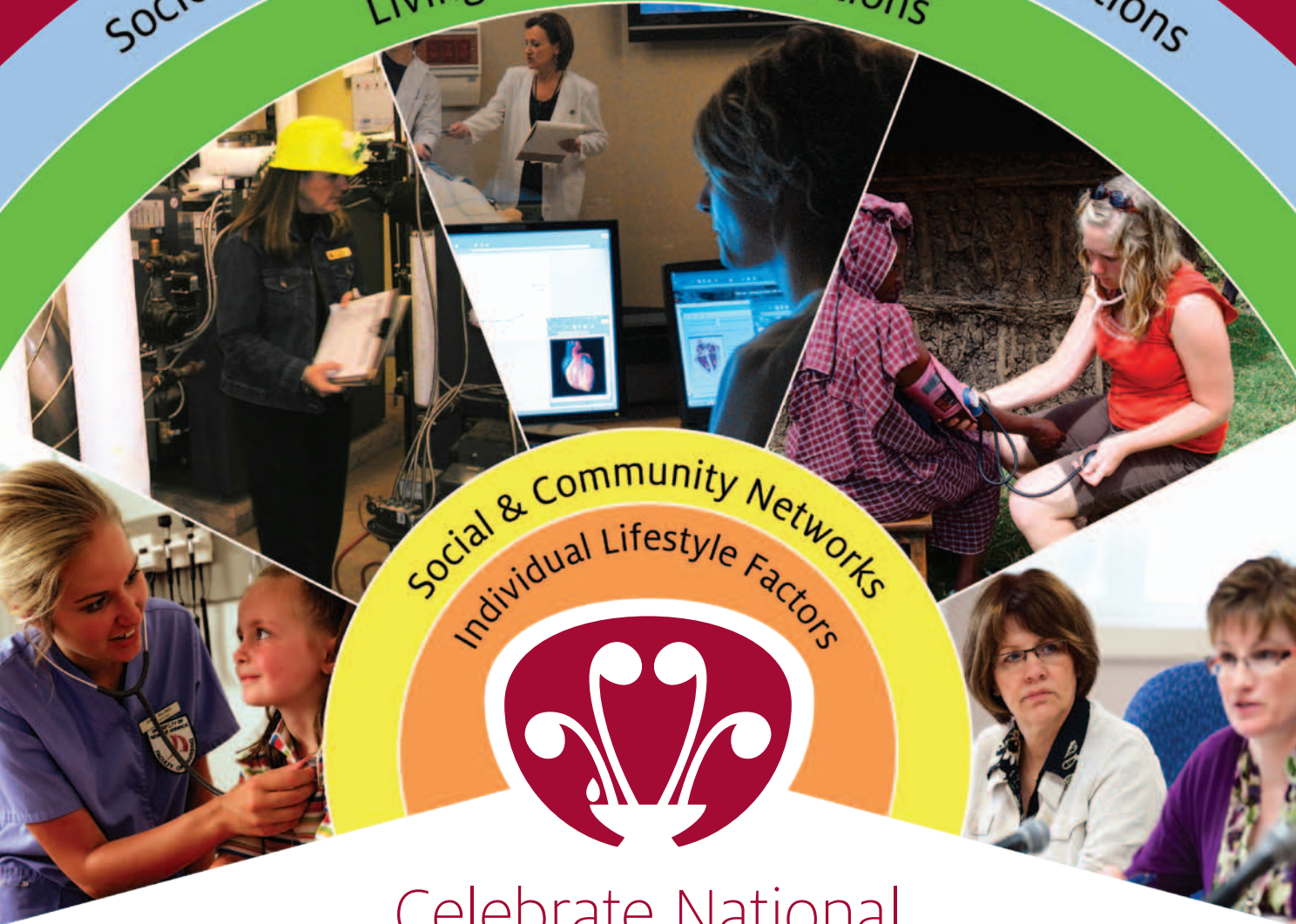


INFO NURSING

VOLUME 42 ISSUE 1 SPRING 2011

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Living & Working Conditions



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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



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President



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Lucie-Anne Landry
Director, Region 1



Ruth Alexander
Director, Region 2



Darline Cogswell
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Submissions

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Change of address

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

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Speak clearly, speak simply and speak often!

JUST ONE OF MANY significant messages delivered to nurse leaders at the 2011 Nursing Leadership Conference in Montreal. The opening keynote speaker, Dr. Marlene Smadu, encouraged attendees to engage in individual leadership, which should be a transformational experience, as well as to engage the public as active consumers of care. Utilizing fundamental concepts very similar to the values embedded within the Canadian Nurses Association (CNA) *Code of Ethics*, nurses need to promote dignity, respect, information sharing, participation and collaboration while engaging as nurse leaders. Registered nurses (RNs) and nurse practitioners (NPs) have strong, highly informed knowledge of the Canadian healthcare system, and need to **speak clearly, simply and often** about what affects people's health and the role they can play as collaborative health professionals in improving access to care.

The primary health care reform agenda needs support to be advanced in New Brunswick, by reaching out to the populations we serve where they live and work. RNs and NPs can play an invaluable role by increasing access to healthcare across this province in both rural and urban settings. Every RN and NP needs to be a nurse leader. Broadcaster and journalist, Evan Solomon of CBC's *Power and Politics*, urges nurses to speak up and influence the debate on healthcare. He describes nurses as the "symbolic analyst" of the healthcare system. RNs continue to hold a privileged position as one of the most trusted health professionals in the country, a position that can be very influential to informing public opinion and decision makers. In many situations, the social determinants of health are what need to be fundamentally acknowledged and ultimately addressed in order to bring about improved health outcomes. To not only identify, but address the challenges a particular individual/family/community/population are facing in terms of loss of income, job opportunities, limited education, lack of social supports are paramount when developing a holistic plan

for one's **journey of care**. Nurses can offer this unique lens—a truly holistic one. The Nurses Association of New Brunswick (NANB), the professional regulatory body that exists to protect the public and to support nurses by promoting and maintain standards for nursing education and practice, strongly advocates for healthy public policy by supporting the determinants of health and the principles of primary health care.

Transformational leadership is a very powerful, life changing concept that ultimately affects both the provider and recipient of care. The interaction between the two can be profound. It will be this type of leadership that is needed to advance the primary health care agenda in New Brunswick. It is not up to one singular provider however, but rather a move to working as interdisciplinary health teams, which will truly provide the strength and integrity necessary to advancing health. Dr. Judith Shamian, President of CNA, describes the dynamic form of leadership as something "we know when we see it and we know when we don't have it", but acknowledges that many of us struggle to articulate it. This is an area for each of us to develop and cultivate.

Michael Villeneuve, scholar in residence, CNA, put forth a challenge to every registered nurse at the Nursing Leadership Conference: "How are you going to make the healthcare system better? How are you going to lead the way?" It is now very clear that it is up to every nurse to be an individual leader. **Know what you do, then do what you know!**

NANB's vision is *Nurses shaping nursing for healthy New Brunswickers*. As RNs and NPs across New Brunswick, it is imperative that we each take every opportunity to influence and shape change to best meet the needs of the populations we serve. Let us continue to work together to improve the health of all New Brunswickers!

—MARTHA VICKERS, *President*

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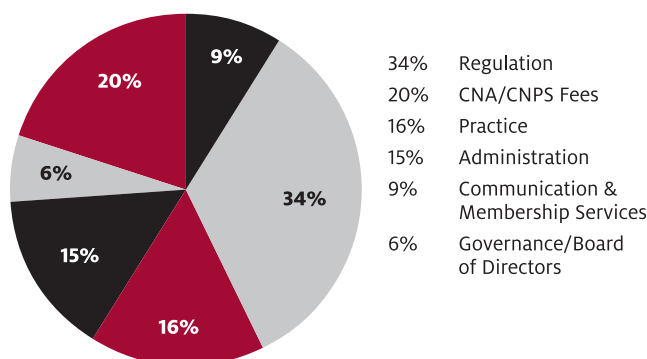
Supporting Our Mandatory Role: Ensuring NANB's Fiscal Integrity

AS THE BODY RESPONSIBLE for the regulation of registered nurses in the province, the Nurses Association of New Brunswick (NANB) has a mandatory responsibility for ensuring the public's safety in relation to RN practice. Given the authority, responsibility and accountability provided in the *Nurses Act*, the Association is responsible for establishing, promoting and maintaining standards for nursing education and practice in New Brunswick. The Association accomplishes this work through a variety of regulatory tools:

- Standards of Nursing Education and Practice
- Nursing Education Program Approval Standards
- Entry-level Competencies
- Entrance to Practice requirements
- Continuing Competence requirements
- Professional Conduct Review processes

Additionally, the *Nurses Act* underlines the expectation of the profession's contribution to the public's health by supporting the Associations' role in advocating and contributing to healthy public policy in the province. Clearly, this represents a significant role and responsibility for the NANB, one which I believe the Association has responsibly delivered for 94 years.

Distribution of NANB Registration Fee



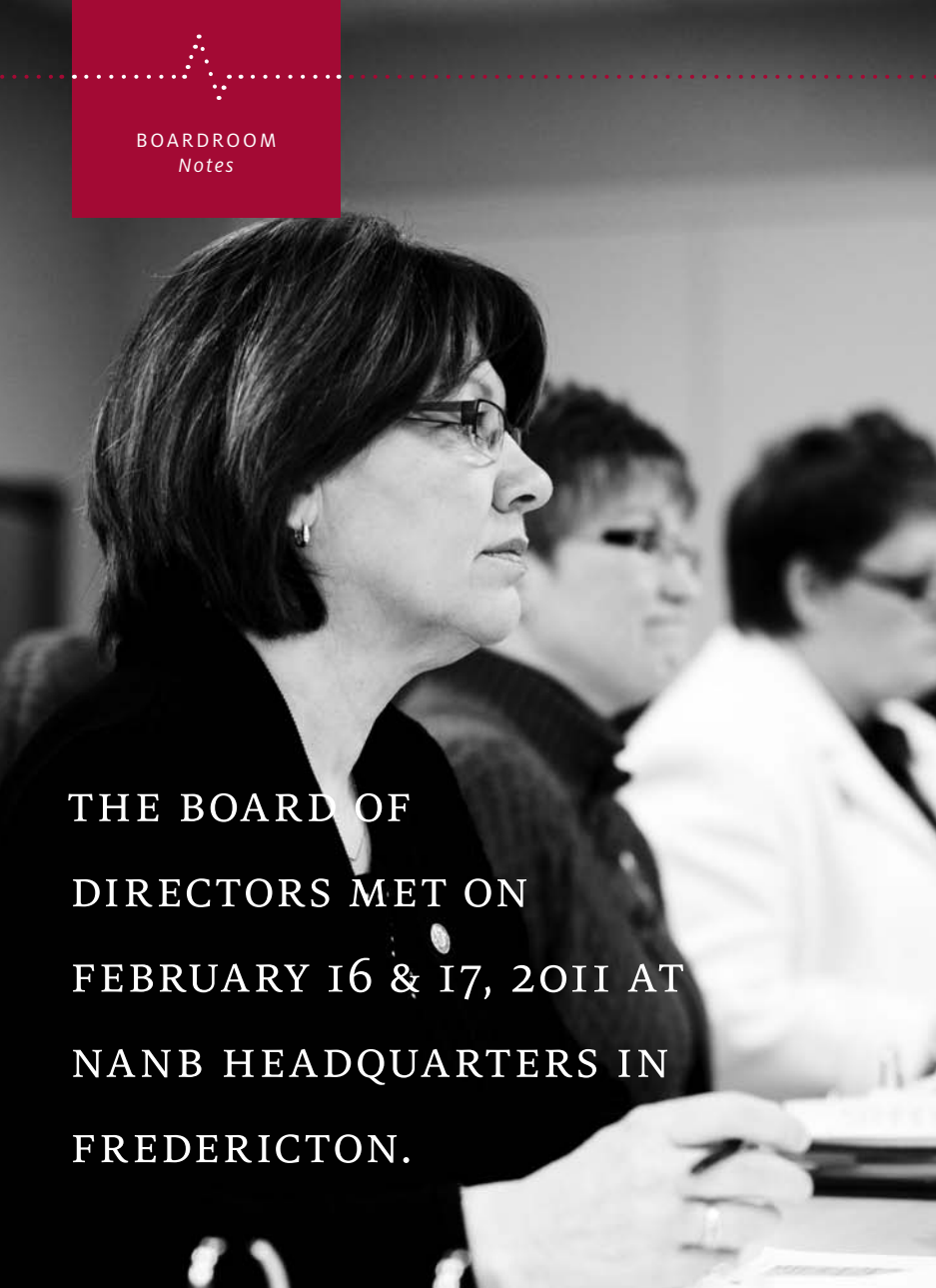
In October 2010, the NANB Board appointed an Ad Hoc Long Range Fiscal Planning (LRFP) Committee, comprised of the following members:

- France Marquis RN, *President-elect* and *Chair*
- Darline Cogswell RN, *Director (Region 3)*
- Marius Chiasson RN, *Director (Region 6)*
- Aline Saintonge, *Public Director*
- Roxanne Tarjan RN, *Executive Director*
- Shelly Rickard, *Manager, Corporate Services*

The Committee was tasked to develop a long-range fiscal plan (2012–2015) for the Board of Directors consideration which would support the Association's mandate, ensure fiscal stability and advance the 2009–2013 Strategic Plan. The Committee met in January 2011 and presented a draft plan at the February Board of Directors meeting. The proposed LRFP focuses on:

- ensuring current NANB operational finances are not eroded by inflation and support costs related to affiliate organizations (CNA, CNPS, CCRNR);
- enhancing NANB capacity in nursing and health policy advocacy;
- advancing regulation by supporting the review of our current Act, member and public understanding of the regulatory role of the NANB;
- advancing standards and support to nursing practice through enhancements of web-based resources and ongoing interface with current and future NANB members; and
- growing a Capital Fund to ensure NANB headquarters are appropriately maintained and developed, and member equity is protected.

The Board approved the proposed LRFP which requires the fol-



THE BOARD OF DIRECTORS MET ON FEBRUARY 16 & 17, 2011 AT NANB HEADQUARTERS IN FREDERICTON.

Policy Review

The Board reviewed policies related to:

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

Proposed By-Law and Rule Amendment(s)

The Board of Directors approved two by-law amendments relating to: the term of office of public members on the Board and the terms of reference of the Nominating Committee. The proposed amendments will go to membership for approval at the Annual meeting on June 8, 2011.

Rule amendments included: a change in the accepted language proficiency tests and scores and an application fee

increase for internationally educated nurses.

Organization Performance: Monitoring

The Board approved monitoring reports for the Executive Limitations.

Healthy Public Policy

The Board of Directors was introduced to the Virtual Learning Community of Stilwell which is an on-line clinical simulation teaching tool to be piloted by the UNB/Humber Nursing program in the spring of 2011 and by UNB Fredericton in the winter of 2012.

Bronwyn Davies, Director and Lyne St-Pierre-Ellis, Acting Associate Deputy Minister, both from the Department of

Health delivered a presentation 'Improving Access and Delivery of Primary Health Care Services in New Brunswick on behalf of the Primary Health Care Steering Committee. A discussion paper is expected to be released in March 2011 with a primary health care summit planned for the fall.

Board Elections

The Nominating Committee reported on the nominees for election to the President-Elect and three director positions, regions 2, 4 and 6. Candidate information can be found on page 14 in this publication and on the NANB web site.

Election results will be announced at the 95th Annual General Meeting, June 8, 2011.

Board of Directors & Committee Appointments

Public Director Vacancies:

The NANB Board of Directors requires nominations to replace public directors once terms have been completed. Three nominees must be submitted to the Minister of Health by March 31, 2011 who will then select and appoint a public director.

NANB Committee Vacancies:

The NANB Nursing Education Advisory Committee (currently recruiting a nurse educator for UdeM and one experienced clinical nurse); Complaints Committee; and the Discipline/Review Committee all require nominations to fill vacancies and replace members completing their terms.

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

Nurse Practitioner Therapeutic Committee (NPTC)

The NPTC is composed of six members: two family physicians; two pharmacists; and two nurse practitioners. The Board approved the appointment of Janet MacDonnell, Pharmacist to the Committee.

NANB Awards Selection Committee

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

- France Marquis, RN
President-Elect
- Linda Lepage-LeClair, RN
Director—Region 5
- Lucie-Anne Landry, RN
Director—Region 1
- Noëlline Lebel, RN
Director—Region 4
- Darline Cogswell, RN
Director—Region 3

NANB Documents

The Board approved the following documents:

NANB position statement(s):

- *Nurse's Role in Pronouncing Death when Death is Expected* (revised)

NANB standard(s):

- *Standards for the Therapeutic Nurse-Client Relationship* (revised)

NANB document(s):

- *The Recognition and Management of Substance Abuse in the Nursing Profession* (revised)

The Board approved the retirement of NANB's Position Statement: *Registered Nurse First Assistant*.

Endorsement of CNA position statements:

- *Taking Action on Nurse Fatigue; Evidence Informed Decision Making and Nursing Practice; Problematic Substance Use by Nurses.*

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

Continuing Competence Program (CCP) Audit

Results from the annual CCP Audit concluded that all members met the necessary requirements for 2009. The next CCP Audit will be conducted in the fall of 2011 on the 2010 practice year. A random sample of 2% of RNs and 10% of NPs will be audited.

Long Range Fiscal Plan (2012–2015)

The Board accepted a recommendation from the Long Range Fiscal Planning Committee to bring a resolution for a registration fee increase to the 2011 Annual General Meeting. Members will

have the opportunity to discuss and vote on the resolution. The proposed fee reflects a \$100 increase over four (4) years. (2012, \$30; 2013, \$30; 2014, \$20; and 2015, \$20).

Complete details are available on the NANB web site » www.nanb.nb.ca.

National Nursing Week: May 9—15, 2011

Nursing: the Health of Our Nation

NANB launched a uniquely NB NNW poster competition February 28th inviting all members and NB nursing students to submit digital images depicting nursing linked to the social determinants of health. Visit NANB's website for details. Posters will be distributed province-wide prior to NNW.

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

Finally, the Association will profile National Nursing Week events coordinated by Chapters using our website and the *Virtual Flame* (May 2011).

Finances

The Board Reviewed the 2010 Auditor's Report which reflected a \$169,733 operating surplus. The audited financial statements will be presented at the 2011 Annual General Meeting. The Board reviewed the 2011 budget. Planned expenditures for 2011 are approximately \$3,556,503 with a deficit of \$9,710. This represents a balanced budget in accordance with board policy.



Next Board

The next Board of Directors meeting will be held at the NANB Headquarters on the afternoon of June 6th and 7th, 2011 prior to the Annual General Meeting.

Observers are welcome at all Board of Directors meetings, please contact Paulette Poirier, Corporate Secretary at ppoirier@nanb.nb.ca or call 506-459-2858 / 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

NATIONAL NURSING WEEK: MAY 9–15

Socio-economic, Cultural & Environmental Conditions
Living & Working Conditions

Social & Community Networks
Individual Lifestyle Factors



Nursing + Digital Photos = **Five (5) Chances to Win!**

Participate in NANB's NNW Poster Competition

All members and NB nursing students are invited to submit digital photos of RNs providing primary health care at all levels and demonstrating links between individuals, families, communities and the rest of the health care system. Email submissions to jwhitehead@nanb.nb.ca.

Grand prize winners (2) will receive: Apple 16GB iPad with Wi-Fi or \$500 financial bursary to support continued education; and one night accommodation, tickets to NANB's 2011 AGM, Conference & Banquet celebrations.

Three (3) winners will receive: Apple 8GB 6th Generation iPod nano or \$150 financial bursary to support continued education.

Competition ends April 8th, 2011.

*Restrictions apply, please visit www.nanb.nb.ca for guidelines or call 506-458-8731, toll free 1-800-442-4417.



**Nurses Association
OF NEW BRUNSWICK**

NANB Makes Greener Choices!

THE NURSES ASSOCIATION of New Brunswick in *shaping nursing for healthy New Brunswickers* is pleased to inform you we have adopted greener policies for the health of it!

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

- print *Info Nursing* on 100% **recycled Canadian stock**;
- use only 100% **recycled Canadian stock** for our day-to-day printing needs;
- install **energy efficient exterior doors**;
- purchase **in-line water coolers** in place of bottled water at meetings; and
- participate in the **Shred-it** program, as a result the Association saved 25 trees in 2010.

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

NANB 2012 Registration Renewal Goes Paperless

EIGHTY-ONE PERCENT of practising nurses renewed their 2011 registration online. This compares to 46% during the same period last year and represents a 57% increase in online participation. This encouraging response bodes well for the success of a paperless renewal which will be implemented in October 2011.

Paperless renewal means that NANB will no longer send paper renewal forms and registration certificates to members. A postcard will be sent prior to the registration renewal period to remind members to renew their registration online.

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

Update on EHR Implementation

THE PROVINCIAL ELECTRONIC Health Record (EHR), an initiative of One Patient, One Record (OPOR) is currently in the process of its first rollout to health

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

professionals. The Department of Health has trained and provided EHR access to the first group of physicians and nurses. In November 2010, oncologists and several oncology nurses at the Saint John Regional Hospital participated in training on EHR privacy and the Concerto Viewer (software used to view the EHR). Following the training requirements, each provider was granted access to the province's Electronic Health Record. Nephrologists and nephrology nurses at the Dr. Georges-L. Dumont University Hospital Centre will be the second group to gain access to the EHR. Training took place in late January 2011.

The remainder of physicians and nurses in the initial target group will be involved with information and training sessions from February to June 2011. This group includes oncologists at the Dr. Georges-L. Dumont University Hospital Centre, nephrologists at the nephrology centre in Saint John, emergency room physicians in regional hospitals, neurosurgeons, as well as select nurses from these specialties. Orthopaedic surgeons providing regional on call for zones 5, 6 and 7, and cardiac surgeons, interventional cardiologists, and select nurse associates at the New Brunswick Heart Centre are also included.

Training and access for the next group of EHR users is targeted for fall or winter 2011.

New NANB Staff



Erika Bishop

Erika Bishop, Fredericton, has accepted the position of Administrative Assistant: Reception & Registration with the Nurses Association of New Brunswick (NANB), effective November 15, 2010. Ms Bishop, a graduate of Office Management / Administrative Assistant Program from the Atlantic Business College, is bilingual and brings years of experience as an LPN and Administrative Assistant in both the nursing home and hospital settings. In this role, Ms. Bishop will assist with meeting coordination, data entry, filing, registration support and a variety of other responsibilities.



Julie Martin

Julie Martin, Fredericton, has accepted the position of Administrative Assistant: Practice with the Nurses Association of New Brunswick (NANB), effective January 5, 2011. Ms Martin is bilingual and has several years experience as administrative assistant to the federal government and hospital settings. Among her varied responsibilities, Ms. Martin will assist in organizing and coordinating Practice Department events, as well as support the editing and updating of NANB documents and position statements. She will be responsible for maintaining the practice call database, analyzing caller trends and maximizing the value of this service.

Get Involved!

Play an Active Role in Your Association

DO YOU PROMOTE YOUR PROFESSION? WILL YOU SHARE YOUR EXPERTISE?

Committee Members Needed

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

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

Factors considered when selecting committee members are:

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

Public Members Needed

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 contact Odette Comeau Lavoie, Senior Regulatory Consultant at ocomeaulavoie@nanb.nb.ca or by fax 506-459-2838. For additional information, you may contact the Association at 1-800-442-4417.

Committee Members

Name

Address

Registration No.

Current Area of Practice

Telephone No.

Email

Language

Areas of interest (please check):

☐

Nursing Education Advisory Committee (currently recruiting a nurse educator from UdeM - Moncton Campus and one experienced clinical nurse)

☐

Exam Writing Committee (CRNE)

☐

Complaints Committee (This committee conducts the first step in the Professional Conduct Review (PCR) process and determines if further action is required. Meetings occur by teleconference.)

☐

Discipline / Review Committee (This committee conducts the second step in the PCR two-step process. Committee members examine evidence, hold hearings and make decisions.)

☐

Other



RN Acquiring Conflict Resolution Skills

The College of Extended Learning at UNB Offers Program

By LEAH PROSSER

Nursing is a diverse career profession that offers on-going opportunities for education and leadership training. Nurses work in challenging environments that can be related to policy changes, new technology which in turn increases the speed of how we deliver healthcare, staffing position changes and budget cuts, working with patients and families with physical/mental health conditions, and new clinical work experiences. As healthcare continues to evolve at a high pace and the demand on the healthcare system increases effective working relationships is something nurses must continuously work on to improve as the profession is faced with these additional stressors.

Working as a full time registered nurse can pose daily challenges requiring the use of conflict resolution skills. I am currently enrolled in a Third Party Neutral Program through the College of Extended Learning at the University of New Brunswick (Fredericton). This is the first time this certificate program has been offered here in Fredericton and is nationally recognized by the Canadian Institute for Conflict Resolution.

This program offers the opportunity for an individual working in any occupational field to grow both on a professional and personal level while using effective communication and leader-

ship skills and consists of four modules: TPN 1 Becoming a Third Party Neutral; TPN 2 Developing Facilitation Skills for Groups in Conflict; TPN 3 Developing Mediation Skills; and TPN 4 Principles, Practice and Reflections. Each module consists of five days of active role playing, training, and theory exploring the dynamics of conflict and provides the needed skills and techniques to help groups find solutions to having a more ideal community/workplace.

In order to work at an optimal level and be most effective in how we deliver health care services we need to feel encouraged to be a positive role model in our everyday work environment to other nurses, patients and families. Conflict arises as changes occur within our daily work environments and nurses have a responsibility to be accountable for their nursing practice and interactions. Nurses must be able to adapt to new policies and cope with changing work environments.

Good working relationships between co-workers, doctors and management may require an intervention of mediation or facilitation to identify underlying conflicts and reach consensus on a topic and to brainstorm for solutions. Take some time and reflect if you want to lead as part of a conflict or you would like to be part of the solution in health care. ■



MEET THE CANDIDATES ELECTIONS 2011



DARLINE COGSWELL
President-Elect

Darline Cogswell

President-Elect

Education: Graduate, AJ McMaster School of Nursing, Moncton, 1977.

Additional Education: Bachelor of Nursing, University of New Brunswick, Fredericton, 1992; CNA Certification Emergency Nursing, 1995.

Present Position: Facility Manager and

ER Manager, Oromocto Public Hospital

Professional Activities: President NANB Nurse Managers Interest Group, 2006-present; Past member of the Appeals Tribunal for WCB; CNA Emergency Nurses Certification Exam Committee 1998-2006; Past member NANB Discipline and Review Committee; Past member Executive Committee NANB 2006; Executive Committee NBNU 2000-2006; Past President Oromocto Hospital Foundation; Chairperson-Workplace Health and Safety and Compensation Commission of NB 2000-2001; NANB-York Sunbury Chapter President 2006-2010; Board Director- Region 3 NANB 2010-2012, Member-at-Large Practice, Member-at-Large Administration; Chair NB Telecare Advisory Committee 2006-2010; Chair Oromocto NB Cancer Society Relay for Life 2007-2010.

Nominated by: Sharon Hall-Kay and Deanna Winters

Reason for Accepting Nomination: "Over the past 33 years of nursing my

experience as staff nurse, educator, manager, and board member of NANB plus NBNU has given me a broad perspective on the challenges and opportunities facing nursing. I am proud to be a nurse and passionate about the role NANB plays in the advancement of the nursing profession influencing healthy public policy so that there will be protection of patients/clients we are privileged to serve. It would be an honour to serve you as President-elect."

Terry-Lynne King

Director—Electoral Region 2

Education: Bachelor of Nursing, University of New Brunswick, Saint John, 2000.

Additional Education: Currently pursuing a Master's Degree in Nursing, University of New Brunswick; graduate of Healthcare Management, McMaster University, 2003; and Diploma Teaching Certificate, University of New Brunswick, 2006.

Present Position: Staff Nurse, UNB Student Health Clinic and part-time



TERRY-LYNNE KING
Director—Region 2



NOËLLINE LEBEL
Director—Region 4



MARIUS CHIASSON
Director—Region 6

educator faculty of Nursing, UNBSJ.

Professional Activities: Active member of NANB Saint John Chapter; member of the Atlantic Association of College and University Student Services; member of the joint Occupational Health and Safety Committee UNBSJ.

Nominated by: Lisa Guidry and Terry Lee Martin

Reason for Accepting Nomination:

“I have always enjoyed the time spent with NANB activities / membership. As a nurse, I feel that it is vital to the nursing profession and to the public we serve to stay engaged in creating healthy public policy. Being a member of NANB through the Board of Directors will allow me to participate with a variety of professionals and public members in creating a healthier New Brunswick for New Brunswickers.”

Noëlline Lebel

Director—Electoral Region 4

Education: Graduate “École de sciences infirmières d’Edmundston”, 1978 (Honours, second highest academic ranking)

Additional Education: Bachelor of Nursing, Université de Moncton, Edmundston Campus, 1983; Certification in Andragogy from the Université de Moncton, Edmundston Campus, 2001; Certification Canadian Healthcare Association: Continuous Quality Improvement for Health Services, 2006; Certification “Leadership de première ligne”, Region 4, 2006; MA

in Nursing with outstanding commendation for thesis, Université de Moncton, Moncton Campus, 2007; and Certificat de formation en gestion, UdeM, 2010.

Present Position: Director, nursing professional practice

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

Nominated by: Mariette D’Amboise and Nathalie Francoeur

Reason for accepting nomination:

“My first mandate as regional director allowed me to better understand the issues facing the profession and to be involved in policy development. The meetings of the Board are rewarding and inform on the trends in the profession in this environment of constant change. I will continue to be the voice of nurses and to contribute to the advancement of nursing. To sit on

the Board for a second term is a privilege and a challenge that I will take up with enthusiasm.”

Marius Chiasson

Director—Electoral Region 6

Education: Graduate of Rimouski CEGEP, 1988.

Additional Education: Currently pursuing a Bachelor of Nursing, Université de Moncton.

Present Position: Full time Nurse at the Chaleur Regional Hospital in Bathurst.

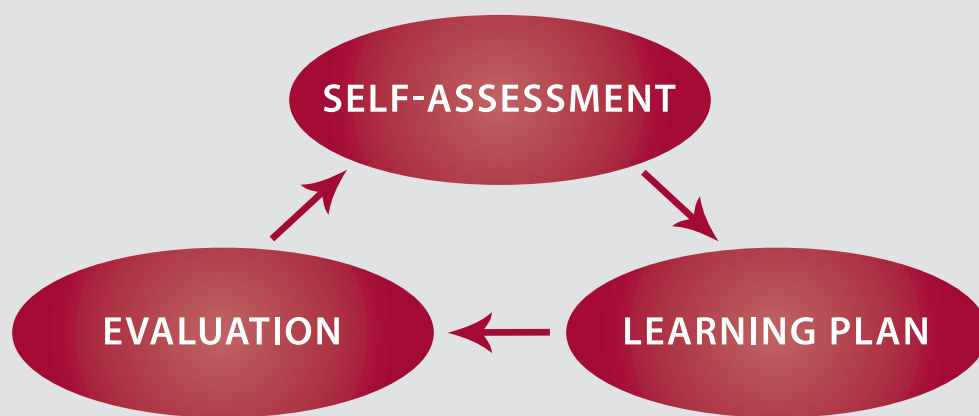
Professional Activities: Previously very involved in local activities; organization of events for National Nursing Week.

Nominated by: Helene Roy and Pauline Blackett

Reason for Accepting Nomination:

“I am filled with enthusiasm and proud to accept my nomination as director for Region 6 on the Board of the Nurses Association of New Brunswick. I sincerely believe that the experience I gained during my first term will help me in my liaison role between the organization and the region I represent. Furthermore, I humbly think that I can make a meaningful contribution to our association through my diversified experience in nursing. Finally, I fully support the organization’s mission, which is to protect the public while supporting the ever evolving nursing profession in a constantly changing world.”





Audit Results

CONTINUING COMPETENCE PROGRAM (CCP)

On January 1, 2008, NANB implemented a mandatory Continuing Competence Program (CCP) for all members with an active registration. In accordance with the NANB Bylaws, an annual CCP Audit is to be conducted to assess members' compliance with CCP requirements. The CCP requires all members to reflect on their practice through self-assessment, to complete a learning plan, and to evaluate the impact of their learning activities. Registered Nurses (RNs) and Nurse Practitioners (NPs) must comply with CCP requirements to maintain their registration and confirm if they have or not by answering a compulsory question on their annual registration renewal form as per the annual registration renewal requirement.

The first CCP Audit was conducted in the fall of 2009, in which 59 members were audited on their 2008 practice year. All 59 members met the CCP requirements.

This past fall, 175 members (169 registered nurses and 6 registered nurse practitioners) were required to complete a CCP Audit questionnaire prior to renewing their registration. Members were asked to complete an online questionnaire related to their CCP activities for the 2009 practice year. Seventy-eight percent of audited members completed the questionnaire online; the other 22 percent requested a paper copy of the questionnaire. The completed questionnaires were examined and assessed for compliance with the program. NANB was looking for evidence of the following three steps of the CCP:

1. Completion of a self-assessment;
2. Development and implementation of a learning plan including at least one learning objective and learning

activities; and

3. Evaluation of the impact of the learning on nursing or nurse practitioner practice.

What did members tell us?

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

LEARNING PLAN: RNs and NPs included their main learning objective on the Audit questionnaire. RNs included learning objectives such as: "to act as a positive mentor in my area of practice", "to learn and implement better palliative care in the nursing home setting" and "to improve my teaching skills". One NP included the following objective: "continue to increase knowledge and skill in geriatric health care".

Members also indicated which learning activity they had completed in order to meet their main learning objective. Reading articles/books, attending workshops and accessing the internet were the most popular learning activities for RNs. NPs reported reading articles/books and networking/consulting with experts as their most popular learning activities.

The majority of RNs and NPs confirmed that they recorded their CCP activities using the NANB *CCP Self-Assessment and Learning Plan Worksheets*. They also rated these two tools as the most helpful from a list of six possible tools. RNs and NPs iden-

tified the *Examples of Completed Worksheets* (available on the web site) as very helpful tools.

EVALUATION: Members commented on the impact of their learning on their nursing practice. RNs included statements such as: “my learning has had a direct impact on my nursing practice as I am more confident in advocating for best practices to improve patient care” and “by continuing to expand my knowledge in mental health I am able to provide my clients with more productive and achievable treatment and goals”. One NP stated: “I feel that my practice continues to improve each and every day as I become more knowledgeable, skilled and experienced as an NP”.

175 Members Were Audited

TABLE 1 *Language*

	RN	NP
English	111	4
French	58	2

TABLE 2 *Areas of practice*

	RN	NP
Direct care	140	6
Administration	19	—
Education	10	—
Research	0	—

TABLE 3 *Employment setting*

	RN	NP
Hospital	109	1
Community	34	4
Nursing Home	18	1
Other	8	—

Results

As a result of the Audit, five RNs required a follow-up call to obtain clarifications on the information they had submitted on their Audit questionnaire. It was subsequently determined that all 175 audited members had met the CCP requirements.

What’s next?

The next CCP Audit will be conducted in the fall of 2011. At that time, a random sample of approximately 180 RNs and 10 NPs will be audited on their CCP activities for the 2010 practice year. These members will be required to complete the online CCP Audit questionnaire prior to the fall registration renewal.


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

- **Resources**
Access evidence-based tools and information.
- **Education and Career Planning**
Manage your career.
- **Community**
Connect with other nurses.

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ONE of the best
things to happen to
your nursing practice

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info@ctrinstitute.com

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Family Violence

- Working Towards Solutions

Moncton, NB - April 28-29, 2011

Family violence occurs in every community and culture and has profound effects on every person it touches. This workshop examines different forms of violence within family relationships including psychological/emotional, physical and sexual abuse. Assessment and Interventions will be explored for working with those who perpetrate violence as well as those who are abused, with the goal of moving beyond shame and hurt to the restoration of relationships and prevention of further violence.

Violence Threat Assessment

- Planning and Response

Moncton, NB - June 13, 2011

After a violent incident, it is not uncommon to find that many different people were aware of clues that an attack was being planned. Yet, without the proper mechanism to gather information and assess the situation, prevention is nearly impossible. This workshop provides a communication and decision-making model to help businesses, schools, organizations and communities become proactive in their management of threats. Strategies to help you identify, assess, and manage individuals who make threats will be explored.

Mental Illness -

- Awareness and Support

Moncton, NB - June 14, 2011

While common, understanding the signs and symptoms related to mental illness can be confusing and overwhelming. This workshop will give participants a general overview of common adult mental illnesses and their symptoms, causes and treatment. The final portion of the workshop explores ways of providing initial support and how to access professional help for people struggling with mental illness.

Workshops coming to Nova Scotia:

Gender and Sexual Identity in Youth

Halifax, NS: March 24-25, 2011

Self-Injury Behaviour in Youth

- Issues and Strategies

Halifax, NS: May 25-26, 2011

Disordered Eating

- From Image to Illness

Halifax, NS: May 27, 2011

CTRI WORKSHOP FEES:

One-day *early rate: \$160 One-day regular rate: \$190
Two-day *early rate: \$260 Two-day regular rate: \$320

** 3 weeks prior to workshop date.
Fees are per workshop.*

PROVIDING WORKSHOPS FOR PERSONAL GROWTH
THAT EMPOWER AND MOTIVATE



CONFLICT RESOLUTION SKILLS

- Dealing with Difficult People

Fredericton, NB: April 14, 2011

Halifax, NS: April 11, 2011

MEDIATION

- A Process for Conflict Intervention

Moncton, NB: June 9-10, 2011

ASSERTIVE COMMUNICATION

Fredericton, NB: April 15, 2011

Halifax, NS: April 12, 2011

ACHIEVE WORKSHOP FEES (Per workshop):

One-day *early rate: \$145 One-day regular rate: \$175
Two-day *early rate: \$385 Two-day regular rate: \$460

** 3 weeks prior to workshop date. Fees listed are per workshop.*

www.achievecentre.com 1.204.452.0180





Working Collaboratively

RNs & Registered Midwives—Necessary for the Provision of High Quality Care to Childbearing Women and Their Babies

By SHAUNA FIGLER

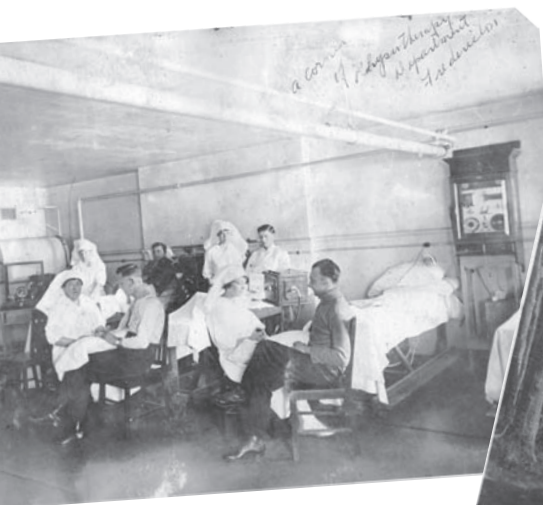
ON JUNE 18, 2008, midwifery became a regulated autonomous profession in the province of New Brunswick. The *Midwifery Act* defines the practice of midwifery as “the care, assessment and monitoring of women during normal pregnancy, labor, and the postpartum period and of their healthy newborns, and the management of low-risk, spontaneous vaginal deliveries” (*Midwifery Act*, 2008). Over the last 18 months the Midwifery Council of New Brunswick has been working at establishing provincial standards surrounding consultation and transfer of care as well as ordering schedules. These documents are to be approved in early 2011. Registered nurses working in settings in which midwives will practice will have a responsibility to ensure they are familiar with these documents. In addition to the Council’s work both the Horizon and Vitalité health authorities have been formulating organizational plans that will allow for the most effective and efficient introduction of midwives within the regions they serve.

Contrary to what many people believe, midwives are not necessarily registered nurses. In accordance with the *Midwifery Act* (2008) a midwife in New Brunswick must hold a baccalaureate in Midwifery from an approved Canadian University midwifery education program or have equivalent educational qualifications and be registered with the Midwifery Council of New Brunswick (for more information please see NANB position

statement Midwifery 2010 at » www.nanb.nb.ca/PDF/Midwifery_E.pdf). A registered nurse may pursue midwife education and certification but having an RN credential and background is not required in New Brunswick or other Canadian jurisdictions to date.

A collaborative relationship between RNs and registered midwives is necessary for the provision of high quality care to childbearing women and their babies in both the hospital setting and in the community. This kind of relationship is built on a mutual understanding and respect for each other’s roles, responsibilities and scope of practice. Although nurses and midwives have an overlap in some competencies and areas of responsibility, there are differences in both scopes of practice. It is expected that midwives will have admitting privileges in the region in which they are practicing and will be able to order diagnostic imaging tests, laboratory and other non-laboratory tests and drugs.

NANB believes that midwifery will allow childbearing women a greater choice in selecting a healthcare provider during pregnancy and be of a benefit to the provincial healthcare system. NANB will continue to work with the NB Midwifery Council to ensure RNs have the knowledge they require to work collaboratively with midwives. ■



A BOOK REVIEW
By SHAWNA QUINN

Local Author Captures a Piece of Nursing History

IN AUGUST 1914, Nursing Sister Agnes Warner's reality changed overnight. One day, she was a private-duty nurse accompanying her wealthy American patient to a French resort on the Swiss border, the next she was caught up in the unstoppable currents of an international crisis. "Dear Mother," she wrote "The awful war we have all been dreading is upon us—*France is Mobilizing.*" How she responded to that crisis: immediately, resolutely, and courageously, is the subject of *Agnes Warner and the Nursing Sisters of the Great War*, a new book by Shawna Quinn, and Volume 15 in the New Brunswick Military Heritage Project book series.

Through conditions of scarcity, cold, and acute personal danger, the nurse from New Brunswick cared for wounded French soldiers near the front lines in Belgium and France. And she didn't limit herself to military nursing alone, though it consumed her days and nights. Somehow between grueling shifts in a mobile unit and short snatches of sleep in her tent, Warner found a way to visit the countryside and reach out to the destitute families of soldiers; to collect necessities and distribute them where they were needed most. She understood that easing an anxious soldier's mind

about the condition of his loved ones at home made it easier for him to keep on with his grim work.

We know a great deal about Nursing Sister Warner's service because people in her hometown of Saint John followed her story with great interest and local papers ran updates on her work throughout the war. Then late in 1916, her friends and family conspired to publish a series of Agnes's private letters, to raise money for her soldiers and their families. These letters form the centerpiece of *Agnes Warner and the Nursing Sisters of the Great War*. Though her narrative is riveting and the stories of tragedy and triumph are astonishing, one has to read between her modest lines to grasp the tremendous skill and fortitude she brought to her work. Almost completely devoid of despondency, her letters carry a "chin-up" tone befitting an early twentieth century war nurse writing home to her aging mother, and are therefore just as interesting for what they conceal as for what they reveal. Ultimately, they personalize an

experience so extreme, so harrowing, that very few WWI nurses would ever share it in a public forum.

Thousands of Canadian nurses served overseas and at home in World War I, at a time when the character of nursing itself was completing its transition into a mature profession with exacting standards of training and conduct. Holding on to these gains as wartime pressures threatened to admit amateurs to their ranks is one of the interesting subplots in the Nursing Sisters' story. *Agnes Warner and the Nursing Sisters of the Great War* explores these professional

developments as part of the broader context of wartime nursing, and it offers a glimpse into the day-to-day realities that occupy Agnes Warner's letters and represent the journeys, achievements, and life-saving work of these remarkable women.

Copies of the book are available for purchase through Goose Lane Editions at 1-888-926-8377 or

» www.gooselane.com.



Medication Orders by Telephone

By SHAUNA FIGLER

Note: NANB Practice Standard: Medications, stresses that telephone orders should only be used when there is no other alternative in receiving an order. The following article highlights information that NPs need to be aware of when giving telephone orders and RNs need to be aware of when receiving telephone orders.

COMMUNICATION IS COMMONLY cited as a contributing factor to adverse events causing client harm (Baker et al., 2004). There are many reasons that communication failures can occur, such as poor handwriting, transcription errors, lack of verification, lack of integration of information, and ineffective team functioning.

Verbal orders received via the telephone can be more error-prone than written orders due to the introduction of a number of variables not present when orders are written directly by the prescriber (Cohen, 1999). There is the potential to misinterpret spoken language as a result of accent or pronunciation (Allinson, Szeinbach, & Schneider, 2005; Cohen, 1999). Phonetic components of medication names when verbalized can increase the potential for error with sound-alike drug

names (Cohen, 1999). Background noise and disruptions in a busy environment can add further complexity during receipt of telephone orders, as can reception clarity, in the case of cell phone use (Allinson et al., 2005; Cohen, 1999). Confusion with clients having the same or similar names can occur from both the prescriber's and the order receiver's end (Allinson et al., 2005; NCC MERP, 2001) and, in some cases, the prescriber (e.g., physician on call) or the receiver (e.g., nurse other than the one assigned to care for the client) may not be fully familiar with the patient. This could result in inappropriate medication orders or the wrong client receiving a medication. Furthermore, a prescriber requested to give a telephone order may

be interrupted while performing other client care activities, further affecting their concentration, and possibly adding to communication ambiguity (AHRQ, 2003).

Read back should always take place during the process of telephone order communication (Cohen, 1999; AHRQ, 2003; NCC MERP, 2001) and should include verification of whether the medication is intended as a single dose or as a dose range. It is imperative that error prevention strategies include the read back of a telephone order, consisting of dose confirmation expressed in single digit format, e.g., "5,200 micrograms: five, two, zero, zero, micrograms" (ISMP, 2004, July 15, p.1).



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.

Last year there were 618,845 visits to New Brunswick emergency rooms.

Did you make one of them?

The New Brunswick Health Council (NBHC) is currently conducting the largest ever primary health care survey in our province's history that will reach every community in New Brunswick. The NBHC will use the results to make recommendations on how to improve the quality of our health care services, which is part of its mandate to report on the performance of the health system and to engage citizens in improving our health services.

Primary care is the care a person receives upon first contact with the health care system, and may include experiences with personal family doctors, emergency departments, specialists, after hours clinics, community health centres, nurse practitioners, ambulance services and alternative practitioners. Primary care focuses on health promotion, illness and injury prevention, and the diagnosis and treatment of illness.

This is your chance to tell us about your primary health care experience, so if you get the call at home, please take the time to complete the survey and be heard.

Your health matters... make it count.



New Brunswick Health Council

Engage. Evaluate. Inform. Recommend.

For more information, please call the New Brunswick Health Council at 1.800.560.1360 or visit us at www.nbhc.ca.

Suggested Recommendations to Practitioners Receiving Telephone Orders

1. Ensure all telephone orders are complete i.e., include the “six” rights: the right client, the right drug, the right dosage, the right time, the right route, and the right documentation (NANB ,2009).
2. Record the order directly onto an order sheet in the client’s chart as the order is received. Be prepared when calling a physician for the possibility of a telephone order to be received. Do not write orders on a scrap piece of paper as transferring this information introduces another opportunity for error. (Cohen, 1999).
3. Read back all telephone orders (AHRQ, 2003; Cohen, 1999; NCC MERP, 2001).
4. Read back should include: Spelling of drug name use words to identify letters that are phonetically similar [e.g., “B as in Bob” versus “V as in Victor”, may include trade name if this helps with clarity and Dose confirmation expressed as a single digit e.g., “fifty milligrams: five, zero, milligrams” or, if a dosage range is ordered, include this in the verification (e.g., “dosage micrograms per hour intravenously”. (Cohen, 1999; ISMP, 2004, July 15; NCC MERP, 2001)
5. Verify indication for medication(s) ordered The order needs to make sense (NCC MERP, 2001).
6. Ask questions as needed e.g., clarification, any concerns (AHRQ, 2003; Cohen, 1999).
7. Consider review by a second practitioner before initiating an order, particularly for medications available in unit stock or when an over-ride is required to access a medication from an automated dispensing unit (AHRQ, 2003).
8. When pharmacy is expected to fill an order, a copy of the written order should be sent for review before the medication is dispensed. Copies of all orders should be sent to pharmacy to ensure a complete and up to-date pharmacy medication record. This provides the opportunity for another check to prevent or limit perpetuation of an error, drug interactions, allergies, duplicate therapies, etc. (Cohen, 1999).
9. Call the practitioner back if any questions or discrepancies arise e.g., incomplete order noted, unusual dosage, etc (Cohen, 1999).

Suggested Recommendations to NP Prescribers Giving Telephone Orders

1. When calling in a telephone order, confirm client identity particularly when the telephone call is unexpected or not initiated by the practitioners in the unit or caring for the patient (NCC MERP, 2001).
2. Spell the name of the medication(s). Use words to identify letters that are phonetically similar e.g., “B as in Bob” versus “V as in Victor” (Cohen, 1999; NCC MERP, 2001).
3. Consider providing both the generic and trade names of the medication for clarity (NCC MERP, 2001).
4. Avoid truncating, using abbreviations, short forms or acronyms for drug names to avoid confusion e.g., state “morphine” rather than “morph”, “hydrochlorothiazide rather than “HCTZ”, “potassium chloride” rather than “K” (Cohen, 1999; Koczmara et al., 2005; NCC MERP, 2001).
5. Avoid confusion with spoken numbers by restating the dosage in single digits e.g., “15 milligrams: one, five, milligrams” to help distinguish it from “50 milligrams: five, zero milligrams” [Cohen, 1999; NCC MERP, 2001].
6. If a dose range is ordered, include this in the verification e.g., “dosage range of 0.625 mg up to and including 5 mg IV”
7. Provide complete dosage and route for all medications ordered and comply with formulary guidelines e.g., mmol for potassium; mg; mcg; mcg/kg/min; mg/kg/hour; mg rather than mL for oral suspensions; include infusion volume when applicable instead of “q8h” (NCC MERP, 2001).
8. Provide the indication for medication(s) ordered (NCC MERP, 2001).
9. Obtain a read back of the entire telephone order (Cohen, 1999; NCC MERP, 2001).
10. Ensure the order is clear and understandable to the person receiving the telephone order e.g., by asking the practitioner receiving the telephone order if they have any questions with which you can assist (AHRQ, 2003).
11. Review and sign telephone orders as soon as possible (Cohen, 1999; NCC MERP, 2001).

Resolutions to the 2011 Annual General Meeting

Resolution 1

WHEREAS the Association is the professional regulatory body for Registered Nurses in New Brunswick with the mandatory responsibility under the *Nurses Act* to protect the public and support nurses by establishing, promoting and maintaining standards for nursing education and practice and by advocating for healthy public policy;

WHEREAS the fiscal capacity and integrity of the Association must be insured to support the delivery of this mandatory role, in the interest of the public and the profession;

BE IT RESOLVED that the NANB registration fee be increased by the following amounts:

- 2012 \$30.00
- 2013 \$30.00
- 2014 \$20.00
- 2015 \$20.00

Resolution 2

WHEREAS there are three public members appointed to the Board of Directors by the Lieutenant-Governor in Council and the Minister of Health;

WHEREAS from time to time the appointment of a public member has not occurred in a timely manner and

has resulted in a vacancy on the Board of Directors until the appointment has been made;

WHEREAS the participation of public members on the Board of Directors is important to the governance of the Association;

THEREFORE BE IT RESOLVED that by-law 5.02B of the Association be amended as follows:

5.02 B The term of office for representatives of the public shall be two (2) years with a maximum of two (2) terms, provided that if the term of office of a director appointed to represent the public expires and a successor has not yet been appointed, the incumbent director shall for a period of up to one (1) year continue to hold office until a successor is appointed.

Resolution 3

WHEREAS the structure of the Board of Directors was changed in 2005 from a 21 member Board to a 12 member Board;

WHEREAS the change in structure of the Board resulted in the elimination of eleven Chapter Presidents and five Members-at-Large positions and the creation of seven Region Director positions;

WHEREAS the Nominating Committee is comprised of eleven Chapter Presidents which reflects the old governance structure of the Board;

THEREFORE BE IT RESOLVED that by-law 8.02 B of the Association be amended to enable the Board of Directors to appoint a Nominating Committee reflective of the current Board structure as follows:

8.02 Commencing on September 1, 2006 and thereafter the standing committees shall be: [June, 2005]

- A. Nursing Education Advisory Committee (chairman and all members appointed by the Board); [June, 2005]
- B. Nominating Committee (chairman and all members appointed by the Board and membership shall be all chapter presidents); [June, 2005]
- C. Complaints Committee (chairman and all members appointed by the Board); [June, 2005]
- D. Discipline Committee (chairman and all members appointed by the Board); [June, 2005]

Review Committee (chairman and all members appointed by the Board). [June, 2005]

Ensuring NANB's Fiscal Integrity

continued from page 7

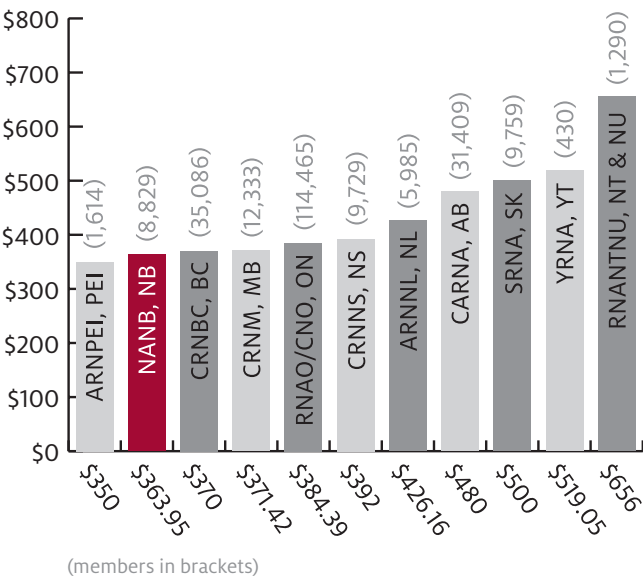
lowing fee increases to ensure NANB's mandatory responsibility and maintains capacity and effectiveness:

- 2012 \$30.00 (\$393.95 + HST)
- 2013 \$30.00 (\$423.95 + HST)
- 2014 \$20.00 (\$443.95 + HST)
- 2015 \$20.00 (\$463.95 + HST)

The LRFP will be presented at the 2011 Annual General Meeting for consideration. Detailed information is posted on the NANB web site. To ensure you, the members have adequate information and answers to your questions, NANB will provide a number of teleconferences in May (English and French) and face-to-face presentations as requested. To participate in a teleconference or organize a presentation, please contact Jennifer Whitehead, Manager of Communications and Government Relations at jwhitehead@nanb.nb.ca or call 1-800-442-4417.

—ROXANNE TARJAN, Executive Director

Provincial Association Fees 2011





Nursing: the Next Decade

**95th NANB
Annual General Meeting
& Conference**

June 8–9, 2011

Some participants may be sensitive to perfume or aftershave, members are asked to refrain from wearing scents. A photographer will be circulating taking pictures at our Annual Meeting and Conference Day. Photos may be used in future NANB communication materials.

JUNE 8, 2011

MORNING

0730 Registration

0900–1030 Call to Order

Introductions
Greetings—Department of Health
Greetings—Canadian Nurses Association
Approval—Agenda, Rules and Privileges
Appointment of Scrutineers
Deadline for Resolutions (12 noon)
Announcements
President's Address
Annual Update—Executive Director
Auditor's Report

1030–1100 Nutrition Break

Announcement (deadline for resolutions)

1100–1130

Long Range Fiscal Plan

1130–1230

CNA Certification

AFTERNOON

1230–1330 Lunch Break

1330–1430

Social Networking

Chantal Léonard—Chief Executive Officer,
CNPS

1430–1530

Resolutions Committee Report
Voting on Resolutions
New Business

1530–1600 Nutrition Break

1600–1630

Elections Results
Installation of New President
Invitation to 2012 Annual Meeting
Adjournment

1800–2100 Cash Bar

1900 Awards Banquet (ticket required)

JUNE 9, 2011

MORNING

0900 Registration

0900–1000

Welcome—Martha Vickers,
President, NANB
Healthcare challenges from 2011 to 2021:
How does nursing "measure up"?
Speaker—Dr. Judith Ritchie, Associate
Director for Nursing Research, McGill
University Health Centre

1000–1030 Nutrition Break

1030–1130

NB Nurses Meeting the Challenges—Panel

1130–1230

*Ethical challenges for nurses over the next
decade: A call to action*
Speaker—Dr. Patricia Rodney, Associate
Professor, University of British Columbia
School of Nursing

AFTERNOON

1230–1330 Lunch Break (provided)

1330–1430

*Working collaboratively: New providers, new
roles, new scope*—Panel

1430–1500 Nutrition Break

1500–1600

*A Culture of Caring: How Nurses Can Lead the
Transformation of the Health System*
Speaker—André Picard, Public Health
Reporter, *The Globe and Mail*

1600–1615

Closing Remarks—Martha Vickers,
President, NANB

SPEAKERS



Dr. Judith Ritchie

Associate Director of Nursing Research,
McGill University Health Centre



Dr. Patricia Rodney

Associate Professor,
University of British Columbia
School of Nursing



André Picard

Public Health Reporter,
The Globe and Mail

Proxy Voting

What You Need to Know

Anyone who does not plan to attend the 2011 annual meeting can make their views known through a process called proxy voting. Simply put, it is a way of voting at annual meetings by means of a proxy or person that you have entrusted to vote on your behalf. Please read the following information carefully to make sure that your opinions are counted.

What is a proxy?

A proxy is a written statement authorizing a person to vote on behalf of another person at a meeting. NANB will use proxy voting at the upcoming annual meeting, June 8th, 2011, in Fredericton.

By signing the proxy form on page 36, practising members authorize a person to vote in their place. Nurses attending the annual meeting may carry up to four proxy votes as well as their own vote.

What the Association bylaw says about proxy voting?

NANB bylaw 12.07 states:

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

Information for Nurses Who Give Their Vote Away

Nurses holding NANB practising memberships may give their vote to another practising member. They should, however, keep the following in mind: (a) know the person to whom they

are giving their vote, (b) share their opinion on how they wish that person to vote for them, (c) realize that the person holding their proxy may hear discussions at the meeting that could shed a different light on an issue (so discuss the flexibility of your vote), (d) fill out the form on page 36 accurately (the blank form may be reproduced if necessary), and (e) send the form to the NANB office. All forms must be received at the office by June 3, 2011 at 1300 hrs.

When proxy forms are received at the Association office, staff members check that both nurses named on the form hold practising membership and that the information on the form is accurate. Occasionally a form has to be considered void because the name does not coincide with the registration number on record. A form is also void if it is not signed, if it is not completely filled out or if there are more than four forms received for one proxy holder. Since one nurse may hold only four proxies, a fifth form received for that nurse is void. Also no forms are accepted if received after June 3, 2011 at 1300 hrs. Forms sent by FAX will be declared void.

Information for Nurses Who Carry Proxies at the Meeting

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

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



Notice of Annual Meeting

In accordance with bylaw article XIV, notice is given of an annual meeting to be held June 8, 2011 at the Delta Fredericton, New Brunswick. The purpose of the meeting is to conduct the affairs of the Nurses Association of New Brunswick (NANB).

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

Resolutions for Annual Meeting

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

Roxanne Tarjan,
Executive Director, NANB

own opinion or withhold your proxy vote.

- Always carry your proxies with you. If they are lost, you may not be able to retrieve them to vote.

Clarification

Anyone wishing clarification on proxy voting may call the Association at 506-458-8731 or toll free 1-800-442-4417.

➤ Find Proxy Form on page 36.

YOU'VE ASKED

.....

"I'm a registered nurse who works in an emergency department and I've been asked by a police officer to disclose personal health information about one of my patients. Do I have to disclose health information about a patient to the police?"

THE SHORT ANSWER to your question is NO. According to the Canadian Nurses Protective Society, "...when police officers request nurses to disclose information learned in the course of treating a patient, many nurses feel that they have a moral and legal duty to disclose the information" (CNPS, 2006) but a police request for information without a court order, subpoena or warrant is similar to a request for patient information from other sources and confidentially must be maintained. As a registered nurse, you are responsible for ensuring that your practice and conduct meet legislative requirements and respect policies and standards relevant to the profession and the practice setting. It is important that you be aware of your professional, ethical and legal responsibilities regarding your duty of confidentiality to your clients.

Principles to consider before disclosing personal information to the police:

- What is my employer's policy on disclosure of patient's health information?
- What relevant professional, ethical and legal responsibilities should I be aware of?
- What are the exceptions to duty of confidentiality?

Employer's Policy

Employers should have or develop policy and directions with regards to co-operation with the police. Before

disclosing any information about a patient to a third party, you have the professional responsibility to be aware of the relevant employer's policy on disclosure of personal health information.

Professional Standards

The *Standards of Practice for Registered Nurses* (2005) are statements that describe the desirable and achievable level of performance expected of all registered nurses in their practice, regardless of their role. As members of a self-regulating profession, you are to practice in accordance with practice standards as set by NANB.

The NANB *Standards of Practice for Registered Nurses* (2005) relevant to confidentiality of health information are:

- 1.2...responds to the needs of clients in a way that fosters trust, respect, collaboration and innovation;
- 4.1...practices in accordance with accepted ethical standards, including but not limited to the *Code of Ethics* and the *Standards for Therapeutic Nurse-Client Relationship*;
- 4.4...acts as an advocate to protect and promote a client's right to autonomy, respect, privacy, dignity and access to information;
- 5.1...is knowledgeable and practices in keeping with current legislation, policies and standards relevant to the profession and the practice setting;
- 5.2...is accountable at all times for own

actions and decisions;

Ethical Values

The *Code of Ethics for Registered Nurses* (2008) offers statements of ethical values and responsibilities for registered nurses. It is intended for all RNs in all contexts and domains of nursing practice. The relevant ethical standards as outlined in the *Code of Ethics for Registered Nurses* (2008) are:

- Nurses respect the right of people to have control over the collection, uses, access and disclosure of their personal information.
- Nurses collect, use and disclose health information on a need-to-know basis with the highest degree of anonymity possible in the circumstances and in accordance with privacy laws.
- When nurses are required to disclose information for a particular purpose, they disclose only the amount of information necessary for that purpose and inform only those necessary. They attempt to do so in ways to minimize any potential harm to the individual, family or community.
- Nurses intervene if others inappropriately access or disclose personal or health information of persons receiving care.

Legislations

In New Brunswick, the new *Personal Health Information Privacy and Access Act* provides a set of rules that protects



Judith Shamian,
President of CNA,
Roxanne Tarjan,
Executive Director of
NANB, France
Marquis, President-
elect of NANB,
Rachel Bard, CEO of
CNA met with the
New Brunswick
Health Council's
Stéphane Robichaud,
Micheline Mancuso
and Shirley
Smallwood.



First Stop: New Brunswick
March 1 & 2

CNA's Cross-Country Tour: Meeting Canada's Nurses in Their Communities

CNA, accompanied by NANB were
welcomed in Moncton, Fredericton and
Saint John on a mission to: engage nurses,
other health-care providers, government
decision-makers and the media.



Rachel Bard, CEO of
CNA, interviewed
with Radio-Canada le
téléjournal / Acadie

A tour of the
Nephrology Unit at
the Georges. L
Dumont University
Hospital Centre

privacy and the confidentiality of your
patient's personal health information.
At the same time, the Act ensures that
information is available, as needed, to
provide health services to those in need
and to monitor, evaluate and improve
the health system in New Brunswick.
This Act can be found on the
Government of New Brunswick's
website or at » [www.gnb.ca/0051/acts/
legislation-e.asp](http://www.gnb.ca/0051/acts/legislation-e.asp).

The Government of New Brunswick
has also appointed an Access to
Information and Privacy Commissioner.
The access to information commis-
sioner promotes best practices in
privacy protection and access to health
information as well as providing advice
to custodians. For information about
the Act, the Commissioner's Office can
be contacted at 506-453-5965.

Exceptions to duty of confidentiality

There are some exceptions or situations
where RNs are authorized to disclose
confidential information to the police.

1. Patient Consent: If the patient (or
legal guardian) has consented to
have his information disclosed the
RN can then share the pertinent
information with the police. The RN
discloses only the necessary infor-
mation and informs only those
necessary (CNA, 2008).
2. Court order: Patient's confidentiality
may be breached or relevant personal
health information disclosed when a
court order, subpoena or warrant is
in place (Rozovsky, 2002). When
required to disclose personal health
information, the disclosure is kept to
a minimum and only the relevant
information is shared.
3. Any other exceptions as stipulated in
legislations.

For any information regarding this
nursing practice situation or any other,
contact NANB's Practice Advisor at
1-800-442-4417 or email nanb@nanb.nb.ca.

REFERENCES

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Are NPs Authorized to Prescribe 'Off Label'?

BY SUSANNE PRIEST

SIMPLY YES. To prescribe a drug 'off label' is a practice in which the authorizing prescriber (NP), prescribes a drug for a health condition that is different than originally approved for by the Food and Drug Administration (FDA). For example, an NP may prescribe Metformin (a drug approved to treat diabetes), to treat a woman with Polycystic Ovarian Syndrome.

With regards to 'off label' prescribing, with the appropriate evidence to support the use of a medication for the treatment and NP competence to prescribe the medication, there is no contraindication for this practice to occur.

To support NP practice, the following standards and indicators may be applied to 'off label' prescribing.

Standard 1: Professional Responsibility and Accountability, states that the nurse practitioner is responsible and accountable for her own practice and her professional conduct. The following indicators apply:

1.1 The NP practices in accordance with current federal and provincial legislation, professional and ethical standards, and policy relevant to NP practice.

There is no legislative barrier (other than the Controlled Drugs and Substance Act), regarding NPs prescribing in this province. New Brunswick nurses and nurse practitioners are regulated using a competency-based model and not restrictive lists or restrictive acts.

1.2 The NP attains, maintains and enhances competencies within her own area of practice.

The NP is responsible and accountable to maintain her competency level. If the NP has the education, the knowledge and the

competency to prescribe a medication, then she has the authority to do so. Every NP in this province also has a consulting physician, for when the level of care is greater than her competency level and knowledge base.

Standard 3: Therapeutic Management states that the NP utilizes advanced knowledge and judgment in applying pharmacological and non-pharmacological interventions.

3.1 The NP utilizes an authoritative source of evidence-based drug and therapeutic information when prescribing drugs and other interventions.

When prescribing 'off label', the drug of choice for the health condition must be based on evidenced-informed research.

3.2 The NP considers the known risks and benefits to the client, the anticipated outcome, and ensures safeguards and resources are available to manage outcomes when initiating interventions.

It is recommended that the NP consult with her consulting physician as needed when prescribing 'off label'.

3.3 The NP provides client education about interventions including: expected action, importance of compliance, side effects, potential adverse reactions, possible interactions and follow-up plan.

3.6 The NP prescribes drugs in accordance with the NANB NP Schedules for Ordering: Schedule C.

3.11 The NP continues to enhance knowledge base as required to provide comprehensive, quality, and evidenced-based care.

If you have any questions regarding NP practice, please contact the Practice Department at 1-800-442-4417 or email spriest@nanb.nb.ca.

MOMS Link Study

Sustainable Telephone-Based Support for Mothers with Postpartum Depression

By Sarah MacLaggan

The Canadian Institutes for Health Research have generously funded the *MOMS Link Study*, a province-wide project directed by dedicated service providers and academic researchers. Postpartum depression is the most frequently occurring morbidity following childbirth and approximately 15% of new mothers will experience lasting feelings of depression after having a child. Unfortunately, New Brunswick has a recognized need to improve support to new mothers. Because there is a need for additional support in New Brunswick, the *MOMS Link Study* will provide important insight as to whether telephone-based peer support will be effective in providing mothers with the additional support needed and diminishing negative long lasting effects on marital relationships, mother-child relationships, and child development.

Starting in January of 2011, we are seeking the help of New Brunswick mothers who have previously experienced postpartum depression, and would be willing to use their knowledge and experience to help others. These great volunteers are going to be considered peer mentors to the new mothers and will be given training before starting the program. Peer mentors are trained, caring individuals, who can relate with mothers' experiences of depression, and be available to listen to mothers when other service providers are not.

Participation is completely confidential. For more information on being a MOMS Link Peer Mentor, please contact Project Director Katie Young at 447-3204, 1-888-639-1555, katie.young@unb.ca, or check out our website at

» www.momsnb.ca. (UNB REB# 2010-127) ■

MAIN FACTORS RELATED TO PASSING THE Canadian Registered Nurse Examination (CRNE)

By SYLVIE ROBICHAUD-EKSTRAND, FRANCE L. MARQUIS &
SUZANNE OUELLET IN COLLABORATION WITH PIERRETTE CORMIER,
CAROLE FRENETTE AND STÉFANIE LEBLANC

The École réseau de science infirmière (ÉRSI) of the Université de Moncton strives to offer a quality education program that prepares its bachelor of nursing graduates to succeed at their first writing of the CRNE and thus be entitled to practice nursing. However, passing the CRNE depends essentially on the student and is closely related to passing all the courses in nursing, general education and related disciplines of the program.

In this article, the authors present the results of a retrospective study that was conducted from 1999 to 2008 with two related cohorts of 117 graduates of the l'ÉRSI. One of these cohorts passed at the first writing of the CRNE¹, while the other failed.

For this study, the primary factors analyzed were the high school marks, the high school of origin and the academic results at the university level. Results from the statistical analyses conducted showed that the overall average achieved for each year of the bachelor of nursing program is the best predictor of success at the first writing of the CRNE. More specifically, each increase of one letter (e.g., from C to B) in the overall average of the second to the fourth year of the program increases the chances of success at the first writing of the CRNE by 8.8 and 4.15 respectively. These results also show that a difference of one-third of a letter (e.g., from B- to B) predicts success or failure at the first writing of the CRNE.

Academic Results on a Course by Course Basis of the ERSI Nursing Bachelor Program

Logistic regression analyses were conducted on the marks achieved for the courses of the various years of the bachelor of nursing program. Among the program courses, the results in

the courses presented in Table 1 show that each increase in the final letter ($p \leq 0.05$) is a good predictor of how well the student will do at his or her first writing of the CRNE.

Among the marks obtained for the theory courses of the program, depending on the mark for the course *SINF 3313—Perinatal care* ($p \leq 0.05$), the chances of the student succeeding at the CRNE triple for each one-letter increase in the final mark.

Clinical courses can also be a predictor of success or failure at the CRNE ($p \leq 0.05$). Indeed, results show that a student has 2.4 more chances of succeeding at the CRNE for each one-letter increase in the final mark of the course *SINF 2293—Clinic in adult care I* and almost twice the chances of succeeding for the same increase in the courses *SINF 3583* and *SINF 4682* ($p \leq 0.05$).

Concerning the impact of the high school marks and the high school of origin, an analysis of the discriminatory functions reveals that the marks obtained for the courses *Biology 53421*, *Chemistry 52411*, *French 10411* and *History 42311* all have a significantly discriminatory effect on passing the CRNE ($p \leq 0.05$). These courses are part of the compulsory courses required for admission in the bachelor of nursing program at the Université de Moncton.

In concluding, the best predicting factor for passing the CRNE is the overall average obtained in each year and more specifically in the second and the fourth year of the bachelor of nursing program at the École réseau de science infirmière of the Université de Moncton. Thus, students who wish to increase their chances of succeeding at the first writing of the CRNE must obtain good marks in all courses. In other words, students cannot simply settle for the passing mark for the program courses.





TABLE 1

Courses of the bachelor of nursing program that predict success at the first writing of the CRNE

	Courses of the Bachelor of Nursing Program	Exp(B)*	p**
1st Year	BIOL 1133—Anatomy and human physiology I	1.66	0.03
2nd Year	SINF 1023—A healthy person	2.18	0.01
	SINF 2293—Clinic in adult care I	1.96	0.02
	SINF 2241—Physical assessment	2.18	0.02
3rd Year	SINF 3313—Perinatal care	3.27	0.01
	SINF 3423—Children and family care	1.85	0.02
	SINF 3551/3563—Community health	1.75	0.02
4th Year	SINF 4013—Research: nursing	1.67	0.02
	SINF 4255—Complex and critical care	1.86	0.03
	SINF 4023—Professional ethics	1.65	0.02

¹ The samples used were drawn from two related groups, producing an identical size. But these groups are not a proportional representation of students who pass or fail at their first writing of the CRNE. Thus, these results could be slightly amplified.

* Multiplying index of success at the first writing of the CRNE for each one-letter increase of the final mark for the course.

** Significance level ($p \leq 0.05$).



Health Centres in New Brunswick: Leaders in the Provision of Primary Health Care

By JOANNE BARRY @ CHERYL SAUNDERS

On September 16th and 17th, 2010, Albert County Health and Wellness Centre hosted the annual ANBHC Conference, *The Tides of Change*, in Hillsborough. We are proud to say that with more than sixty-five people attending, this was the largest conference to date, with representatives from community based organizations and government, as well as various health centres. During these two informative days we had the opportunity to learn about: Asset Based Community Development, Chronic Disease Management & NB Patient Portals, Increasing Access to Nurse Practitioners, Population Health and the NB Health Council.

Members from the local community demonstrated how they have addressed the social determinants of health in their community. Many of the projects have received support from the Bennett & Albert County Health Care Foundation, a proactive group that evolved out of the former hospital foundation and have the mindset that communication and involvement are key to building community capacity. As a result of networking efforts throughout the community and partnership development with the Albert County Health and Wellness Centre this community now has a local food bank, a local, easily accessible GED program, a nurse practitioner providing health services at the high school, a growing community market and a yoga program for young girls. These outcomes clearly demonstrate what is possible when a group of committed people work together to accomplish a common goal.

As we all know, “all work and no play” isn’t healthy, so to ensure balance in life we were treated to a tour of the famous Hopewell Cape Rocks. It was a visit enjoyed by all and left us rejuvenated to enjoy the rest of the conference! An added bonus

for those of us at the Conference was knowing that we were able to make a donation to support Impact Ministries in sending an Albert County Guatemala Medical Team to address the medical and dental need of the children in Titatic, which is located in central Guatemala.

What exactly is the ANBHC/ACSNB?

The Association of New Brunswick Health Centres/Association des Centres de Santé Nouveau-Brunswick (ANBHC/ACSNB), incorporated since May 2008 represents the 50+ health centres in our province. Operating under the same principles, Health Centres offer a range of primary care, social and other services that encompass all aspects of health promotion and education, disease prevention and community development. In addition, Health Centres engage individuals and groups in the provision of care, ensuring that the accent for care lies within the community. In optimum situations, the Centre works in partnership with organizations in other sectors, to improve the health of individuals and groups and to strengthen communities. Our vision is that, “*All New Brunswickers’ have access to community-driven, primary health care provided by an interdisciplinary team; in cooperation with individuals, families and the community.*”

The Board members of the ANBHC/ACSNB would like to extend an invitation to all staff employed with a health centre to become members of this growing organization and to be a unified voice for health centres in New Brunswick.

For further information and application for membership (\$25) please contact cheryl.saunders@horizonnb.ca.

Join us! Have a Voice! As we work together in the province to achieve common goals. ■

MAR. 23-24, 2011

Mental Health Disorders: Challenges in the Workplace, Aboriginal Communities & the Criminal Justice System
National Mental Health Conference 2011
Winnipeg, MB
» www.2011mentalhealthconference.com/welcome

APR. 6-8, 2011

Development, Evaluation and Exchange Nursing Intervention Research
1st International Symposium
Montreal, Que.
» www.symposium2011.org/index.php?id=3&L=o

MAY 9-15, 2011

National Nursing Week
Nursing: the Health of our Nation

MAY 11-12, 2011

Atlantic Health Quality & Patient Safety Learning Exchange
Charlottetown, PEI
» www.saferhealthcarenow.ca/en/events/conferencesevents/workshops/pages/atlantichalthqualitypatient-safetylearningexchange.aspx

MAY 16-18, 2011

The Time is Now: Influence, Impacts, Outcomes
The 5th National Community Health Nurses Conference
Halifax, NS
» <http://chnc.ca>

MAY 20, 2011

Treatment of Eating Disorders: A one day workshop on Comorbidity
Moncton, NB
» www.nanb.nb.ca/PDF/Flyer-Eating_Disorders.pdf

JUN. 2-4, 2011

22nd Annual Canadian Bioethics Society Conference
Saint John, NB
» www.bioethics.ca/index-ang.html

JUN. 6-7, 2011

NANB Board of Directors Meeting
Fredericton, NB

JUN. 8-9, 2011

Nursing: the Next Decade
NANB Annual General Meeting & Conference
Delta Hotel, Fredericton, NB
» www.nanb.nb.ca

JUN. 8-11, 2011

To live is to Age Raising the Bar for Excellence
CGNA 2011 Biennial Meeting
Mississauga, ON
» www.cgna.net

JUN. 17-18, 2011

Articulating the Unique Value of Nursing
2011 Atlantic Region Canadian Association of Schools of Nursing
Antigonish, NS
» www.mystfx.ca/academic/nursing/nursing/ARCASN%202011/Website%20ARCASN%20Notice0001.pdf

JUN. 17-19, 2011

The power of caring during shifting tides...
National Conference & AGM of the CAPNM
Moncton, NB
» www.capnm.ca/AGM_2011.htm

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(506) 849-3700 ext. 233

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Spring Convocation
2010 BN/RN
graduates (From left
to right) Christine
McKinnon, Patricia
Gilbert, Carolyn
Ramsay, Gail Ellis,
Merilee Belding,
Debbie Woodworth,
Melanie Wright
(BN graduate).

Missing from photo:
Janet Lamont, Sherry
Leblanc, Debbie
Maxan, Brenda Rolfe,
Deborah Walton,
Karen Vance,
Charlene Somers.

UNBSJ Delivers Bachelor of Nursing Degree for Registered Nurses

By CATHY O'BRIEN-LARIVÉE, ROSE MCCLOSKEY & DIANNE MCCORMACK

THE CANADIAN NURSES ASSOCIATION (CNA) recognizes that nurses face increasingly complex situations in the health care system as a result of changes within the system and within the role of the nurse. "The Canadian Nurses Association believes that the competencies required by new registered nurses to meet client health needs are most effectively and economically achieved through baccalaureate education. The goal of having a baccalaureate requirement for entry into nursing has been adopted throughout Canada by all provincial and territorial nurses' associations. The decision was taken based on trends affecting health care in Canada and the changing role of the nurse" (CNA, 2001). In New Brunswick, a baccalaureate degree for entry to practice has been in place since 1993 (Rhéaume, 2003).

The Bachelor of Nursing Degree for registered nurses offers many exciting opportunities. Nurses may use this opportunity to learn about a different area of nursing while in the role of a student. Often students verbalize their appreciation for the

opportunity to work in a practice placement that is very different from their present work environment. The Bachelor of Nursing degree also provides a new lens through which to experience familiar situations and sometimes opens many opportunities for career advancement. One recent graduate wrote, "The degree program provided me with greater insight into the determinants of health, which have been invaluable in forming the basis of programming with vulnerable populations in our community" (Kim Chenier, personal communication, September 27, 2010).

Bachelor of Nursing at the University of New Brunswick in Saint John

The Bachelor of Nursing Degree, for Registered Nurses, in Saint John first began in 1985 (Roberta Clark, personal communication, October 15, 2010). The program was delivered through the College of Extended Learning (CEL) and students participated in courses delivered both through distance education and onsite



Proxy Voting Form

2011 NANB AGM

(please print)

I, _____

a practising nurse member of the Nurses Association of New Brunswick, hereby appoint _____

registration number _____

as my proxy to act and vote on my behalf, at the annual meeting of the Nurses Association of New Brunswick to be held June 8th, 2011 and any adjournment thereof.

Signed this day the _____ of _____, 2011.

Signature

Registration No.

To be received at NANB offices before June 3, 2011 at 1300 hrs. Proxies sent by fax will be declared null and void.

Mail to:

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

classes on the Saint John Campus. Graduates of a two or three year nursing diploma program, who are eligible for registration in New Brunswick with the Nurses Association, are invited to apply for admission. The Bachelor of Nursing degree is intended to advance the Registered Nurses preparation for taking on multiple roles in the health care system. The mandatory credits are classified as thirty-two required nursing credits, six required non nursing credits, and eighteen elective credits. Nursing courses are devised to integrate both classroom based theory courses and practice courses in Community Population Health and Family Nursing. Theory and practice courses are designed to increase the registered nurses knowledge in relation to evidence informed practice, issues in nursing leadership, and trends within the health care system. Students are encouraged to take advantage of a broad based education through the completion of eighteen elective credits from various disciplines. While the majority of students have preferred to pursue the degree on a part time basis, full time study is an option.

Will I receive credit for my Diploma in Nursing?

As a registered nurse, you will enter the program with a reduced number of required credits; receiving credit for previous diploma education. The Bachelor of Nursing degree for Registered Nurses program consists of fifty-six credits, while students entering the Bachelor of Nursing degree program (students who are not RNs) will complete 132 credits. Upon completion of the credit requirements, both groups of students are eligible for the same Bachelor of Nursing degree.

Registered nurses who completed the New Brunswick Critical Care Nursing Program (NBCCNP) prior to September 2010, are eligible to apply for a transfer of twenty-four credits towards the Bachelor of Nursing degree. Since September 2010, the NBCCNP is offered at a proficiency only level; Non credit Program through the College of Extended Learning (CEL) at UNB and Education Permanent at UdeM. Therefore, credits earned in the NBCLNP program after September 2010 are not accepted for transfer to the Bachelor of Nursing degree for Registered Nurses.

Do I receive credit for my work experience?

Prior Learning Assessment (PLA) provides students the option of applying for credit towards their enrolled degree program for past learning that is relevant and that is deemed to be at a university level. For more information regarding eligibility and processing of a PLA application please contact Marilyn Carkner at the Degree Credit Delivery office within the College of Extended Learning on the Fredericton Campus at mcarkner@unb.ca.

How do I apply for the Bachelor of Nursing Degree for Registered Nurses?

Registered nurses may apply to the office of the registrar at the University of New Brunswick in Saint John for admission as a non degree student. After successfully completing one three credit course achieving at least a "C" grade equivalent to a 2.0 cumulative grade point average (gpa) in the course, and being eligible for active registration with the Nurses Association of New Brunswick, the student may apply for admission to the Bachelor of Nursing Degree for Registered Nurses. However, this regulation is being reviewed, and in the future, students may be able to apply for direct entry into the Bachelor of Nursing Degree for Registered Nurses. New applicants should seek academic advisement from the BN/RN Coordinator, Dianne McCormack at dmmccormack@unb.ca. Applicants may also visit the Department of Nursing and Health Sciences website for more information at » www.unb.ca/saintjohn/sase/dept/nursing. ■

REFERENCES

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- Rhéaume, A. (2003). The changing division of labour between nurses and nursing assistants in New Brunswick. *Journal of Advanced Nursing*, 41(5), 435-443.
- University of New Brunswick Academic Calendar. (2010). Academic Undergraduate Calendar Retrieved from » <http://eservices.unb.ca/calendar/undergraduate/>

Meet the voice on the other
end of the phone...

Virgil Guitard

NANB Nursing Practice Advisor



Describe a typical day for the Nursing Practice Advisor.

About 65%–75% of my time is spent providing information/opinions or directions regarding professional nursing practice. I speak to nurses/employers and stakeholders and help them interpret nursing standards, legislations or information that relates to their specific situations. The rest of my time is spent revising or creating NANB documents, researching and writing articles for *Info Nursing*, on-site visits, presentations and participating in NANB initiatives relating to professional nursing practice.

How has your past nursing experiences prepared you for this position?

As an RN, I had the opportunity to practice in various settings (i.e.: hospital, community, education) and in different roles (i.e.: bedside, school nursing, administration, educator). All of which provided me the opportunity to acquire various competencies necessary for this role. Also, having been involved in graduate studies, I was able to develop important skills, such as research, that greatly helps me in this position.

You spend most of your day communicating with members, how many calls/emails would you address in the run of a day? And what is the process for documenting/handling these calls?

In 2010, the Practice Department received 1,072 practice calls/emails with the majority directed to the Nursing Practice Advisor. All inquiries received are documented and a computer program is used for analysis to identify trending and statistics. The Association maintains strict confidentiality of all inquiries.



What would you say are the most common nursing issues? And have you noticed a change or reoccurring issues since accepting this position?

Years of statistics indicate that issues remain the same. Most of the practice calls/email questions are in relation to the interpretation or application of different nursing standards. For example, we get questions in relation to administration of medication, documentation practices, ethical situations, nurse-client relationship etc.

This position allows you to work from home. What are the advantages/disadvantages of working at a distance?

Working from home requires a certain discipline. An advantage is being able to concentrate on the work at hand—few interruptions due to the absence of noise. This allows me to move my work forward more quickly. The biggest challenge, is finding ways to stay connected to the 'group'/colleagues working in the main office in Fredericton. The Director and colleagues also make that "extra" effort to keep us all connected as a team.



Nursing continues to be dominated by women (96%). What advice would you give men considering a career in nursing?

That is a good question. As a nursing student, I never felt that my colleagues or patients treated me differently because of my gender. Even though years of statistics indicate the number of men in nursing remains the same, I think the 'stigmas' that were attached to men in nursing are less evident. I do not have specific advice, but I would say that men in nursing definitely have their place and encourage those interested in a profession in health care to consider a career in nursing. ■

SUSPENSION CONTINUED

On November 26, 2010, the NANB review committee found that Joseph André Beaudet, registration number 019799, demonstrated incompetence, a lack of judgement and a disregard for the welfare and safety of patients.

The review committee ordered that the suspension imposed on the member's registration by the NANB complaints committee in a decision dated May 3, 2010, be continued. The member may request a hearing before the review committee within 12 months of the date of this decision; otherwise the member's registration will be revoked.

SUSPENSION CONTINUED

On December 8, 2010, the NANB review committee found Helen Elizabeth Burke, registration number 025198 to be suffering from an ailment or condition rendering her unfit and unsafe to practise nursing, and that the member's

conduct demonstrated professional misconduct, conduct unbecoming a member, dishonesty and a disregard for the welfare and safety of patients by continuing to practise while incapacitated by her ailment or condition.

The review committee ordered that the suspension imposed on the member's registration be continued for a minimum period of nine months 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 \$2,500 within 12 months of returning to the active practice of nursing.

REGISTRATION SUSPENDED

On December 20, 2010, the NANB complaints committee suspended the registration of registrant number 026149 pending the outcome of a hearing before the review committee.

SUSPENSION CONTINUED

On January 20, 2011, the NANB discipline committee found Shayna Lorelle Nason, registration number 026777, to be suffering from an ailment or condition rendering her unfit and unsafe to practise nursing, and that the member's conduct demonstrated professional misconduct, conduct unbecoming a member, dishonesty and a disregard for the welfare and safety of patients by continuing to practise while incapacitated by her ailment or condition.

The discipline committee ordered that the suspension imposed on the member's registration be continued for a minimum period of eight months 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 within 12 months of returning to the active practice of nursing. ■



Are you protected?

Every nurse should have professional liability protection.

www.cnps.ca

1 800-267-3390

Member's Username: **NANB**

Password: **assist**

Canadian Nurses Protective Society

The Workplace Communications Network (WCN)

THE WORKPLACE COMMUNICATIONS Network (WCN) is made up of over 200 volunteer nurses from around the province. The Network is designed to be a communications channel to distribute information on professional issues, developments and news to all NANB members.

The Network's goal is to have a WCN representative in every workplace in NB to ensure nurses are kept informed.

NANB sends a yearly reminder to all Workplace Representatives to ensure that their information is current. However, if your information is not correct, you would like to volunteer for a vacant position or if your workplace is not on our list of WCN, please contact the Communications Department at stobias@nanb.nb.ca or 506-459-2834 / 1-800-442-4417.

NANB would like to thank and acknowledge all our Workplace Representatives for keeping our members informed.

42 Health Services Center, Oromocto
Charlene Durdle

Addiction Services, Edmundston
Louise Pelletier

Albert County Health and Wellness Center, Riverside/Albert
Rhonda Hamilton

Atlantic Institution (Correctional Service of Canada), Renous
Becky Steeves

Bayshore Home Health, Fredericton
Karen Lake

Bayshore Home Health, Moncton
Marie Anderson

Big Cove First Nation Health Center
Verlene Francis

Blackville Health Center, Blackville
Cheryl Buggie

Bouchtouche First Nation Health Center
Rhonda Richard

Burnt Church First Nation - Wellness Center
Amy Schofield

Campbellton Nursing Home Inc.
Barbara Foley

Campbellton Regional Hospital
Jeannine Perron

Campobello Health Center, Welshpool
Judy Calder

Canadian Blood Services, Saint John
Catherine Downs

Carleton Kirk Lodge Inc., Saint John
Odette Lizotte

Carleton Manor, Woodstock
Dawn Wheaton

Centracare, Saint John
Elise Doucette

Central Carleton Nursing Home Inc., Hartland
Gail Hallett

Central Miramichi Community Health Center, Doaktown
Lorri Amos

Central NB Nursing Home, Boiestown
Tanya Robichaud

Centre de santé communautaire de l'Enfant-Jésus RHSJ, Caraquet
Roseline Hébert

Chaleur Health Center, Pointe-Verte
Alice Gosselin

Chaleur Regional Hospital, Bathurst
Alice Hébert

Chipman Health Centre
Roddy Barton

Clinidata Corporation, Moncton
Tracey Armstrong

CNO, Office Of the Associate Deputy Minister, Department of Health, Fredericton
Mary O'Keefe-Robak

Comcare Health Services, Fredericton
Nancy Sils

Community Mental Health Center, Grand Falls
Renée Dionne

Community Mental Health Center, Sussex
Susan Anderson

Community Mental Health Center, Bathurst
Sylvie Comeau

Community Mental Health Center, Campbellton
Brenda Kierstead

Community Mental Health Center, Caraquet
Anne Robichaud

Community Mental Health Center, Fredericton
Vacant

Community Mental Health Center, Miramichi
Claire Babineau

Community Mental Health Center, Moncton
John Rowe

Community Mental Health Center, Richibucto
Diane Maillet

Community Mental Health Center, Saint John
Beth Moore

Community Mental Health Center, St. Stephen
Lucy Johnson

Community Mental Health Center, Woodstock
Jenny Beatty

Correctional Correctional Service of Canada, SHC, Sackville
Natasha Poirier

Dalhousie Nursing Home
Nancy Dubé

Deer Island Health Center
Anna Cline

Dr. A. W. McLaughlin's Office, Woodstock
Sandra Rattray

Dr. Everett Chalmers Hospital, Fredericton
Pat Scott

Dr. V. A. Snow Centre Inc., Hampton
Janice Robinson

École de science infirmière, UdeM, Moncton
Suzanne Dupuis-Blanchard

École de sciences infirmière, UdeM, Edmundston
France Marquis

École de sciences infirmière/ UdeM/CSSB, Bathurst
Annie Boudreau

Eel Ground First Nation Health Center
Margaret Levy

Eel River Bar First Nation Health Center
Nicole Robichaud

Family and Community Services Social Development, Campbellton
Monique Chouinard

Family and Community Services Social Development, Edmundston
Michèle Ouellette

Forest Dale Nursing Home Inc., Riverside/Albert
Susan Chase

Fort Folly First Nation Health Center, Dorchester
Pam Bowser

Foyer Assomption Enrg., Village de Rogersville
Lauraine Hébert

Foyer Notre-Dame de Lourdes Inc., Salmon Beach
Margaret Payne-Chenard

Foyer Notre-Dame de Saint-Léonard Inc.
Violette Thibodeau

Foyer Saint-Bernard Ltée, Neéguac
Joanne Strang

Foyer Sainte-Antoine
Joanne Babineau

Foyer Saint-Joseph de Saint-Basile Inc.,
Lison Rossignol-Daigle

Foyer Ste-Elizabeth Inc., Baker Brook
Guilda Kennedy

Foyer St-Thomas de la Vallée de Memramcook, Memramcook
Brenda Cormier

Fraser Paper, Edmundston
Norma Lavoie

Fredericton Medical Clinic
Doris Scott

Fundy Health Centre, Black's Harbour
Susan MacKillop

Fundy Nursing Home, Black's Harbour <i>Tamara Glennie-Stevens</i>	Manoir St-Jean-Baptiste Inc., Bouctouche <i>Ginette Roy</i>	Northern Carleton Hospital, Bath <i>Denise Gray</i>
Grand Falls General Hospital <i>Andree Rossignol</i>	McLean Memorial Hospital, McAdam <i>Doreen Thurlow</i>	O.I., Scoudouc <i>Karen Banks</i>
Grand Manan Nursing Home <i>Heather Bass</i>	Medical Centre, Rogersville <i>Glorine Caissie</i>	Orchard View Nursing Home, Gagetown <i>Heather Bursey</i>
Harvey Community Health Center, Harvey Station <i>Rayna Bernard</i>	Medical Clinic, Baie Ste-Anne <i>Monica Lloyd</i>	Oromocto Public Hospital <i>Sharon Hall-Kay</i>
Health Centre, Paquetville <i>Norma Arsenaault</i>	Mill Cove Nursing Home, Mill Cove <i>Sharon Fitzgerald</i>	Passamaquoddy Lodge Inc., St. Andrews <i>Patricia Bartlett</i>
Health Centre, Petitcodiac <i>Jennifer Taylor</i>	Miramichi Senoir Citizens Home <i>Debbie McGraw</i>	Pine Grove Nursing Home, Fredericton <i>Lorna McKnight</i>
Health Centre, Rexton <i>Lucille Cormier</i>	Moncton Detention Center, Moncton <i>Marie-Thérèse Robichaud</i>	Podo Care, Edmundston <i>Isabelle Dubé</i>
Health Service Centre, Saint-Anne-de- Madawaska <i>Ginette Martin</i>	Mount Saint Joseph Nursing Home, Miramichi <i>Kim Arsenaault</i>	Public Health, Fredericton <i>Kimberly Greechan</i>
Hôpital régional d'Edmundston Regional Hospital <i>Linda LeBlanc</i>	N.B. EMP, Miramichi <i>Suzanne Matchett</i>	Public Health, Neéguac <i>Nicole LeBreton</i>
Hôpital régional Dr. Georges -L. Dumont Regional Hospital, Moncton Vacant	N.B. EMP, Woodstock <i>Kelley Brymer</i>	Public Health and Mental Health, Shippagan <i>Suzanne Ouellette</i>
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Hôpital St-Joseph de Dalhousie <i>Vacant</i>	N.B. EMP- Driscoll Unit, Moncton <i>Maura Dalton</i>	Public Health, Campbellton <i>Isabelle Grant</i>
Hospital and Community Health Centre, Lamèque <i>Vacant</i>	N.B. EMP, Bathurst <i>Vacant</i>	Public Health, Caraquet <i>Vacant</i>
Hôtel Dieu of St. Joseph ,Perth-Andover <i>Marsha Lang</i>	N.B. EMP, Dalhousie <i>Susan Philippe</i>	Public Health, Chatham Town Centre, <i>Miramichi Nancy Hambrook</i>
Hôtel-Dieu Saint-Joseph, Saint-Quentin <i>Vacant</i>	N.B. EMP, Edmundston <i>Carlene Pelletier</i>	Public Health, Chipman <i>Tracy Busson</i>
Human Resources Development Canada (HRDC), Fredericton <i>Karla Butterfield</i>	N.B. EMP, Fredericton <i>Lona Taylor</i>	Public Health, Edmundston <i>Diane Levasseur</i>
Indian Island First Nation Health Center <i>Gabrielle Ouellet</i>	N.B. EMP, Lamèque <i>Yolande Chiasson</i>	Public Health, Grand Falls <i>Marie-France L'Anlais</i>
Jacquet River Health Center, Belledune <i>Lise McNair</i>	N.B. EMP, Musquash <i>Marilyn Spear</i>	Public Health, Grand Manan <i>Jackie Kinghorne</i>
Jordan Lifecare Center Inc., The Glades <i>Stephen Keith</i>	N.B. EMP, Newcastle <i>Creek Wanda Miller</i>	Public Health, Kedgwick <i>Manon Bujold</i>
Kennebec Manor, Saint John <i>Lorna Secord</i>	N.B. EMP, Oromocto <i>Wendy Ring</i>	Public Health, Moncton <i>Jacinthe Baril</i>
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Kiwanis Nursing Home, Sussex <i>Ann West</i>	N.B. EMP, Sackville <i>Beth McCaie</i>	Public Health, Perth-Andover <i>Vacant</i>
La Villa Maria Inc., Saint-Louis-de-Kent <i>Denise Daigle</i>	N.B. EMP, Saint John <i>Diane Borgerson</i>	Public Health, Richibucto <i>Hectorine Bernard</i>
Les Résidences Mgr Chiasson inc, Shippagan <i>Nathalie Ferron</i>	N.B. EMP, Sheédiac <i>Marie-Jose Gould</i>	Public Health, Sackville <i>Nilda Caron</i>
Lincourt Manor Inc., St. Stephen <i>Debbie Gullison</i>	N.B. EMP, St. Stephen <i>Vacant</i>	Public Health, Saint John <i>Brenda Phillips</i>
Loch Lommond Villa Inc., Saint John <i>Deyanne Ramsay</i>	N.B. EMP, Ste-Anne-de-Kent <i>Kim Poirier</i>	Public Health, Sheédiac <i>Joanne Landry</i>
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Manoir de Grand-Sault Inc., Grand Falls <i>Carole Clavette</i>	N.B. EMP, Tracadie-Sheila <i>Rolande LeBreton</i>	Public Health, Sussex <i>Marti Trafton</i>
Manoir Edith B. Pinet Inc., Paquetville <i>Sylvie Basque</i>	N.B. EMP, Welshpool <i>Lisa Henderson</i>	Public Health, Tracadie-Sheila <i>Sylvia LeBreton</i>
	N.B. EMP-Tantramar, Sackville <i>Colleen Johnson</i>	Public Health, Woodstock <i>Nancy McKeil-Perkins</i>
	Nashwaak Villa Nursing Home, Stanley <i>Lanore Russell</i>	Queen's North Health Complex, Minto <i>Cathy Geneau</i>
	Nashwaaksis Medical Clinic, Fredericton <i>Vacant</i>	Red Bank First Nation Health Center <i>Margeret Levy</i>
	New Brunswick Community College, Saint John <i>Vacant</i>	Region 2 Public Health services, St. Stephen <i>Joyce Walker-Haley</i>
	New Brunswick Community College, Moncton <i>Deborah Pelham O'Brien</i>	Region 7 Hospital CorporationHealth Center, Neéguac <i>Anna Stymiest</i>
	New Brunswick Nurses Union, Fredericton <i>Donna McNeill</i>	Regional Addition Services, Moncton <i>Ginette Ouellette</i>
		Regional Additions Unit, Campbellton <i>Carole Pontbriand</i>

Regional Medical centre Inc., Sheédiac
Emerise LeBlanc

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Chantal Langlois Blaquière

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Ridgewood Addiction Services, Saint John
Becky Belyea

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River View Manor Inc., Bath
Gloria Crain

Rocmaura Nursing Home, Saint John
Sheana Mohra

Royal Court Parkland Estates Retirement Residence, Riverview *Michelle Manning*

Saint John & St. Stephen Nursing Home, Saint John *Patty Daley*

Saint John Regional Correctional Center
Vacant

Saint John Regional Hospital *Judy Wood*

Saint Joseph's Community Health Center, Dalhousie *Dina Haché*

Shepody Healing Centre, Correctional Services of Canada, Dorchester *Paulette Robichaud*

Shoppers Drug Mart, Moncton
Emily Sutherland

South-East Regional Health Authority , Moncton *Cheryl Higgins*

St. Joseph's Hospital, Saint John *Mark Brown*

Stan Cassidy Centre for Rehabilitation, Fredericton *Vacant*

Sussex Health Centre *Ruth Alexander*

Swanhaven Adult Residential Facility, Harvey Station *Frances Ward*

Tabusintac Nursing Home, Tabusintac
Mona Lalibertée

The Charlotte County Hospital, St. Stephen
Melanie Caldwell

The Drew Nursing Home, Sackville
Ruth Flanagan

The Grand Manan Hospital *Karen Thomas*

The Sackville Memorial Hospital, Sackville
Brit Gautreau

The Salvation Army Lakeview Manor, Riverview *Lisa Lacey*

The W. G. Bishop Nursing Home, Minto
Sandra Parker

Tobique Valley Hospital, Plaster Rock
Renelle Thibodeau

Tobique Valley Manor, Plaster Rock
Christine Lagace

Turnbull Nursing Home, Saint John
Joy Pettinger

UdeM, Health Services, Moncton
Léoline Hétu

UNB, Saint John *Pat Mallory*

UNB Faculty of Nursing, Fredericton
Sue Morrison

UNB, Moncton *Monique Mallet-Boucher*

Unité de médecine familiale, Moncton *Nicole Gautreau*

Upper River Valley Health Hospital/ Telehealth, Waterville Carleton Co. *Andrea Woodward*

Veterans Affairs of Canada, Campbellton
Natalie LeBlanc-Columbe

Veterans Health Unit, Fredericton
Colleen McNaughton

Victoria Glen Manor Inc., Perth-Andover
Josée Beaulieu

Villa Beauséjour Inc., Caraquet
Lisa Michon Gagnon

Villa Chaleur Inc., Bathurst *Dianne Pennell*

Villa des Jardins Inc., Edmundston
Josée Bérubé

Villa du Repos Inc., Moncton
Gisèle Roy-Melanson

Villa Providence Sheédiac Inc. *Nicole LeBlanc*

Villa Sormany, Robertville *Vacant*

Villa St. Joseph Inc., Tracadie-Sheila
Marie-Paule Roussel

VON, Miramichi *Vacant*

VON, Bathurst *Marie-Jeanne Aubé*

VON, Campbellton *Susan Downs*

VON, Edmundston *Nicole Aubé*

VON, Fredericton *Susan McClellan*

VON, Moncton *Anne Ouellette*

VON, Oromocto *Jackie Hulsman*

VON, Saint John *Michelle MacNeill*

Waukehegan Manor, McAdam *Pat Jewett*

WeCare Home Health Services, Saint John
Sandra Hanson

Westford Nursing Home, Port Elgin
Nancy Burrridge

White Rapids Manor, Fredericton Junction
Marjorie Belzile

Windsor Court Seniors Residence, Fredericton
Debbie Meadows

Woodstock First Nation Health Center, Woodstock *Vacant*

Worker's Rehabilitation Centre of N.B., Saint John
John Kim Despres

WorkSafeNB Commission santé sécurité et indemnisation au travail du N.-B *Vacant*

York Manor Nursing Home, Fredericton
Susan Ouellette

Hours & Dates

NANB Office Hours:

Monday to Friday 08:30 to 16:30

We Will be Closed:

- April 22nd
Good Friday
- April 25th
Easter Monday
- May 23rd
Victoria Day
- July 1st
Canada Day
- August 1st
New Brunswick Day
- September 5th
Labour Day

Dates to Remember:

- May 9th–15th
National Nursing Week
- June 6th & 7th
NANB Board Meeting
- June 8th & 9th
NANB 2011 AGM & Conference



Nurses Association
OF NEW BRUNSWICK

Pre-registration Form

NANB 2011 ANNUAL MEETING, CONFERENCE & AWARDS BANQUET

Nursing: the Next Decade
DELTA HOTEL, FREDERICTON, NB, JUNE 8th & 9th, 2011

Pre-register by **May 20, 2011** OR register on site

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

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

Pre-registration Deadline

Completed form with payment must be received by **May 20, 2011**. Incomplete forms will not be processed. This form will be the official invoice; no other invoice will be provided.

FEES

- | | |
|--|--|
| <input type="checkbox"/> No charge | Annual Meeting - June 8, 2011 |
| <input type="checkbox"/> \$45.00 (HST included) | Awards Banquet - June 8, 2011 at 7:00 pm (cash bar 6:00 pm) |
| | DEADLINE to purchase a banquet ticket is May 20, 2011 . Tickets will not be available after this date, and no refunds will apply after this date. |
| <input type="checkbox"/> \$113.00 (HST included) | Conference Nursing: the Next Decade - June 9, 2011 |
| <input type="checkbox"/> \$40.00 (HST included) | Student Fee - Conference |

\$_____ TOTAL ENCLOSED

Method of Payment

Payment by cheque payable to:

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

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

Expiry Date: _____ Authorizing Signature: _____
(Month/Year)

Cancellation Policy

Cancellations will be accepted up to and including **May 20, 2011**.

Hotel Information

A block of rooms has been reserved for June 7 and June 8, 2011 at:

Delta Hotel,
225 Woodstock Rd.,

Single or double occupancy \$155 CDN + taxes / per night

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

All individuals will be responsible for making their own reservations. Be sure to mention that you are attending the NANB Annual Meeting. Reservations are on a first-come, first-served basis. The block of rooms will be available until May 05, 2011.

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





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– Kitty Huang
Satisfied client since 2009

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Association of
New Brunswick

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Monday to Friday, 8 a.m. to 8 p.m.
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TD Insurance Meloche Monnex is the trade name of SECURITY NATIONAL INSURANCE COMPANY which underwrites the home and auto insurance program. The program is distributed by Meloche Monnex Insurance and Financial Services Inc. in Quebec and by Meloche Monnex Financial Services Inc. in the rest of Canada.

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

*No purchase required. Contest ends on January 13, 2012. Each winner may choose the prize, a 2011 MINI Cooper Classic (including applicable taxes, preparation and transportation fees) for a total value of \$28,500, or a cash amount of \$30,000 Canadian. Odds of winning depend on the number of eligible entries received. Skill-testing question required. Contest organized jointly with Primm Insurance Company and open to members, employees and other eligible persons belonging to all employer and professional and alumni groups who have an agreement with and are entitled to group rates from the organizers. Complete contest rules and eligibility criteria available at www.melochemonnex.com. Actual prize may differ from picture shown. MINI Cooper is a trade-mark, used under license, of BMW AG, which is not a participant in or a sponsor of this promotion.

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