to change his/her consent, alongside a process for nurses and health care providers to monitor when a change in consent has taken place? Consent is a good example of the expansion of the rules of consent in the medical setting which will require particular attention. Rules for the secure disposal of health information will necessitate particular attention by nurses as they become familiar with these new rules.

How will privacy legislation impact nurses working in non-traditional settings? (i.e. private businesses, prisons/correctional facilities, independent practice, methadone clinics etc.)

Nurses are by definition under this new legislation "custodians". As a result, a nurse who works in a non-traditional setting who collects personal health information for the purpose of providing health care is subject to the new Act. The key to the definition is the collection of the information for the purpose of providing health care. In that regard, a nurse who works for a manufacturing plant who provides health services to the plant's employees is required to follow the same rules mandated by the new legislation and in the same manner as a nurse who works in a traditional setting. They are required to protect one's personal health information whenever and wherever it is collected, for the purposes intended, with appropriate consents, and with the same legislated expectations as those imposed upon nurses in hospitals. One aspect with which these nurses may not be familiar is the question of an individual's right of access to one's personal health information. This means that a nurse in a private sector clinic may be the first person to whom an access request is made. In that regard, the nurse will be required to respond appropriately to the request and in accordance with the Act.

In your opinion, how can nurses work in partnership with the public to ensure privacy?

Nurses can play an important role in partnership with the public to ensure privacy by raising awareness at every opportunity, big or small, in every setting, about the importance of a patient's right to access and to privacy. By becoming aware of the importance of the legislation, its policies and best practices for access and privacy protection, nurses can help patients understand their rights under the Act. In their close contact with patients in many settings, nurses are in a unique position to begin this discussion and thereby improving their patients' rights regarding their personal health information. Equally important, nurses' associations can support their members by participating in this key role by providing training on the scope and application of the new legislation, and in so doing, indirectly benefiting us all.

NEW BRUNSWICK'S

New Personal Health Information Privacy and Access Act (PHIPAA)

PART 2

EDITOR'S NOTE: *In September 2010, the Personal Health Information Privacy and Access Act was proclaimed. The provincial government has since made available resources at www.gnb.ca/0051/acts/index-e.asp NANB acknowledges this will have on impact on nursing practice and encourages members and the public to become familiar with this legislation.*

Previously published in Info Nursing, Fall 2010, part 1 focused on general background information about PHIPAA and key definitions of concepts associated with personal health information. Part 2 highlights the responsibilities of custodians and the offences/penalties to violators. Special thanks to Stewart McKelvey Law Offices for granting permission to print the following article.

Responsibilities of Custodians

The Act establishes a set of rules and procedures for custodians regarding the collection, use, disclosure, retention and secure destruction of personal health information. For example, a custodian: (i) shall not collect personal health information if other information will serve the same purpose; (ii) shall limit the collection, use and disclosure of personal health information to the minimum amount of information necessary to accomplish the purpose for which it was collected, used or disclosed; (iii) shall establish and implement policies governing when, how and the purposes for which the custodian collects, uses, modifies, discloses, retains or disposes of personal health information, as well as its administrative, technical and physical safeguards and practices; (iv) shall designate a person to assist in ensuring compliance with the Act, to respond to questions about a custodian's information practices and to receive complaints; and (v) shall take reasonable steps to ensure that the personal health information is accurate, up-to-date and complete before using or disclosing the information, and that such disclosure is made to the person intended and authorized to receive the information.

Mandatory Breach Notification

If there is a breach of privacy, such as theft, loss, unauthorized access or disclosure of personal health information, the custodian has an obligation to notify the individual and the Access to Information and Privacy Commissioner (the person responsible for overseeing the Act's compliance). This mandatory notification provision however, will not apply if the custodian 'reasonably believes' that the theft, loss, or unauthorized access or disclosure of personal health information will not adversely impact the provision of health care or the mental, physical, economic or social well-being of the individual or will otherwise lead to the identity of the individual.

Offences and Penalties

The legislation creates offences for PHIPAA violations. For example, a person will be found guilty if s/he: (i) collects, uses or discloses personal health information in willful contravention of the Act; (ii) attempts to gain or gains access to personal health information in willful violation of the Act; (iii) knowingly makes a false or misleading statement to the Commissioner; (iv) obstructs the Commissioner in performing his/her duties or exercising his/her powers; (v) destroys a record or erases personal health information in a record with the intent to evade a request to examine or copy the record; (v) alters, falsifies, conceals or destroys any record (or any part thereof) with intent to evade an access request to examine or copy the record; or (vi) willfully failing to comply with an investigation of the Commissioner.

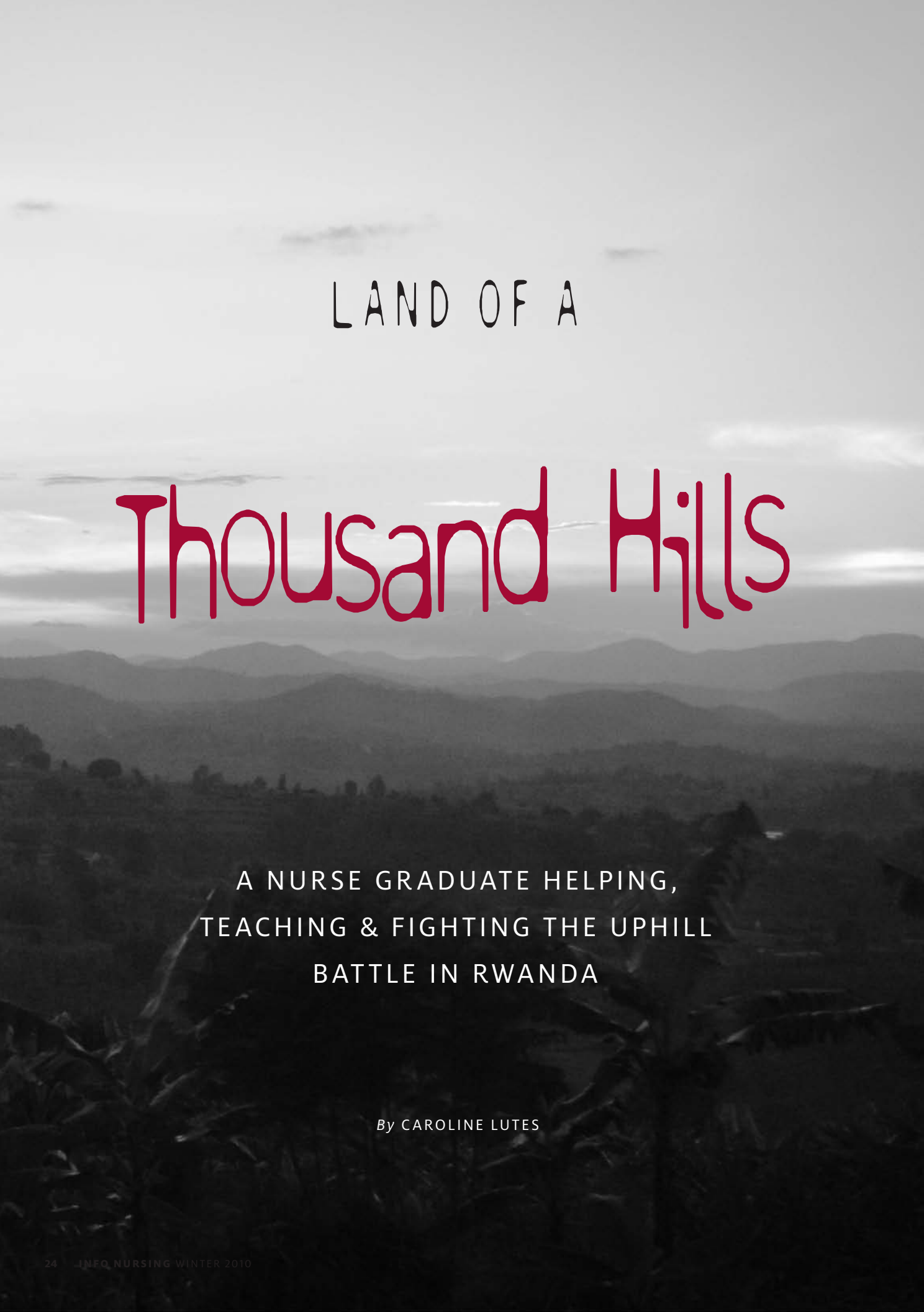
In addition, custodians and information managers will have committed an offence if the custodian or information manager collects, uses, sells, or discloses personal health information contrary to the Act, fails to protect personal health information in a secure manner, or otherwise discloses personal health information with the intent of obtaining a monetary or other material benefit for himself/herself or others. It is also an offence for a custodian or information manager to retaliate against an employee because the employee complies with a request or requirement to produce a record or provide information or evidence to the Commissioner. Employees of custodians or information managers will also be held responsible for unauthorized disclosures of personal health information under the Act. A person who is found guilty of an offence can be fined anywhere from $240 up to $5,120 for a first offence.

Conclusion

It is anticipated that New Brunswick's government will request the Governor in Council to declare PHIPAA 'substantially similar' to the Personal Information Protection and Electronic Documents Act (PIPEDA), thereby exempting certain organizations from having to comply with PIPEDA in respect of the collection, use or disclosure of personal health information within New Brunswick. Until such declaration is made, custodians dealing with personal health information will have to comply with PHIPAA and, to the extent that they collect, use or disclose such information in the course of commercial activities, PIPEDA, as well. ■

REFERENCES

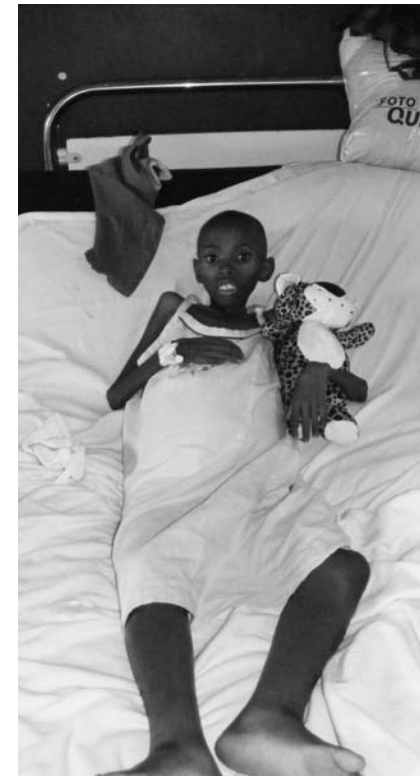
Stewart McKelvey, Atlantic Business Counsel—March 2010 '*New Brunswick's New Personal Health Information Privacy and Access Act*' (PHIPAA) Author: Karen Pierpont » www.smss.com/en/home/publications/current/atlanticbusinesscounselmarch2010/newbrunswicksnewpersonalhealthinformationprivacyan.aspx



LAND OF A Thousand Hills

A NURSE GRADUATE HELPING, TEACHING & FIGHTING THE UPHILL BATTLE IN RWANDA

By CAROLINE LUTES



Despite the emotional and psychological stress caused by practising my chosen profession in a 'developing' country, I fell in love with Rwanda, land of a thousand hills.

As a result, I returned for a six month internship with the Coady International Institute, funded by the Canadian International Development Agency (CIDA). I now face the challenge of taking all that I have been taught—both formally and informally—and passing on that knowledge, teaching nursing students, supervising clinical placements, and participating in community outreach programs.

Everything from preparing a lecture with hit-or-miss power and internet accessibility to trying to explain the mechanism of heart failure to students in what is their third (and sometimes fourth) language is challenging, but this is the least of my stress.

I am realizing and appreciating more and more everyday how wonderful our education system is in Canada. Over four years, our professors manage to instil in us an unfailing sense of responsibility and accountability, coach us through endless skills and the theory necessary to perform them, and finally by some miracle, they teach us how to think critically, a skill that is truly vital to the provision of quality nursing care.

Apart from the abysmal conditions, lack of basic resources, and intense diseases for which patients resist seeking medical attention until absolutely necessary, Rwanda's healthcare system is in distress. The system needs to move from a medical to essential primary healthcare model. Furthermore, there often seems to be no connection made between nursing interventions and the disease process. For example, it would be rare to find a nursing student able to link the diagnosis of 'diabetes' to peripheral vascular disease, amputations, confusion, coma, neuropathy, or any of the associated assessments and interventions. Wounds on the foot of a diabetic are not attributable to diabetes, that patient simply has wounds for no other reason than they are just there. These barriers make the job not only difficult, but extremely frustrating at times. The discrepancy between their standard of care and that of Canada is monumental, and having the lives of patients under the locus of responsibility of most of these soon-to-be-nurses makes me extremely uncomfortable. Fortunately, change is constant.

In Rwanda, progress seems slow. It took Canada half a century to move away from the medical model. Rwanda's problems cannot be conquered easily, quickly, or simply. Following the devastation of 1994, the country—which was 'third world' to begin with—had to be rebuilt from scratch. It means starting some semblance of an economy from scratch when your country is millions in debt and all productive land and infrastructure has been destroyed, dealing with the ongoing struggle of refugees and rebel groups, gaining the trust of a population who just witnessed one of the most gruesome genocides in history, trying those responsible in a fair way, and reintegrating killers with family of the killed, in a country so small that it is inevitable they will have to see each other and work together. To build peace in a country of war, to build love in a country torn apart by hate, and to build trust in a place where it is long gone. This is the reality of Rwanda.

While these tasks may not seem directly linked to the delivery of healthcare, we must realize that each and every item destroyed—whether it be a building, a piece of land, or a life—it all relates to the social determinants of health of the population, and

page 37

Do Not Use

Dangerous Abbreviations, Symbols and Dose Designations

The abbreviations, symbols, and dose designations found in this table have been reported as being frequently misinterpreted and involved in harmful medication errors. They should NEVER be used when communicating medication information.

Abbreviation	Intended Meaning	Problem	Correction
U	unit	Mistaken for "0" (zero), "4" (four), or cc.	Use "unit".
IU	international unit	Mistaken for "IV" (intravenous) or "10" (ten).	Use "unit".
Abbreviations for drug names		Misinterpreted because of similar abbreviations for multiple drugs; e.g., MS, MSO_4 (morphine sulphate), $MgSO_4$ (magnesium sulphate) may be confused for one another.	Do not abbreviate drug names.
QD QOD	Every day Every other day	QD and QOD have been mistaken for each other, or as 'qid'. The Q has also been misinterpreted as "2" (two).	Use "daily" and "every other day".
OD	Every day	Mistaken for "right eye" (OD = oculus dexter).	Use "daily".
OS, OD, OU	Left eye, right eye, both eyes	May be confused with one another.	Use "left eye", "right eye" or "both eyes".
D/C	Discharge	Interpreted as "discontinue whatever medications follow" (typically discharge medications).	Use "discharge".
cc	cubic centimetre	Mistaken for "u" (units).	Use "mL" or "millilitre".
µg	microgram	Mistaken for "mg" (milligram) resulting in one thousand-fold overdose.	Use "mcg".
Symbol	**Intended Meaning**	**Potential Problem**	**Correction**
@	at	Mistaken for "2" (two) or "5" (five).	Use "at".
> <	Greater than Less than	Mistaken for "7"(seven) or the letter "L". Confused with each other.	Use "greater than"/"more than" or "less than"/"lower than".
Dose Designation	**Intended Meaning**	**Potential Problem**	**Correction**
Trailing zero	*X*.0 mg	Decimal point is overlooked resulting in 10-fold dose error.	Never use a zero by itself after a decimal point. Use "*X* **mg**".
Lack of leading zero	.*X* mg	Decimal point is overlooked resulting in 10-fold dose error.	Always use a zero before a decimal point. Use "**0.***X* mg".

ISMP Canada July 2006

Adapted from ISMP's List of *Error-Prone Abbreviations, Symbols,* and *Dose Designations 2006*

Report actual and potential medication errors to ISMP Canada via the web at https://www.ismp-canada.org/err_report.htm or by calling 1-866-54-ISMPC. ISMP Canada guarantees confidentiality of information received and respects the reporter's wishes as to the level of detail included in publications.

ismp CANADA
Institute for Safe Medication Practices Canada
Institut pour l'utilisation sécuritaire des médicaments du Canada

Megan Dickison

Kimberley Parks Tucker

VPH Nurses Alumnae Bursary Awarded

EACH YEAR THE VICTORIA Public Hospital (VPH) Nurses Alumnae gives a bursary to a VPH graduate, or to a family member of a VPH graduate. The 2010 recipients of $1,000 are **Kimberley Parks Tucker**, niece of Pam Wood, class of 1973, and **Megan Dickison**, daughter of Ann (Lloyd) Dickison, class of 1974. Both recipients graduated with their BN in June of 2010.

To apply, you must be enrolled in a university or a certificate program with studies relating to the nursing profession, and a VPH alumnae member, or relative. Applications must include a name (also maiden name if applicable), year of graduation from VPH (or relative's class), a brief summary of current studies, nusing career if applicable, and future goals.

Send to:
Sheila Currie Harvey
8 Milton Lane
Charters Settlement, NB
E3C 2N7
Phone: (506) 459-3165

Gwen (Dorcas) Ferguson
Fax: (506) 452-6087
email: gtuttle@unb.ca

Jacinthe Landry Retires

AFTER 17 YEARS of employment as Executive Assistant to three Executive Directors with the Nurses Association of New Brunswick (NANB) we bid Jacinthe Landry a fond farewell. Thank you, Jacinthe for your commitment and service to NANB.

Please join us in wishing Jacinthe good health and much happiness throughout her retirement.

Revised NP Schedules for Ordering

What does this mean for NPs?

NANB RECENTLY published the updated *Nurse Practitioner Schedules for Ordering*, approved in June by the NANB Board of Directors followed by the Minister of Health in July 2010. The *Canadian Nurse Practitioner Core Competency Framework* and the *Standards of Practice for Primary Health Care Nurse Practitioners* were also approved at this time. All three documents are intended for NPs, regardless of their role or practice setting and may also be used by other stakeholders including members of the public, professional organizations, educators, health care team members, and health care administrators.

The *Nurse Practitioner Schedules for Ordering* is divided into three sections, one for each of the following schedules: Schedule A—Diagnostic Imaging Tests; Schedule B—Laboratory and Other Non-Laboratory Tests; and Schedule C—Drugs. These schedules have changed to be very broad, with the intent to facilitate NP prescriptive authority and to remove potential barriers to practise.

Nurse Practitioners must prescribe based on their client population, their education, and their competency level. The standards stipulate that NPs are accountable for their prescribing decisions and must always act within their level of competence and scope of practice, and are expected to collaborate and consult with a physician or pharmacist as appropriate.

Schedule C—Drugs

Prescribing drugs requires knowledge of the National Association of Pharmacy Regulatory Authorities (NAPRA) National Drug Schedules (NDS). This website is not administered by government and therefore not available in French. For example, many drugs listed have a subscript (a small number) at the end of the word with an English only explanation at the top of the page. Due to federal legislative restrictions, the NP is not able to prescribe a drug with a subscript stating that it is listed in the *Controlled Drugs and Substance Act* (CDSA). It is essential that NPs acquire an ability to work with the NAPRA website. There are drugs such as insulin which are on Schedule 2 of NAPRA. Therefore, if you search for a drug on Schedule 1 of NAPRA and do not find it, it could be on Schedule 2 or 3 of NAPRA.

Nurse Practitioners are encouraged to consult the New Brunswick Prescription Drug Program (NBPDP) Formulary to verify the provision of drug benefits to eligible residents of New Brunswick. Drugs not listed in the Formulary may be obtained without the full-cost to eligible clients through the Special Authorization Process.

Nurse Practitioners are authorized to prescribe vaccines in accordance with the immunization standards for New Brunswick Public Health Services as outlined in the *New Brunswick Immunization Handbook* and the revised *Canadian Immunization Guide*. A 'vaccine' means any biological product used in the New Brunswick immunization program as defined by the NB Handbook. ■

These changes are significant from the previous Schedules for Ordering, and result in fewer restrictions on NP prescribing. NANB's Practice Department is available to answer questions and /or help navigate the NAPRA website. Please refer to the NANB website for the most recent version of NANB documents at www.nanb.nb.ca/index.php/NANB-E/publications/professional-practice

Parish Nursing Course

A PARISH NURSING Course will be offered in English commencing April 2011 over three weekends until mid-June. The required practicum will occur between September and March 2012 for four (4) hours per week, and the remaining three units will take place from April 2012, again over three weekends until mid-June. The course will consist of between 31–36 hours of theory. Six students are needed in order to offer the courses, with a tuition fee of $600.00 per year. A French course in Parish Nursing will begin in September 2011 and will follow the same format as the English course.

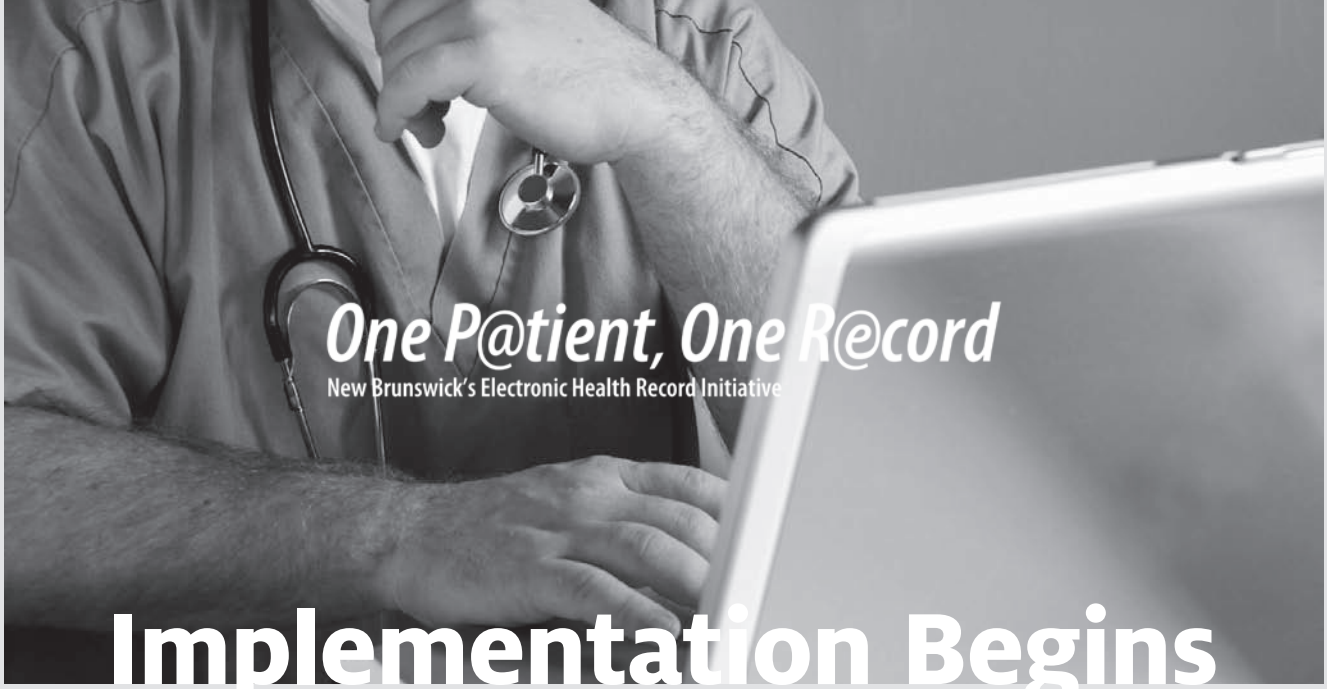
If you are interested, please contact Sister Ernestine La Plante, Director of Parish Nursing in New Brunswick, at (506) 548-8505 or via email: ernlapl@nb.sympatico.ca before January 31, 2011. ■

NANB 2010 Social Committee Update

NANB's Social Committee raised approximately $1,000 this year through Casual Friday's. Proceeds went to: the Fredericton Food Bank; Emergency Shelter; Transition House; and the SPCA. Additional fundraising events included donations for Haiti Relief; 'Dress Red' for the Heart & Stroke Foundation; and an in-office food drive for the Fredericton Food Bank.

Last holiday season, NANB organized a Silent Auction to support a deserving family with a Christmas to remember. This hugely successful initiative, raising over $500, prompted the Social Committee to organize a 2nd Annual Silent Auction calling on staff to showcase their hidden 'handmade' talents for this great cause!

Thank you to NANB staff for their continued support and cooperation. ■



Implementation Begins

PHASE 1 OF THE ELECTRONIC HEALTH RECORD

By CYRILLE GODIN

New Brunswick nurses will soon have access to valuable patient information through a single point of access available anytime, anywhere. The Electronic Health Record (EHR), an initiative of One Patient, One Record (OPOR), will provide health professionals standardized, up-to-date and relevant health information in a manner that protects security and privacy. The EHR captures a longitudinal record of key elements in an individual's health history by linking all patient information from various points of service throughout the province.

Access to the EHR will be provided through phased implementations, beginning with target nursing and physician groups. The initial group of authorized health professionals will be able to access demographic information (name, date of birth, address, etc.); lab test results (Chemistry, Hematology, Coagulation and Challenge); and soon diagnostic imaging reports (Imaging intervention, MRI, Nuclear Medicine, Ultrasound, CT and X-Ray). Additional information will become available in the future EHR releases.

Benefits

- Access to the most up-to-date and relevant health information to support clinical decision-making.
- Single entry point to access information.
- Improved communication on the delivery of care.
- Improved quality of health information (standardized terminology).

Concerto™ Viewer

The EHR will be viewed through the Concerto™ viewer; a bilingual software package allowing authorized health professionals to view relevant demographic and clinical information.

Information will be captured beginning the day each health zone is live with the EHR and onward. Although existing historical information will not be transferred to the EHR, patient information will accumulate over time with each encounter the patient has with New Brunswick's health system.

Privacy and the EHR

The EHR balances the responsibilities associated with the protection of personal health information with the provision of information to health professionals. The EHR can only be viewed electronically.

Access to the EHR, as well as access to the various search capabilities with the Concerto™ viewer, is restricted to a user's role on the patient's health care team.

EHR Users

Initial target users include emergency room physicians and nurses in regional hospitals, nephrologists at the two nephrology centres, neurosurgeons, orthopaedic surgeons providing regional on call for zones 5, 6 and 7, interventional cardiologists and cardiac surgeons at the New Brunswick Heart Centre, oncologists at the province's two tertiary oncology centres, and nurses from the target specialties. Initial target users were identified as those who need to access data from outside their own health zone.

Communication with some of the above groups began earlier this fall. The majority of physicians and nurses targeted for the initial implementation will be provided training and access in early 2011. Roll out to other health professionals will follow through phased implementations.

EHR User Access Requirements

Prior to receiving access to the EHR, users are required to complete an online EHR privacy training component and attend a Concerto™ viewer training session.

Questions and comments pertaining to OPOR and the EHR can be forwarded to OPOR@gnb.ca. ■

Ask a
PRACTICE ADVISOR

By VIRGIL GUITARD

YOU'VE ASKED

"I'm a registered nurse (RN) working in maternity/child health. I've been asked to 'float' to an unfamiliar nursing unit. What are my professional responsibilities?"

Employers and nurses have an important role to play in organizing staffing that will ensure the provision of safe nursing care. In order to meet this responsibility, the employer may from time to time, request that a nurse 'floats' in areas other than their regular unit. When you are requested to float to an unfamiliar unit, your responsibility and accountability are to carefully assess whether you have the knowledge, skills and judgment needed to provide safe, competent and ethical nursing care to the clients.

The Code of Ethics for Registered Nurses (2008), states under the value of "Being Accountable": *Nurses practice within the limits of their competence. When aspects of care are beyond their level of competence, they seek additional information of knowledge; seek help from their supervisor or a competent practitioner and/or request a different work assignment. In the meantime, nurses remain with the person receiving care until another nurse is available.*

The following actions would assist the nurse when 'floating' to an unfamiliar unit:

1. ensure that the supervisor/manager making the decision is aware of the workload on the unit;
2. in case of an inappropriate and unsafe assignment, discuss your concerns with the nurse in charge and negotiate an appropriate assignment based on your experience or limitations;
3. familiarize yourself with the unit (i.e. equipment, supplies and so forth) upon arrival;
4. ensure that you have identified the appropriate person to contact if you have any problems or questions; and
5. if your assignment remains inappropriate and unsafe for patients after the above steps have been followed, refer to the Nurses Association of New Brunswick's *Framework for Managing Professional Practice Problems* (2009).

What are my responsibilities as a nurse manager?

As a nurse manager, you are responsible for staffing your unit with sufficient numbers of registered nurses and support staff who are competent to provide the required nursing care, taking into consideration clients' needs and the practice setting.

Registered nurses are accountable for the care they provide.

When the RN does not have the required competencies to carry out a specific assignment, it would be best to jointly identify with the RN assignment options. The Nurses Association of New Brunswick's *Standards of Practice for Registered Nurse* (2005) indicates under Standard 2, "Knowledge-Based Practice" that each RN *demonstrates competencies relevant to own area of nursing practice and practices within own level of competence.*

As the nurse manager, you should examine how the RN can best utilize her/his own competence as an adjunct to existing staffing. Considering a buddy approach—assigning the RN with an experienced RN is an example of an approach that can provide support in meeting the care needs of clients.

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

REFERENCES

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

Nurses Association of New Brunswick (2009). *A Framework for Managing Professional Practice Problems*. Fredericton: Author.

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

Nurses Association of New Brunswick and New Brunswick Nurses Union (2007). *Working Understaffed: Professional and Legal Consideration*. Fredericton: Author

infoLAW®
A LEGAL INFORMATION SHEET FOR NURSES
Vol. 13, No. 3, December 2009
Revision of December 2004

Consent for the Incapable Adult

www.cnps.ca

Canadian Nurses Protective Society

Mental Health or Hospital Acts contain specific procedures to address the issue of consent to treatment for those with a psychiatric disorder. This *infoLAW*® will not touch on persons subject to those Acts but will focus on other adults who do not have the capacity to give or refuse consent to treatment on their own behalf. Examples include: a young adult living with a permanent developmental handicap; an adult temporarily unconscious due to injury or intoxication; and an older adult whose mental abilities have deteriorated.

Provincial/territorial statutes differ in their content. They may set out how consent to treatment is to be obtained when the patient does not have the capacity to consent. They may also stipulate how an advance directive for health care may be made.[1] Nurses must comply with the applicable legislation in their jurisdiction.

What is meant by having the capacity to consent to treatment?

Having the capacity to consent to treatment means understanding the nature of the decision to be made and understanding the consequences of the decision, including the decision to decline treatment.

The legal presumption is that all adults have the capacity to consent to treatment. A nurse need not explore an adult's capacity to make treatment decisions unless there is reason to believe he does not understand the nature of the decisions to be made or their consequences.

A person's capacity may vary with time or with the nature of the decision to be made. An assessment of a person's capacity may lead to different results at different times. Obtaining consent to treatment should therefore be considered a process rather than a single event.

Who decides on an adult's capacity or incapacity?

The health care professional proposing the treatment is responsible for obtaining the patient's consent. For example, if a nurse runs her own foot care business, she must obtain consent before providing care or not proceed.[2] If a patient is clearly incapable of consenting, the nurse must adhere to the law on substitute decision-making in her jurisdiction. If the nurse is unsure of the patient's capacity to consent, an assessment and determination is needed, with thorough documentation of the process and its outcome. Consultation with other professionals is recommended.

It is more common for the patient to be under the care of a physician who is proposing an overall treatment plan. This physician should make a determination of capacity if the circumstances warrant it, unless additional expertise is required. Because nurses have such close contact with patients, the information they gather may be of critical importance to the physician making the determination. Sharing relevant patient information between health team members is proper practice and is not a breach of confidentiality.[3]

When an adult is deemed incapable, who makes decisions about their care and treatment?

Statutes tend to provide a hierarchy of substitute decision-makers. First priority is given to a court-appointed substitute decision-maker or person with a power of attorney for personal care or proxy. If these do not exist, authority falls to a spouse, or then to various family members in accordance with the statutory list. Careful documentation is essential when consent is obtained from a substitute decision-maker.

When devising a plan of care to meet the incapable adult's current health needs, substitute decision-makers and health care professionals must consider and respect the patient's previously known wishes or advance directives that were expressed when he was capable and apply to the situation, and the patient's best interests.

www.cnps.ca

Canadian Nurses Protective Society

What if emergency treatment is required?

When immediate medical treatment is necessary to save the life or preserve the health of a person who, by reason of unconsciousness or extreme illness, is incapable of either giving or withholding consent, the law considers this an emergency that justifies an exception to the usual rules of consent.[4] Giving emergency treatment without consent is lawful if the delay that would result from obtaining a consent or refusal would put the patient at greater risk.

The fact that a person is in serious physical jeopardy does not nullify previously expressed directives regarding health care treatment if these directives become known to health care professionals and apply to the emergency situation. An Ontario court made this clear when it found a physician had committed battery when he personally gave blood transfusions to an unconscious MVA victim whose wallet card identified her as a Jehovah's Witness.[5] The wallet card contained an explicit refusal of any blood or blood products but consented to non-blood intravenous fluids. The court found that she had clearly communicated a health care directive in the only way possible in preparation for just this kind of emergency.

Summary

Failure to obtain consent means the treatment cannot be legally given unless it is an emergency. Given the variations in the laws between provinces and territories governing consent procedures for incapable adults, it is important to follow your agency's policies and procedures for obtaining consent in these situations. If you have questions or concerns, call CNPS at 1-800-267-3390.

Professional Liability Protection for Nurses by Nurses

1. For example, see Alberta's *Personal Directives Act*, R.S.A. 2000, c. P-6 and *Adult Guardianship and Trusteeship Act*, S.A. 2008, c. A-4.2; Saskatchewan's *Health Care Directives and Substitute Health Care Decision Makers Act*, S.S. 1997, c. H.0.001; Manitoba's *The Health Care Directives Act*, C.C.S.M. c. H27; Ontario's *Substitute Decisions Act, 1992*, S.O. 1992, c. 30; New Brunswick's *Infirm Persons Act*, R.S.N.B. 1973, c. I-8; Nova Scotia's *Medical Consent Act*, R.S.N.S. 1989, c. 279 and *Personal Directives Act*, S.N.S. 2008, c. 8 (not proclaimed into force at time of printing); PEI's *Consent to Treatment and Health Care Directives Act*, R.S.P.E.I. 1996, c. 10 C-17.2; Newfoundland and Labrador's *Advance Health Care Directives Act*, S.N.L. 1995, c. A-4.1; Northwest Territory's *Personal Directives Act*, S.N.W.T. 2005, c. 16, and Northwest Territory and Nunavut's *Guardianship And Trusteeship Act*, S.N.W.T. 1994, c. 29, as duplicated for Nunavut by s. 29 of the *Nunavut Act*, S.C. 1993, c. 28; and the Yukon's *Decision Making, Support and Protection to Adults Act*, S.Y. 2003, c. 21.
2. *infoLAW*® Independent Practice (Vol. 4, No. 1, November 2004; Revision of September 1995).
3. Canadian Nurses Association, *Code of Ethics for Registered Nurses* (Ottawa: Author, 2008).
4. *Reibl v. Hughes*, [1980] 2 S.C.R. 880.
5. *Malette v. Shulman*, 72 O.R. (2d) 417, [1990] O.J. No. 450 (Ont. C.A.).

info@cnps.ca
www.cnps.ca

Tel 613 237-2092
or 1 800 267-3390
Fax 613 237-6300

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

Once Upon a Time...

100 Years of Nursing

BY JESSICA RYAN

EDITOR'S NOTE: *In February, 2007 the NANB Board of Directors approved a motion to donate the NANB Nursing History Resource Centre collection to the New Brunswick Museum, and provide funding in the amount of $10,000 annually (2007-2012) to support the transfer, development and maintenance of the Collection and the Collection was re-named, 'The New Brunswick Nursing Collection'.*

The New Brunswick Museum arrived with a major exhibit, 'The Lamp & the Union-Nursing History of the past 100 years.' The nursing schools were notified and immediately bright young nursing students began to arrive. They wanted a story and they wanted to know how I, a nurse was the docent in the Bathurst Heritage Museum.

Once upon a time, I was a young pretty ambitious nurse whose main objective in life was to serve others and to be happy doing that. I followed my dream. I studied and graduated and then I travelled because I was sure that at the end of each rainbow there would be a position for me in my field. I nursed mothers and new babies, then children of all ages with horrendous conditions, like Polio and Cancer.

Eventually, I found my way back home. I nursed many surgical patients and others then joined the teaching staff. I made it my purpose in life to instill in every young nurse with similar ambitions, the best of my experiences as they were vast. A little later, I became Head Nurse in Pediatrics and became deeply involved in the care of children. I studied these little people with major conditions such as genetic disorders and diabetes and so much more, and learned to help them and their parents. I became President of the Care for Children in Hospital Association later it became Care of Children in Health. As time went by, the community began to learn and understand that there were many programs which could serve the sick in their homes and this idea interested me greatly. The Extra-Mural Hospital was opening new doors and people, their needs and interests became vitally important to me. Who were these people, where did they come from and what were their roots?

Soon I found myself outside the hospital health care picture but still involved in the Department of Wellness, Culture and Sport. I found a different side of their life which dealt with their culture and heritage. In time I formed a Heritage Commission and together we opened a Museum, a place which offers a different support, stability and understanding of folks about their past and their culture and heritage (and at times why they have the malady they have.) The students understood this and liked the story.

Several months ago, I learned that the collection of artifacts relating to the past heritage and culture of the nursing profession was now within the NB Museum in Saint John, NB. Many of the artifacts in the collection are those which the nurses had collected and sent to the NANB to the late Arlee McGee in an effort to tell the full story of nursing in NB in a small Museum she developed.

I also learned that the Exhibit would be travelling throughout NB to welcoming museums. I contacted Regina Mantin at the Museum and we set up a date for the exhibit to come to Bathurst. It would arrive on September the 15th and remain until November 4th, 2010. What a wonderful thing. Nursing friends and contacts came to my assistance because this exhibit was to tell the full story of New Brunswick but we intended more than that.

In no time we had a double edged program set up. The story from the NB Museum arrived: seven showcases and eight large bright banners in French and English telling the glorious story of nursing in the 20th Century. The second stage of the Exhibit would tell the story of the Sisters of St. Joseph; the Hotel Dieu Hospitals; the J Hamet Dunn Hospital and it's Nursing School of 100 years ago. Sr. Corinne LaPlante and her group put together display boards; gathered graduation photos'; booklets of 'Jeanne Mance-Canada's First Nurse', many caps and capes; a table honoring the late Mrs. Edith Pinet and a CD of her actual work as an early midwife. Then we included our modern programs like Public Health; the LPN Program at the Community College; UNB and UdeM programs; the Extra Mural Program; the Parish Nursing Program (non-denominational); and pamphlets and information about palliative care in the homes. The student nurses were amazed and didn't know that nurses wore 'capes'.

page 35

CONDITIONS LIFTED

The conditions imposed on registrant number 023021 have been fulfilled and are hereby lifted effective September 10, 2010.

REGISTRATION SUSPENDED

On September 13, 2010, the NANB complaints committee suspended the registration of registrant number 021451 pending the outcome of a hearing before the review committee.

SUSPENSION CONTINUED

On September 27, 2010, the NANB review committee found Mélanie Valerie Dionne, registration number 023808, to be suffering from an ailment or condition rendering her unfit, incapable and unsafe to practise nursing, and that the member's conduct demonstrated professional misconduct and a disregard for the welfare of patients.

The review 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 conditional registration. The committee also ordered that she pay costs to NANB in the amount of $3,000.

REGISTRATION SUSPENDED

On October 18, 2010, the NANB complaints committee suspended the registration of registrant number 025141 pending the outcome of a hearing before the discipline committee.

REGISTRATION REVOKED

On October 27, 2010, the NANB review committee found Marie Jocelyne Gisèle Richard LeBlanc, registration number 019026, to be suffering from ailments or conditions rendering her unfit, incapable and unsafe to practise nursing during a specific period of time. The committee also found that the member's conduct constituted professional misconduct, a lack of judgement and a disregard for the welfare of patients by practising nursing while incapacitated by her ailments or conditions, and that all of the member's ailments or conditions have not been resolved.

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 $2,000.

CONDITIONS IMPOSED

The NANB Registrar has issued a conditional registration to registrant number 027281 effective October 28, 2010.

REGISTRATION REVOKED

On November 10, 2010, the NANB review committee found that Mélanie Jane Chiasson, registration number 024707, had not adhered to conditions imposed on her registration by an order of the review committee dated October 27, 2009. The committee also found that the member is suffering from conditions or ailments rendering her unfit, incapable and unsafe to practise nursing, and that the member demonstrated professional misconduct, dishonesty, a lack of judgement and a disregard for the welfare and safety of patients.

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 year from the date of the committee's order.

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

REGISTRATION REVOKED

On November 17, 2010, the NANB discipline committee found that Andrea Irene Signoretti, (née MacMackin), registration number 012823, demonstrated professional misconduct, dishonesty and conduct unbecoming a member.

Andrea Irene Signoretti was found to be responsible for the removal of money and inventory from her place of employment on more than one occasion, to the detriment of the residents. The member failed to adhere to established and recognized nursing standards of practice.

The discipline 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, prior to applying for reinstatement, she pay costs to NANB in the amount of $7,000 as well as a fine of $1,000.

Why Regulate?

continued from page 7

practice, preventing undesirable practice and intervening when practice is unacceptable. When registered nurse and nurse practitioner practise fails to meet established standards, professional conduct processes come into play. Complaints, discipline and review processes are based on the principles of natural justice and are supported by members of our profession and the public. Intervention is necessary when practise is incompetent, unprofessional, unethical, illegal or impaired. As a profession we must protect the public from potential harm. The outcomes of a discipline or review process can include loss of the authority to practise nursing, either temporary or permanent; sanctions, conditions and/or monitoring. Fortunately, these regulatory tools are required in a very limited number of cases but are an essential component of our regulatory responsibilities.

Finally, the Board of Directors of our association are responsible for ensuring the performance of the Association. Their oversight and direction ensure the association fulfils its regulatory mandate and that our policies and rules reflect the expectations and requirements of the *Nurses Act* (1984). The Board is made up of representatives from our profession and the public supporting both profession-led regulation and the public interest. A 2006 World Health Organization review of health human resources identified the role regulators play as central to the protection of the public. The NANB is committed to ensuring quality regulation of our profession. Fulfilling this mandate is a responsibility and privilege we hold in high regard. As regulated health professionals your commitment to the standards and ethical code of your profession ensure the delivery of quality nursing services in New Brunswick. ■

—ROXANNE TARJAN, *Executive Director*

100 Years of Nursing

continued from page33

I had fun with them. The students then became very interested in the development of the 'Union's' through the Professional Association and realizing that I had been through it all, sat and listened while they heard the story of the Social and Economic Committees of the NANB which led to the NBNU and how one could be faithful to both.

We have had hundreds of visitors from local and far away and not all from the health field but with great interest. One of our eldest living nurses, a Graduate of the Dunn Hospital still wears her graduation ring and is very proud of her career in her 93rd year. The most satisfying of the Exhibition was the ability to explain to the young nurses the difference and the sameness of being a professional nurse (The Lamp) and (The Union) and how to be both at the same time to be an exemplary nurse. ■

JAN.10, 2011

NANB York-Sunbury Chapter Meeting

NANB Headquarters, Fredericton, NB

For more information contact Darline Cogswell at: Darline.Cogswell@horizonnb.ca

JAN.26–29, 2011

2011 CNSA National Conference

Hamilton, ON

» www.cnsa.ca/english/conferences/national

FEB.13–15, 2011

Nursing Leadership: So What? Now What? 2011 Nursing Leadership Conference

Le Centre Sheraton Montreal Hotel, Montreal, Que.

» www.cna-aiic.ca/CNA/news/events/leadership/2011/default_e.aspx

FEB.16–17, 2011

NANB Board Meeting

NANB Headquarters, Fredericton, NB

FEB.24–27, 2011

Health Informatics: International Perspectives—An international conference addressing Information Technology and Communications in Health (ITCH)

Inn at Laurel Point, Victoria, BC

» http://itch.uvic.ca

MAR.7, 2011

NANB York-Sunbury Chapter Meeting

NANB Headquarters, Fredericton, NB

For more information contact Darline Cogswell at: Darline.Cogswell@horizonnb.ca

Annual Meeting

RULES & PRIVILEGES

THE FOLLOWING ARE THE Standing Rules governing the annual meeting. Members should note procedural authorities for further references.

1. When approved by a majority of the voting members and the registered proxies, the Standing Rules shall apply throughout the Annual Meeting.
2. Robert's Rules of Order shall be the parliamentary authority in all cases not covered by the *Nurses Act*, Bylaws, Rules or Standing Rules.
3. The order of business shall be that printed in the program. Subject to the consent of the voting members and the registered proxies, items of business may be taken up in a different order whenever appropriate.

Rules of debate

1. Any member or student may ask questions and participate in discussions.
2. Speakers shall use microphones, address the chair and state their name and chapter. The chairperson shall call speakers in the order in which they appear at the microphone.
3. Motions or amendments to main motions may be made only by a practising member and must be seconded by another practising member. To ensure accuracy, these must be presented in writing on forms provided, signed by the mover with the name of the seconder, and sent to the recording secretary.
4. The Chairperson will exercise her responsibility to limit debate. A speaker will be given a maximum of two minutes and may speak only once to any motion unless permission is granted by the assembly. The Chairperson will announce the termination of the discussion period ten minutes in advance.
5. All resolutions and motions shall be decided by a majority of the votes cast.
6. Only practising members' present and registered proxies have the right to vote and voting shall be by show of hands and proxy cards, unless a secret ballot is ordered.
7. The Board of Directors shall have the authority to approve the minutes of the Annual Meeting.
8. The rules of debate shall be strictly observed.
9. All members and guests are asked to turn off electronic devices while inside the meeting room.
10. As some participants may be sensitive to perfume or aftershave, members and guests are asked to refrain from wearing scents.

NANB's Registrar

Staff Profile: Denise LeBlanc-Kwaw

You are currently NANB's Registrar, what does this position entail?

"One of the responsibilities bestowed on NANB through the *Nurses Act* (1984) is regulating the practise of nursing through mandatory registration. The purpose of mandatory registration is to ensure initial and continued competence to practise nursing in order to protect the public. Assessing applications for registration and registration renewal to determine if registration requirements have been met includes New Brunswick graduates and applicants from other provinces and countries. Managing the administration of the RN and NP registration examinations, ensuring the quality of registration data and the integrity of the registration database, and implementing decisions of NANB Complaints, Discipline and Review Committees are some of the responsibilities of my position."

How has this position evolved since you started over nine years ago?

"Demographic changes and the aging of the nursing workforce have led to an increased focus on nursing resource planning in recent years. NANB has been compiling registration data since the mid 1980's which was long before other regulatory bodies started doing this. NANB has contractual agreements to provide data to the Canadian Institute for Health Information and the Department of Health for the purpose of nursing resource planning. Ensuring the integrity and quality of this data is one of my main responsibilities."

"Other things that have evolved and have had an impact on the work of the Registration Department over the last

number of years include the dramatic increase in the number of international applicants and the introduction of the Continuing Competence Program. Fortunately there is a strong team within the department which makes it possible for this work to get accomplished."

How does NANB both protect the public and support nurses?

"As a Regulatory body, NANB's primary responsibility is to ensure the public is protected through the delivery of safe, competent and ethical nursing care. NANB supports nurses through the development of standards for practice and education. These and other documents developed and maintained by NANB are what guide nurses in their practise."

What advice would you give the next generation of nurses?

"The reality is that the expectations and responsibilities are different between nursing as a student and practising as a registered nurse. While giving yourself some time to adjust to your new role, be cognizant of your limits as well as your capabilities and voice them appropriately to those with whom you work. Do not be afraid to ask for help. Take advantage of all the resources available to you such as mentoring. Learn from the more experienced nurses that you will have the opportunity to work alongside in order to gain from their wisdom and experiences. Be ever so mindful of keeping a compassionate presence with whomever you may encounter. The opportunities in our profession are vast and ever changing. Nursing today can certainly be challenging, but it can also be a very wonderful and fulfilling profession." ■

Thousand Hills

continued from page 25

the ability of the country to provide optimal care and education. The entire healthcare system had to be rebuilt just 16 years ago and is still a work in progress. Furthermore, the sheer weight of demand is more than any country can cope with. In a country roughly half the size of PEI, Rwanda is home to over ten million people, the second largest country in the world with the highest population density in sub-Saharan Africa. It is a fact that over 75% of the population survives under a dollar a day, and 90% of the population lives on two dollars a day (Human Development Report, 2009).

As a nurse, I know that a high population density coupled with high poverty rates present a seemingly insurmountable struggle. Health suffers, happiness suffers. The reality of this struggle is not lost on the people of Rwanda, but you will never see them stop fighting the uphill battle—they are determined. There are wonderful things happening in this country everyday. I have so often seen families with nothing give everything to others, that quality is rare in this world, and that is something of greatness! There is much to be done, but the catalyst for change is already in place—it is in the hearts of the Rwandese people. Change is possible, and I am honoured to be a small part of that change. ■

Nomination Form

ELECTIONS 2011

(To be returned by chapter member)

The following nomination is hereby submitted for the 2011 election to the NANB Board of Directors. The nominee has granted permission to submit her or his name and has consented to serve if elected. All of the required documents accompany this form.

Registration Number

Address

Telephone Home Work

Chapter

Signature

Registration No. Chapter Position

Signature

Registration No. Chapter Position

Nomination forms must be postmarked no later than **January 30, 2011**. Return to:

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

Acceptance of Nomination

ELECTIONS 2011

(The following information must be returned by nominee)

Declaration of Acceptance

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

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

Signature

Registration No.

Biographical sketch of nominee

Please attach separate sheets when providing the following information:

- basic nursing education, including institution and year of graduation;
- additional education;
- employment history, including position, employer and year;
- professional activities; and
- other activities.

Reason for accepting nomination

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

Photo

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

Return all of the above information, postmarked no later than January 30, 2011, to:

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

NANB AWARDS 2011

Celebrate Excellence

NOMINATE A COLLEAGUE, FRIEND OR health care advocate who strives to improve health care delivery and promote health public awareness every day. The Nurses Association of New Brunswick (NANB) proudly acknowledges the contributions made by current and former members of the profession and will honour these individuals at this year's Annual General Meeting and Awards Banquet hosted on June 8th, 2011.

Life Membership—a select number of nurses are recognized for long or outstanding services to the nursing profession either by serving in elected office or by participating in committee work at the national or provincial level.

Honorary Membership—this membership recognizes distinguished service or valuable assistance to the nursing profession by a member of the public. Nominees may be persons who have played a leadership role within an allied health care group or a member of the public who has performed meritorious services on behalf of nurses and nursing.

Excellence in Clinical Practice Award—NANB believes that the clinical practice role is fundamental to nursing and that all other roles within the profession exist to maintain and support nursing practice. NANB established a biennial award to honor a staff nurse providing direct care to clients in any nursing setting and who has made a significant contribution to nursing. The intent of this award is to foster excellence in clinical practice and to recognize nursing peers.

Awards of Merit—the awards of merit recognize nurses from each of the four key areas of nursing who have made a unique contribution to the nursing profession and who demonstrate excellence in nursing practice.

- Award of Merit: Nursing Practice
- Award of Merit: Administration
- Award of Merit: Education
- Award of Merit: Research

Entry-Level Nurse Achievement Award (new)—NANB believes in recognizing entry-level nurses for their early contribution in the nursing profession. This award is specifically for registered nurses who have entered the nursing profession by graduating from their nursing education program not more than two years prior to being nominated.

Healthy Public Policy Award—NANB's healthy public policy award recognizes individuals or groups who foster a greater public understanding of the New Brunswick health care system. The objective of this award is to promote the advocacy role of individuals and groups in our health care system.

Deadline for submissions

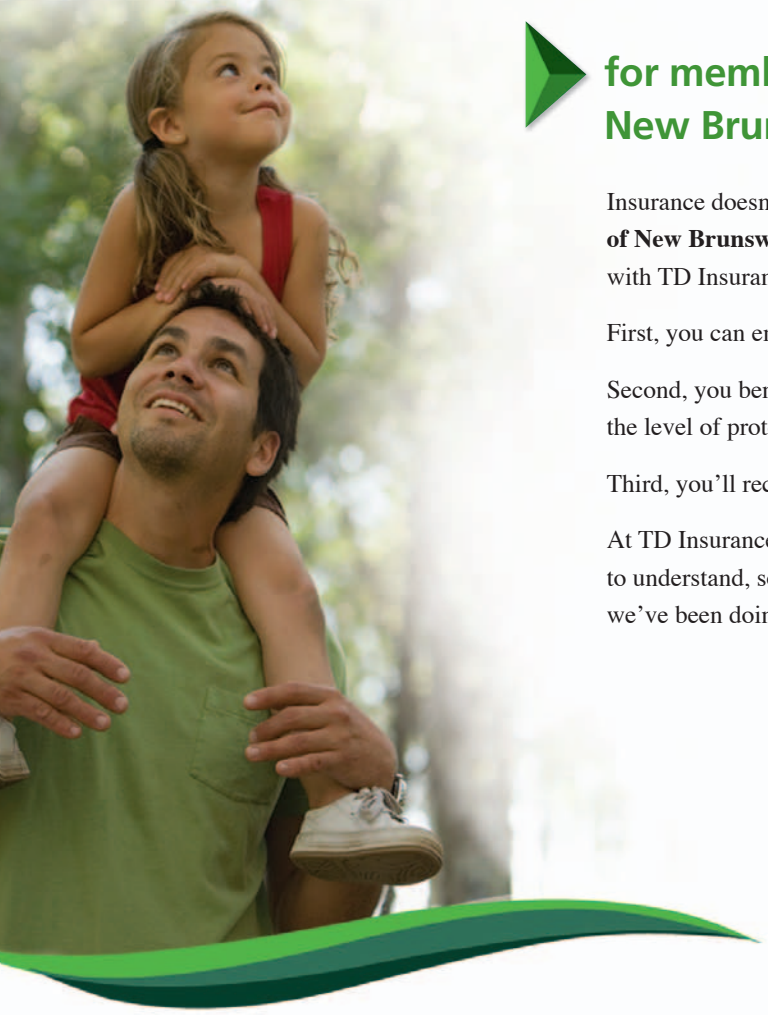
The deadline for submission of nominations for all NANB awards is January 31, 2011.

For more information about eligibility, criteria, guidelines for submission and procedure for selection, or for a nomination form, please visit the 'Awards' section of the NANB website at www.nanb.nb.ca.

NANB
165 Regent Street
Fredericton, NB E3B 7B4
tel.: (506) 458-8731, toll-free: 1 800 442-4417
fax: (506) 459-2838
email: nanb@nanb.nb.ca
or through your local Chapter President

Group home and auto insurance

Insurance as simple as 1·2·3



for members of the Nurses Association of New Brunswick

Insurance doesn't need to be complicated. As a member of the **Nurses Association of New Brunswick,** you deserve – and receive – special care when you deal with TD Insurance Meloche Monnex.

First, you can enjoy savings through preferred group rates.

Second, you benefit from great coverage and you get the flexibility to choose the level of protection that suits your needs.[1]

Third, you'll receive outstanding service.

At TD Insurance Meloche Monnex our goal is to make insurance easy for you to understand, so you can choose your coverage with confidence. After all, we've been doing it for 60 years!

Request a quote and you could

Insurance program recommended by

Nurses Association of New Brunswick

1 866 269 1371

Monday to Friday, 8 a.m. to 8 p.m.

www.melochemonnex.com/nanb

TD Insurance Meloche Monnex