# INFO NURSING

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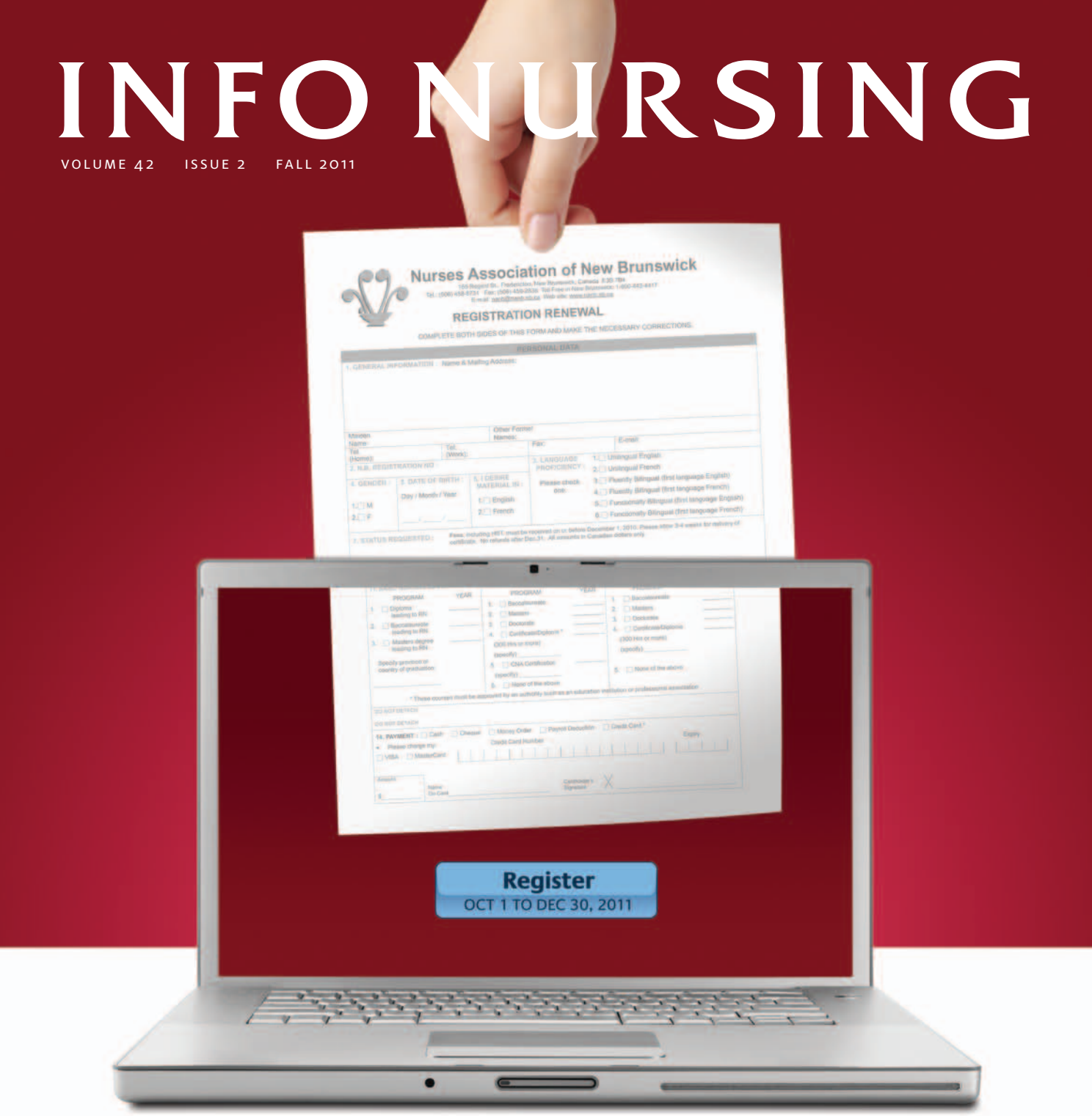


# NANB Goes Paperless



Nurses Association OF NEW BRUNSWICK

*fall 2011*

# INSIDE


NANB 2011 Award Recipients

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## *the* pulse

## *The Vision of the*
# Nurses Association *of* New Brunswick

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

## *The NANB Board of Directors*

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*President*

**Darline Cogswell**
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**Marius Chiasson**
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**Deborah Walls**
*Director, Region 7*

**Aline Saintonge**
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*Public Director*

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*Public Director*

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

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

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# Education is the Cornerstone for Change

*Nurses of New Brunswick,*

I am about to begin my term as President of the Nurses Association of New Brunswick (NANB), the position you entrusted me with back in June 2009 when I became President-elect. Therefore, it is with great humility and enthusiasm that I take on this responsibility. For over 35 years, like you, I saw up close not only the evolution of health care but also, and mostly, the evolution of the nursing profession. During my career, I often reflected on the direction we should take, and I learned to trust transformation and the challenges it brings. Even if we are subjected to the uncertainties of socio-political, economic and environmental change, in the end these changes are always positive for our careers, because we choose to position and shape the future of our profession.

Over the last few years, I have been preparing myself for this new role, and I wish to thank Martha Vickers, outgoing President, who has been an inspiration and a role model for me. Our Executive Director, Roxanne Tarjan, and her team also provide an invaluable support. During the next two years, I will also have the privilege of representing you on the Board of the Canadian Nurses Association (CNA). I will therefore be your ambassador and I will advocate for your interests.

After a short stint in the critical care unit at the Edmundston Regional Hospital, I turned to teaching at the Edmundston School of Nursing, then joined the École réseau de science infirmière at the Université de Moncton, Edmundston Campus. So my career has been for the most part in teaching, combined with management responsibilities. In this column, I intend to focus on this area of the nursing profession.

Client teaching is an inherent responsibility of the nursing role. But it is not this aspect I want to focus on, but rather the teaching of the nursing students and continuing education throughout their career. Student nurses are taught by nursing educators and clinical instructors hired by educational institutions. It is crucial for these institutions to have the collaboration of health care institutions and organizations, and mostly of each nurse in these workplaces. My most rewarding experiences during my career have been the testimonies of students who consider themselves privileged to be coached in their learning experience by competent and altruistic nurses, or when an experienced nurse mentions to a member of the teaching staff that a particular student is doing well in developing the skills needed to practice nursing. Testimonies from clients are another added dimension. For our part, we have the privilege of observing and being involved in the progress of the student from her arrival in the program to becoming registered. To witness the excellence of care by an entry-level nurse is a source of satisfaction that nourishes the role played by each one of us in the education of this novice nurse. Parallel to basic training, continuing education is the cornerstone of our ability to adapt to constant change in the health system and society. To keep up to date and to contribute to the shaping of our profession, we read professional and scientific journals, participate in conferences and symposiums and get involved in workplace activities and committees, our professional associations and our unions.

This past summer was marked by weather not up to expectations and by events that can appear threatening. Political and economic instability in several countries, multiple riots, famine, doubts that have risen about organizations and associations are all potential reasons to worry. Even if the world has changed considerably in the last year, people are still people, with their great capacity for resilience. In such a volatile context, the nursing profession will have to adapt and draw from the leadership and the engagement of its members to reinvent and position itself.

During my term, I hope I will get to meet and exchange with many of you. I am seeking your participation to the various bodies of your profession and I encourage you to promote nursing among young people. We need new nurses who will in time hand on the torch and, if the past is any indication of what the future holds, we will have a professional autumn filled with bright colours.

In conclusion, allow me to adapt the famous quote by John F. Kennedy: "*Ask not what your profession can do for you - ask what you can do for your profession*".

I am looking forward to meeting and working with you.

—FRANCE MARQUIS, *President*

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# What Lies Ahead

For me, preparation and publication of the September issue of *Info Nursing* always signals the start of planning activities into the next calendar year. New beginnings are always an opportunity for renewed energy and focus, and these are shared by staff at the Association.

Following our Annual General Meeting in June and the approval of our 2012-2015 Fiscal Plan, we spent an intense week of review and planning to establish a detailed work plan for each division to ensure we are advancing the current Strategic Plan, the Board's Ends and our mandate as defined in the *Nurses Act*. I want to again express my sincere thanks to you, the members, for supporting this Plan. These resources will ensure the NANB continues to meet its mandate at the highest level of quality while bringing innovation and enhanced regulatory tools and practice supports to you, the members.

Focusing on our regulatory mandate you have already received notice concerning the exclusive "online" registration renewal for 2012. This achievement is the result of effective planning, change management, support and innovation from our IT provider, collaboration from employers across New Brunswick and simple NANB teamwork. The outcome of this work ensures our NANB work processes reflect "best practice" in the regulatory environment and will enhance the accuracy of registration data, timely renewal and registration data reports. All are important tools to support our regulatory work.

The Canadian Council of Registered Nurse Regulators (CCRNR) will be officially established early this fall as the final version of By-Laws and incorporation papers are signed off on. The CCRNR formalizes a long-standing relationship and collaboration among RN regulators in Canada, supported and advanced over many decades. The Council will continue to advance nursing regulations in Canada. The CCRNR has no regulatory authority in New Brunswick, as that is the NANB's role. However, our participation will allow New Brunswick to contribute to and influence the evolution of nursing regulation in Canada and our province.

NANB will launch the first of what we hope will be many e-learning modules later this fall. The first module focuses on Problematic Substance Use and builds on our previous work over the past 14 months. These tools will support competent, ethical and caring nursing practice. Watch for the announcement of future modules in this publication, on the NANB website and through our e-bulletin "The Virtual Flame". You can suggest interesting or priority topics through the general email at nanb@nanb.nb.ca. I look forward to hearing from you.

Earlier this summer the former President, Martha Vickers, and NANB staff met with Department of Health representatives to share our views and priorities on Primary Health Care as the Department prepares to host a summit this fall that will inform its future policy and investments. Improving Access and Delivery of Primary Health Care Services in New Brunswick (www.gnb.ca/oo53/phc/pdf/2011/PrimaryhealthCareDiscussionPaper.pdf) is available for review at the link above and comments and input can be provided directly on line. The fiscal and health challenges New Brunswick is facing, I believe, are fairly understood by our population. A consensus concerning the solutions to these challenges may not be as clear. While New Brunswick enjoys an acceptable ratio of care providers to population when compared to the rest of Canada, as recently demonstrated by the New Brunswick Health Council, access to these providers is a significant challenge for citizens. Additionally, while we spend more money than ever on health services, the health status of our population continues to deteriorate. More New Brunswickers are living with chronic health conditions. Many are the results of lifestyle decisions, decisions that can be changed given the right supports and knowledge, along with policy and programs that ensure everyone has the potential to be as healthy as possible irrespective of individual social condition. Our contribution as nurses is essential to the future success and sustainability of our health system and to our family, friends and neighbours. We must ensure that our practice reflects current trends and knowledge and that we are active contributors to the changes ahead. Personally, after over 30 years in nursing and health care one thing remains constant: CHANGE. Change creates uncertainty and challenge but it is also an opportunity. Embrace it and step forward. You each have

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BOARDROOM
*Notes*

# THE BOARD OF DIRECTORS MET ON JUNE 6 AND 7, 2011 AT NANB HEADQUARTERS IN FREDERICTON.

## *Policy Review*

The Board reviewed policies related to:

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

## *New Executive Limitations*

EL-15 policy was approved by the Board which limits the autonomy of the Executive Director in relation to the NANB membership in the CCRNR.

EL-16 policy was approved by the Board and defines the process for the appointment of NANB representation on the Canadian Nurses Protective Society Board of Directors.

## *Proposed Rule Amendments*

A motion to approve a resolution to amend the NANB rule 8.1.01 to enable the NANB to arrange for the assets of inactive chapters to be returned to the Association.

A motion to approve a resolution to amend the NANB rules 1.02 and 2.06 to enable new graduates who do not require an active-practising registration to be initially placed on the non-practising member roster.

## *Organization Performance: Monitoring*

The Board approved monitoring reports for the Executive Limitations; Governance Process Policies; and Board-Executive Director Relationship.

## *Healthy Public Policy*

On behalf of the Canadian Nurses Protective Society, the Board received a presentation by Chantal Léonard, Chief Executive Officer, detailing the future of CNPS and the impact on its members.

## *NANB Documents*

The Board approved the following documents:

**New Document(s):**

- *Practice Guideline: Conflict of Interest*

This document was created to support the role of the RN in all practice settings by providing guidance concerning potential conflicts of interest.

- *Practice Guideline: Supporting Learners in the Workplace*

This document outlines the responsibility and accountability of RNs at all levels of nursing and provides guidelines on how to support the learner and create an environment supportive of learning.

**Revised Position Statement(s):**

- *Quality Professional Practice Environment for Registered Nurses*

The Board also approved the retirement of two documents: *Breastfeeding and Artificial Breast Milk Substitutes* (Position Statement) and *Nurse-to-Nurse Legal Information Series*.

*All documents and position statements are available on the NANB website or by calling toll free 1-800-442-4417.

## *Executive Committee Appointments*

The Board appointed the following two regional directors and one public director to its Executive Committee for a one-year term, effective September 1, 2011, to August 31, 2012:

- Ruth Alexander, RN
  *Director—Region 2*
- Noëlline LeBel, RN
  *Director—Region 4*
- Roland Losier
  *Public Director*

## *Public Director Nominations*

The Board of Directors is composed of 12

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

**September 1, 2011.**
The term of one public director, Roland Losier, expired August 31, 2011. This public director position is appointed by the Minister of Health from a list of candidates submitted by the NANB. The appointment is for a two year term effective September 1, 2011.

Board members approved the following three nominees for the Minister's consideration: Roland Losier; Charles Flewelling and Linda Currie.

## *Appointment—Region 3, Director*

The Board approved a motion to appoint Dawn Torpe, RN (Fredericton) as Region 3 Director for a one-year term effective September 1, 2011 to fill the position which will be vacated by Darline Cogswell when she begins her mandate as President-Elect.

## *Committee Appointments*

The Board approved the following appointments to NANB Committees:

**Nursing Education Advisory Committee:**

- Marie-Claude Thériault, RN (new)
- Lynn Comerford, RN (new)
- Mary Lue Springer, RN (re-appointment)
- Cynthia Roy Legacy, RN (re-appointment)
- Patricia Seaman, RN (re-appointment)

**Complaints Committee:**

- Anne Roussel, RN (new)
- Marise Auffrey, RN *Chair* (re-appointment)
- Sylvie Friolet, RN (re-appointment)
- Carol Ann Thériault, RN (re-appointment)
- Jeannita Sonier, *Public Member* (new)
- Brian Stewart, *Public Member* (re-appointment)

**Discipline / Review Committee:**

- Cindy Crossman, RN (new)
- Marie Chase, RN (new)
- Monique Mallet-Boucher, RN (new)
- Christine Deveau, RN (new)
- Claire Cyr, RN (re-appointment)
- Mariette Damboise, RN (re-appointment)
- Kevin Sheehan, *Public Member* (new)

## *2011 Elections*

Elections were held for the President-Elect and Director positions—Regions 2, 4 and 6. Election results were announced during the 2011 Annual Meeting. Terms of office for these newly elected Directors are effective September 1, 2011, to August 31, 2013, inclusive.

Congratulations and thank you to all candidates. The successful candidates are listed below:

- *President-Elect:* Darline Cogswell (acclaimed)
- *Director, Region 2:* Terry-Lynne King (acclaimed)
- *Director, Region 4:* Noëlline LeBel (acclaimed)
- *Director, Region 6:* Marius Chiasson (acclaimed)

## *2011 NANB Awards*

The Board accepted recommendations of the 2011 award recipients from the Awards Selection Committee.

Awards were presented during the 2011 Awards Gala Banquet, June 8th, 2011 to the following members:

- Phyllis Murray, Moncton *Life Membership Award*
- Nicole Dumont, Edmundston *Award of Merit: Education*
- Lise Guerrette-Daigle, Dieppe *Award of Merit: Administration*
- Ronald Bonenfant, St.-Basile *Award of Merit: Nursing Practice*
- Réanne Allain, Beresford *Entry-Level Nurse Achievement Award*
- Nicole Letourneau, New Maryland *Award of Merit: Research*
- Nicole Fournier, Petit-Rocher *Excellence in Clinical Practice*

## *National Nursing Week May 9-15, 2011*

**Nursing—the health of our nation**
Approximately 30 photos were submitted depicting the social determinants of health in conjunction with this year's theme for the NANB's Nursing Week Poster Competition. Five photos were chosen to appear in the 2011 Nursing Week poster which was distributed across the province to the Board, Chapters and stakeholders.

Congratulations to Jacqueline Valcourt, RN (Edmundston); and Anne Pelletier, student (Edmundston), NANB's Grand Prize Winners as well as prize winners: Cindy Stevens (Albert); Vanna Wasson (Cumberland); and Julie Weeks (Woodstock).

Thank you to all members who contributed to this successful initiative.

## *Next Meeting: BoD*

The next Board of Directors meeting will be held at the NANB Headquarters on October 12-14, 2011.

Observers are welcome. Please contact Paulette Poirier, Corporate Secretary at ppoirier@nanb.nb.ca or by calling (506)459-2858.

## *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

# CNA CERTIFICATION
## *for Nursing Specialties*

FIGURE 1 *Number of CNA Certified NB RNs per Year*

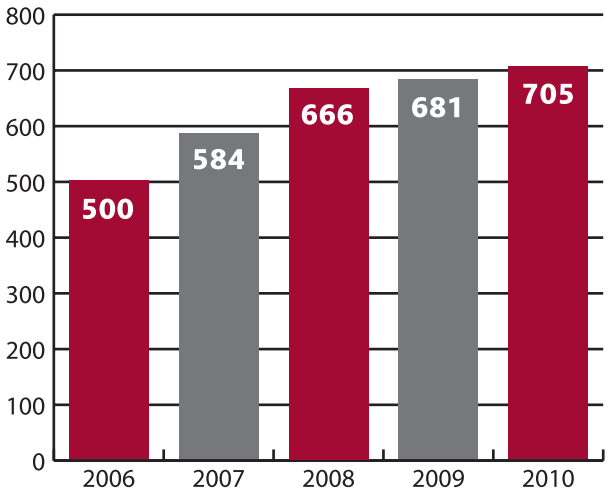



TABLE 1 *Number of RNs with CNA Certification in 2010*

| | |
|---|---|
| Cardiovascular | 59 |
| Community Health | 11 |
| Critical Care | 49 |
| Critical Care-Pediatrics | 0 |
| Emergency | 102 |
| Gastroenterology | 8 |
| Gerontology | 70 |
| Hospice Palliative Care | 34 |
| Nephrology | 35 |
| Neuroscience | 24 |
| Occupational Health | 20 |
| Oncology | 48 |
| Orthopaedic | 28 |
| Perinatal | 58 |
| Perioperative | 73 |
| Psychiatric-Mental health | 63 |
| Rehabilitation | 11 |
| Enterostomal Therapy | * |
| Medical-Surgical | 9 |
| **Total** | **705** |

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

The purpose of the certification is:

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

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

Since 2006, there has been a steady increase in the number of New Brunswick RNs having a valid CNA certification. As of December 31st, 2010, there were 705 valid CNA certifications in 19 different specialties/areas of nursing practice. Figure 1 demonstrates the continuing increase in the number of certified RNs for the period of 2006–2010 in NB.

Table 1 gives a breakdown of the number of valid CNA certifications and certification renewals by specialty for New Brunswick for 2010.

In order to get more information or to apply for the next CNA certification exam, scheduled for April 21, 2012, visit the CNA website at www.cna-nurses.ca/CNA/nursing/certification/default_e.aspx or call (613) 237-2133/1-800-361-8404. Applications for the exam will be accepted between September 1 and November 18, 2011.

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

### REFERENCE

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


NANB'S WEBSITE NOW features FAQ's for RNs and NPs. Based on questions from members, this tool has been provided to further support RN and NP practice. Visit NANB's Homepage at www.nanb.nb.ca for a direct link.

## NNW Poster Competition Winners

CONGRATULATIONS TO our NNW poster competition grand prize winners Jacqueline Valcourt, RN (Edmundston) and Anne Pelletier, nursing student (St.-Basile). Other winning submissions were received from Cindy Stevens, RN (Albert), Vanna Wasson, RN (Cumberland Bay) and Julie Weeks, RN (Woodstock).

NANB would like to thank all participants!

## Hours & Dates

### NANB Office Hours:

Monday to Friday 08:30 to 16:30

### We Will be Closed:

- October 10
  *Thanksgiving*
- November 11
  *Remembrance Day*
- December 23, 26, 27, 31
  *Christmas Holidays*
- January 2
  *New Year's Day*

### Dates to Remember:

- October 12–14
  *NANB Board of Director's Meeting*
- December 1
  *Registration Renewal Administrative Deadline*
- December 30
  *Registration Renewal Deadline*

# Reporting Adverse Reactions to Health Canada

Health Canada's Canada Vigilance Program collects and assesses reports of suspected adverse reactions to marketed health products in Canada, including prescription and non-prescription medications; natural health products; biologically derived products such as vaccines and fractionated blood products; cells, tissues and organs; radiopharmaceuticals; and disinfectants and sanitizers with disinfectant claims.

When you report a suspected adverse reaction, you contribute to the ongoing collection of information that occurs once health products are on the market. Your report may help identify previously unrecognized rare or serious adverse reactions, or lead to changes in product safety information or other regulatory actions such as the withdrawal of a product from the Canadian market.

Everyone has a role to play in making health products safer. Voluntary reporting of suspected reactions by health professionals and consumers is the most common way to monitor the safety and effectiveness of marketed health products. Individual adverse reaction reports may be the only source of information concerning previously undetected adverse reactions or changes in product safety and effective profiles to marketed health products.

You don't need to have all the details in order to report an adverse reaction, or even be certain that a health product caused the reaction. Adverse reactions are, for the most part, only suspected associations. Health Canada wants to know about all suspected adverse reactions, but especially if they are:

- **unexpected** (not consistent with product information or labelling) regardless of their severity;
- **serious**, whether expected or not; or
- related to a **recently marketed health product** (e.g. on the market less than 5 years).

Health Canada's MedEffect™ Canada serves as an important resource for busy health professionals trying to keep up-to-date with the latest product safety information. When Health Canada takes action to address a safety issue, information about these actions is made available on the MedEffect™ Canada website and distributed electronically via email. By subscribing to the MedEffect™ Canada e-notice and RSS feeds, you will receive health product advisories, warnings and recalls and the *Canadian Adverse Reaction Newsletter*, a quarterly publication designed to raise awareness and provide facts and safety information about marketed health products and reported adverse reactions that are suspected to be associated with specific health products. MedEffect™ Canada also makes it quick and easy for health professionals and consumers to report an adverse reaction to the Canada Vigilance Program.

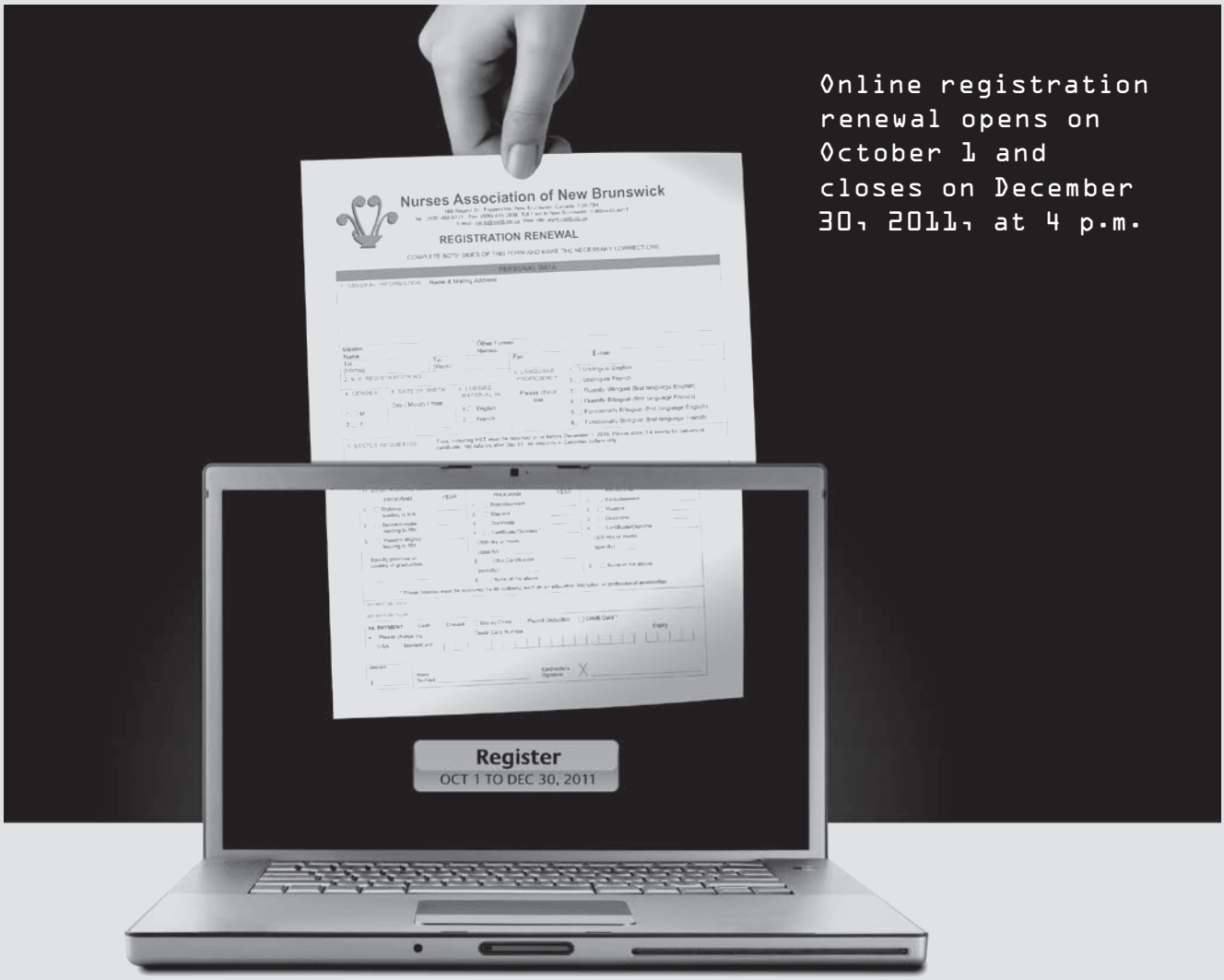
Health Canada received 32,921 domestic adverse reaction reports in 2010, a 20.8% increase over 2009 (26,061 reports). The majority of domestic cases reported to both Market Authorization Holders (manufacturers and distributors) and Health Canada originated from health care professionals. Domestic reports originating from nurses has been steadily increasing, with 5,100 reports (15.5%) received in 2010 as compared with 806 reports (7.1%) received in 2006. ■

**Adverse reactions can be reported to the Canada Vigilance program in one of the following ways:**

- By calling toll-free to 1-866-234-2345
- Online at the MedEffect™ Canada website: www.health.gc.ca/medeffect
- By completing the Canada Vigilance Reporting Form which you can fax toll-free to 1-866-678-6789 or mail to:

  Canada Vigilance Program
  Health Canada
  Postal Locator 0701E
  Ottawa, ON K1A 0K9

The form and the postage paid label are available at the MedEffect™ Canada Website at www.health.gc.ca/medeffect. The form is also available at the back of the Compendium of Pharmaceuticals and Specialties (CPS).




Online registration renewal opens on October 1 and closes on December 30, 2011, at 4 p.m.

# 2012 Online Registration Renewal

## NANB GOES PAPERLESS

## MANDATORY DEADLINES

### Payroll Deduction Deadline
**November 15**

Members participating in an employer **payroll deduction** of registration fees must **renew online by November 15**. After November 15, payroll deduction fees must be returned to the employer and members will have to use their debit or credit card to renew online.

### Administrative Deadline
**December 1**

NANB has an administrative deadline of December 1, 2011, to renew registration. This deadline ensures the necessary time to process all the renewal applications prior to expiry on December 31, 2011.

### Late Registration Renewal
**After January 1**

Registrations that are renewed after January 1st, will be subject to a late fee of $56.50. Any nurse who practices while not being registered is also in violation of the *Nurses Act* and will be charged an additional unauthorized practice fee of $250.00 plus tax.

# 2012 ONLINE REGISTRATION RENEWAL

SINCE ONLINE REGISTRATION RENEWAL was introduced in the fall of 2005, the popularity of this option has grown to the point that 80% of members renewed online last year. In addition to the convenience to members, online renewal is more environmentally responsible and will enable NANB to reduce its dependence on paper products. NANB's goal this year is to have 100% online renewal. Additionally, registering using the online system recognizes the accuracy and quality of registrant data.

In July, a letter was sent to inform members that beginning this fall, NANB will no longer send paper registration renewal forms to members by mail. Members were requested to ensure that NANB has a valid email address as all future registration renewal information will be sent electronically. This September, NANB will mail a post card to all members to remind them to renew their registration. Next year, only an email notice will be sent.

Paper registration renewal forms will be available to members who have no access to the Internet. To request a paper form, contact the NANB Registration Department at 1-800-442-4417 or 1-506-458-8731.

## Office Hours

The NANB office is open Monday to Friday 08:30 to 16:30. Please note the office will be closed December 23, 26, 27 and 31 2011, and January 2, 2012.

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

## CONTINUING COMPETENCE PROGRAM (CCP)

To renew registration for the 2012 practice year you must have:

- completed a self-assessment using the *NANB Standards of Practice for Registered Nurses* to determine your learning needs;
- developed and implemented a learning plan that outlines learning objectives and learning activities;
- evaluated the impact of your learning activities on your practice; and
- reported on the registration renewal form that you have completed the CCP requirements for the 2011 practice year.

The CCP e-learning tutorial and CCP documents are available on the NANB website (www.nanb.nb.ca).

### CCP Audit

Compliance with the CCP is monitored through an annual audit process. In August 2011, a randomly selected group of RNs and NPs received notification to complete a CCP Audit Questionnaire related to their CCP activities for the 2010 practice year. These members are required to complete the online questionnaire by September 30, 2011, prior to registration renewal.


## Do you want to receive *Info Nursing* electronically?

NANB OFFERS MEMBERS the opportunity to receive *Info Nursing* electronically. In a continuous effort to be an environmentally friendly Association, NANB currently emails stakeholders and members a direct link to your nursing journal.

Please email stobias@nanb.nb.ca indicating you would prefer to receive future issues of *Info Nursing* electronically.

# CONGRATULATIONS 2011 NANB

# *Award Recipients*


The Awards Banquet was held at the Delta Fredericton on June 8, 2011, to proudly acknowledge the contributions of fellow members who strive to improve health care and promote public health awareness.

**The recipients:**

- *Award of Merit: Nursing Practice:* Ronald Bonenfant (St-Basile);
- *Award of Merit: Education:* Nicole Dumont (Edmundston);
- *Award of Merit: Administration:* Lise Guerette-Daigle (Dieppe);
- *Award of Merit: Research:* Nicole Letourneau (New Maryland);
- *Excellence in Clinical Practice Award:* Nicole Fournier (Petit-Rocher);
- *Entry-Level Nurse Achievement Award:* Réanne Allain (Beresford); and
- *Life Membership Award:* Phyllis Murray (Moncton).

For more information on NANB Awards, please visit our website at www.nanb.nb.ca.

# A Nursing Journey

## Martha Vickers Reflects on Her Term as President of NANB

*You cannot divide your words from your work, your work from yourself, yourself from the profession or the profession from society.*

— KAAREN NEUFELD, PAST CNA PRESIDENT —

*Editor's note: The following is an abridged version of Martha Vickers' presidential address delivered at the 2011 Annual General Meeting this past June.*

It is indeed a privilege to be standing here before you today as I did only four years ago when I asked for your support as President-Elect of the Nurses Association of New Brunswick. In the fall of 2009, I began my two-year term as president, and invited you to join me on a journey. I would like to recapture some of the key lessons I learned along the way, not only as I journeyed beside you, but also philosophically behind you, supporting the vital work you do each and every day as registered nurses. The impact you have on human lives, and those surrounding them, goes beyond the words I can share this morning. Hopefully, each of you can take some time to reflect on this true privilege. What I had not perhaps bargained for was the depth of intense, personal soul-searching some of the decisions on the journey would require of me.

Let's begin this morning by considering the importance of time for reflection. As student nurses, you may have been asked to write a reflection after completing a clinical experience; once practicing however, many of us may only pause to truly reflect on our practice once a year when we complete our continuing competence document for registration. "Knowing yourself is the beginning of all wisdom" (Aristotle). I have experienced the value of time for reflection over these past two years; taking time aided me in making some important decisions in my role as President. It is very true that there is no way to judge the future, only the past. I have come to learn the value in seeking wise counsel while preparing for meetings, whether it is with fellow nursing colleagues and medical providers, politicians or government departments. Difficult decisions are a part of life, but wise guidance can help make the resolution to these decisions more transparent and understandable. I have had the privilege to sit at a variety of decision-making tables provincially as well as nationally. It is easier to find our way if we know where we have been, and this will help us determine where we wish to end up. However, it is all the bumps along the way that can make a journey rocky.

So, what else can help us on this journey? Understanding the scope of responsibility and level of professional accountability we each carry in our work as RNs and NPs, and the importance of the regulatory body's mandate. For over 90 years, NANB has had the privilege of regulating registered nursing practice in New Brunswick, a practice deemed "self-regulatory", one that we must strive to maintain. These are shifting times for nursing jurisdictions in Canada, from sea to sea to sea, with particularly challenging agendas rising continuously. Where do we see our profession of nursing in the next decade? I have had to look at where we sit as NB nurses in this vast country. Particularly difficult, and at times, emotionally draining decisions had to be made as a director of CNA over these past two years. Throughout these challenges, I reflected upon what I felt were my personal beliefs or philosophical underpinnings of this profession.

The quotation: "Be who God meant you to be and you will set the world on fire" (St. Catherine of Siena) recited at the April 29 Royal Wedding, particularly struck a chord with me. After 26 years of nursing in a variety of capacities, I returned to my foundational beliefs to help guide me in my decision-making. "Know what you do, and do what you know!" (Dr. Judith Shamian). Our journey now requires nurses to be transformational leaders in the next decade. We must search within ourselves to be leaders, and thus enable others to act. Nurses *are* valued; we have *informed* opinions and our voice at decision-making tables is important. We must speak simply, speak clearly and speak often! Now, have you found your voice?

There are presently 8,900 registered nurses in New Brunswick,

Past, present and future NANB presidents: Martha Vickers, France Marquis and Monique Cormier-Daigle.

the largest number of healthcare providers. Did you know 1 in 83 voters in NB is a registered nurse! The New Brunswick Health Council reports that 60,000 New Brunswickers do not have access to healthcare. Well, it is time to have an adult conversation about access to care! RNs and NPs can and do provide access through community primary health care centers, nursing homes, correctional facilities, specialized clinics for chronic disease challenges, emergency rooms and family practice settings, to name but a few. It is time to move the primary health care agenda in New Brunswick from discussion to action and build upon our knowledge and evidence-informed research. Health care needs to not only recognize but now to mobilize partnership teams to address what truly "determines" people's health. Every day I see the effects of poverty, limited education, lack of social supports on people's health. Until providers, both inside and outside the healthcare system, work effectively together as a team, with the patient at the center, we will continue to work in silos and miss the power of truly enabling patients to improve their health. Through a provincial election, two federal elections, a CNA biennium, two Leadership conferences and countless meetings and forums, I have had the opportunity to engage with nurses across the profession; nurses making remarkable strides in practice, education, research, administration and policy-making. However intriguing these encounters were, I always came back to what I believe the foundational element of the nursing profession is: the nurse-patient relationship.

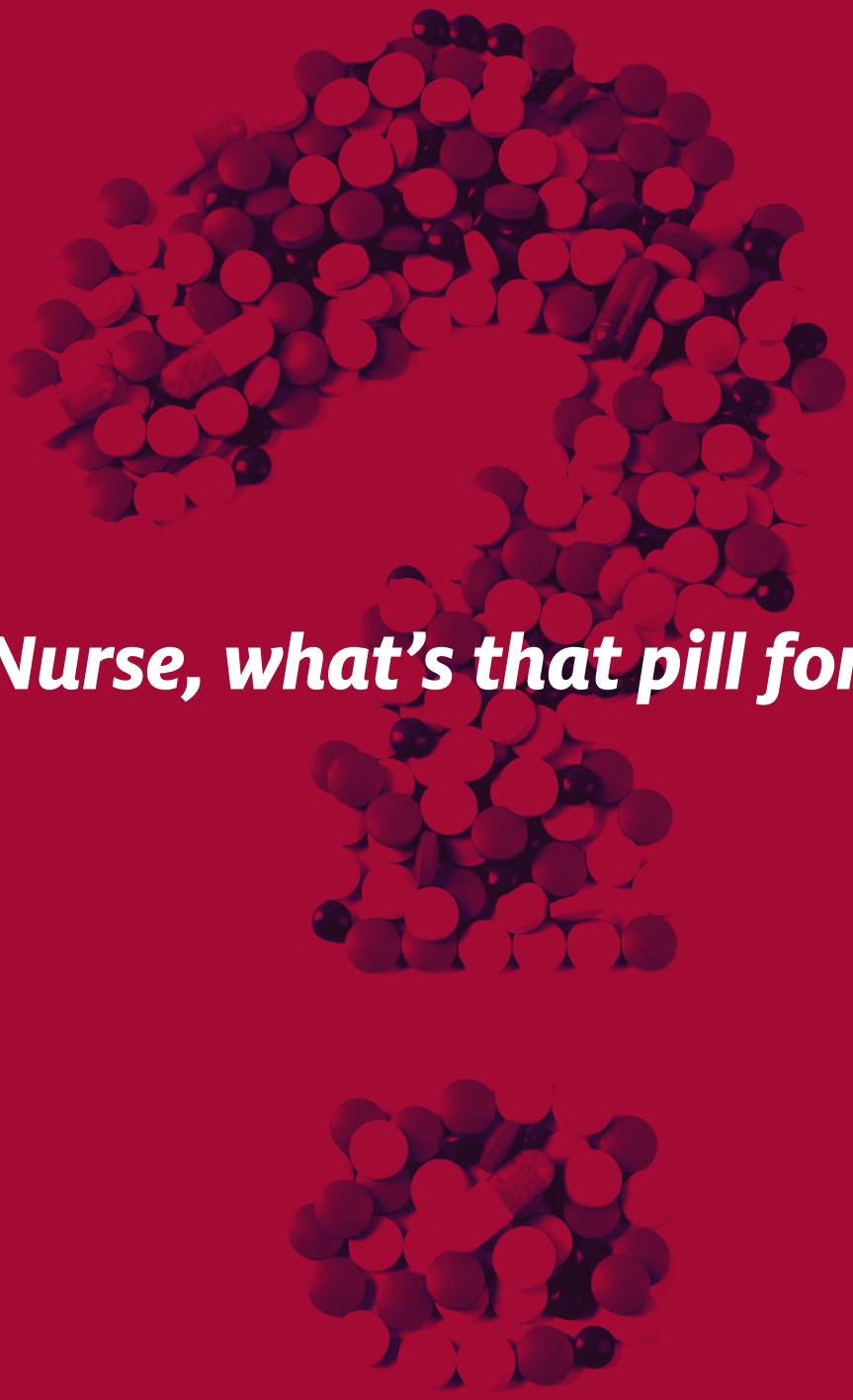
I have the privilege to work as a primary healthcare nurse practitioner in a family practice clinic in Bathurst, NB. Recently, I received this advice from a client of mine: we were just about to complete our clinic visit when she paused and looked at me and said, "I hope you know what great work you do!" I replied, "Well, I try to work with you and others to keep you well". "No," she replied, "I mean, I hope when you get out of bed every morning and put your feet on the floor, you feel good about what you do, and realize the difference you are making in people's lives." A profound statement from a member of the public – the one to whom our work really matters. I pass this same message on to each of you. Be proud of who you are as a registered nurse and the difference you make every day in your worklife and community.

To close this part of my journey, I need to acknowledge some very important partners I had on my way—Roxanne and her supportive team at NANB, my collaborating physician, Dr. Natalie Cauchon, Vitalité Network, and most importantly, my supportive husband Albert, and daughters Courtenay and Emma. I am also grateful to France Marquis, our incoming President for her wise opinion, and trust the next two years will be just as intriguing for her as my term was for me. Last summer, I found a unique pewter bracelet in a local craft shop in Pugwash, NS. Engraved around the circumference were the words wisdom, gratitude, hope, peace, joy, harmony, grace, trust, delight and love. It is with words like these that I can stay grounded when the journey of life as a nurse becomes rocky, before the path becomes easier to navigate.

I would like to leave you this morning with a quote from a past CNA President, Kaaren Neufeld:

*Do not underestimate the influence of your words on the lives of individuals, teams and systems of care. The functions of nursing touch all aspects of the health encounter, and the health system. You cannot divide your words from your work, your work from yourself, yourself from the profession or the profession from society. So speak often and well about the nurses with whom you work. In doing so your will make nurses' work visible and nurses' wisdom well known, and you will enhance the well-being of those around you."*

Martha L. Vickers RN MN NP
President NANB 2009-2011



# *Nurse, what's that pill for?*

*By* SUSANNE PRIEST

Effective post-hospital medication management is laden with challenges for both the health care team and the clients. Preparing a client for this requires, among other things, consideration of the client's unique clinical needs and socioeconomic circumstances, and communication among numerous health care providers. Prescriptions are commonly written in a hospital, handed to the client or their family member, reviewed with them before discharge, filled at a local pharmacy, and finally taken at home with or without professional supervision. To complicate the situation even more, the discharge medications often differ from those the client took pre-hospitalization.

Clients often report being discharged from the hospital with inadequate information about their medications. During a telephone interview within 48 hours of discharge from an internal medicine ward of a Canadian teaching hospital, more than half of the clients reported receiving no medication education, 43% could name all of their discharge medications, and only 36% could name the purpose of all their medications (Alibhai, Han & Naglie, 1999).

The New Brunswick Health Council recently released results of a province-wide survey (from December 2009 through January 2010) titled "Hospital Patient Care Experience in New Brunswick". The survey reported that:

- **52.4%** responded 'always' to 2 questions regarding staff communication about medications.
- **66.6%** responded 'yes' to 2 questions about receiving key information before leaving the hospital.
- **69.4%** responded 'always' to 3 questions that measure how well nurses communicated with patients.

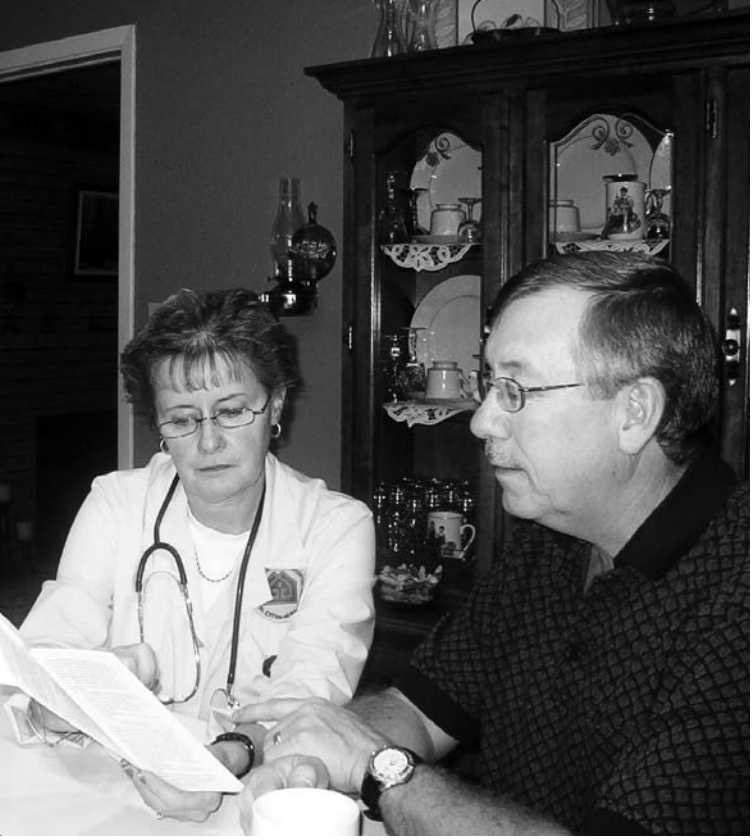
From the client's perspective, there is an abrupt shift in the responsibility for medication management. While hospitalized, clients often have little control over their medications, yet when they are discharged, they are expected to assume immediate and often complete responsibility. Therefore, discharge medication teaching is an important process that passes the "baton of responsibility" from professionals to clients. See Table 1 for medication teaching tips.

Clients who have poor recall of their medication regimen are more likely to be noncompliant with their medications and have an increased risk of hospitalization. In the month following hospital discharge, adverse drug events (ADEs) were the most frequent type of medical injury (66-72%) (Forster et al., 2003; Forster et al., 2004). The consequences of ADEs can be serious, including hospitalization and death.

The rapid introduction of potent new pharmaceutical agents has greatly complicated medication management. Cost pressures have accelerated the pace of movement through the health care system, and information sharing during transitions to post-hospital care can be inadequate or incomplete. Other barriers to client education regarding medications may include: high nursing workloads and inadequate staffing levels; stressful environments with acutely ill clients; short discharge notice; lack of team communication between nursing, medical, and pharmacy staff; limited drug information in paper format that is easily understood; and client characteristics such as language, comprehension and individuals' mental states (ex: fatigue, depression, acuity of illness). One study found that health care professionals provided less discharge medication teaching to patients who were non-English speaking, were cognitively impaired, had no new medications or had no perceived need of education regarding medications (Alibhai et al., 1999).

Key characteristics of clients who are noncompliant after discharge include: the use of a large number of prescribed medications, the use of a large number of daily doses, a lack of knowledge of the prescribed regimen and a change in the pre-

*Use the time you already spend providing nursing care to teach and to evaluate understanding of the medication.*



scribed regimen after hospitalization. Clients with these risk factors who are recognized early during their hospitalization are more likely to benefit from more intensive medication education than patients with simpler regimens (Foust, Naylor, Boling & Cappuzzo, 2005).

The day of discharge is often a stressful and rushed time for patients who are being given a plethora of information and instructions. Discharge medication teaching is essential to prepare clients or significant others to manage medications at home. Physicians, registered nurses and pharmacists should share this activity and begin preparing the client and family for this responsibility long before the actual day of discharge.

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*Have the client repeat back what they have learned about the medications (ex: the drug name, when it is taken, what it is for, side effects).*

TABLE 1 *Medication Teaching Tips*

- Begin the teaching process as soon as possible. The day of discharge may be hectic and short notice may be given of discharge.
- Provide written drug information when teaching and update printed pages as medications are changed.
- Clearly explain the directions for each medication. Do not assume that clients can read and that they understand what they read.
- Try to include significant others in teaching, for support to the client.
- Repeat teaching. It is a stressful time and information may need to be repeated several times.
- Have the client repeat back what they have learned about the medications (ex: the drug name, when it is taken, what it is for, side effects).
- Use the time you already spend providing nursing care to teach and to evaluate understanding of the medication.
- If possible, include a pharmacist for more complicated situations.
- Provide the client or significant other with a phone number to call if any questions arise about their medications.
- If you feel the client is at risk for medication errors, notify the physician or nurse practitioner and advocate for a referral to a home care agency.
- If your employer does not have a computerized drug information system which provides print-outs in different languages, advocate for this system.

Canadian Cancer Society
Société canadienne du cancer

# Smokers' Helpline Online

*Smokers' Helpline Online* (SHO) is an interactive, web-based service providing personalized support, advice and information about quitting smoking and tobacco use. It is free and available 24 hours a day in English and French in New Brunswick.

SHO can be used in combination with the *Smokers' Helpline* (SHL), a toll-free telephone service designed to improve an individual's chances of successfully becoming tobacco-free.

The SHO program features:

- Quit Centre
- Quit Buddies (Instant Messenger)
- Quit Meter
- Online support group
- Inspirational e-mails
- Personalized features (avatars)

# Click or Call

**www.smokershelpline.ca or 1 877 513-5333**

# Where Nursing and the Department Meet

*By* MARY O'KEEFE-ROBAK

The position of Chief Nursing Officer and Nursing Resources Advisor plays a critical role in maintaining the supply of nursing resources required for the efficient and effective delivery of health care services in New Brunswick. Some of you might think that is simply limited to the recruitment and maintenance of the province's nursing resources, however there is much more to it than that. It is both a challenging and rewarding portfolio that provides opportunities to contribute to helping both the nursing profession and health care consumers.

As Chief Nursing Officer and Nursing Resources Advisor I am part of the workforce affiliated with the Office of the Associate Deputy Minister of Health. The Office's main responsibility is to develop health care policies and deal with such programs as Medicare Services, physician remuneration, health human resources planning, Francophone and rural health care services, and the medical education programs at the post graduate level and at the undergraduate level in collaboration with the Department of Post-Secondary Education, Training and Labour. The Office is also responsible for measuring the impact of new and proposed health professionals, which recently resulted, for example, in enhanced legislation surrounding midwives and physician assistants, and provides advice on issues ranging from Medicare utilization to overseeing that the requirements of our health care system are met in terms of health human resources.

A significant part of the work affiliated with the position is influenced by the Nursing Resources Advisory Committee. This Ministerial Committee provides informed and expert advice to the Minister of Health on a broad spectrum of issues relating to the planning and management of nursing services resources in New Brunswick. For this current year the Nursing Resources Advisory Committee has identified three priorities, which are: better integration of nurse practitioners into the health care system, development of recommendations related to a model of care and review of the recruitment and retention strategy.

Another priority area that is overseen by the Chief Nursing Officer and Nursing Resources Advisor is the training of Critical Care Nurses. These specialized nurses are in high demand in Emergency Departments and Critical Care Units throughout the province and require specialized training. To answer this need, the New Brunswick Critical Care Nursing Program (a tripartite agreement between the Department of Health, along with the RHAs and the University of New Brunswick and Université de Moncton) has been redesigned and has moved from a 17-week to a 12-week program. While no longer a university credit course, it still meets the requirements to produce qualified critical care nurses.

The Program can now be completed over a two-year period, making it more flexible to accommodate nurses' schedules. Another improvement appreciated by participants is the use of online technology giving them access to a "virtual classroom". This allows nurses to participate in classes from any location with more time for individual attention and the opportunity for discussions online.

Thanks to the significant efforts of the Education Committee of the New Brunswick Critical Care Nursing Program and those involved in the delivery and support of the program, the change in format has proven to be highly successful. Nurses graduating from the newly designed program are giving it two thumbs up.

Another initiative supported by the Department of Health and led by my colleague Beth McGinnis, Senior Policy Advisor, involved facilitating the process through which the Nurses Association of New Brunswick received project funding from Health Canada under the Internationally Educated Health Professional Initiative (IEHPI). This project focuses on enhancing NANB's capacity to provide a comprehensive and sustainable process for the assessment and successful integration of Anglophone and Francophone internationally educated nurses (IENs) into the New Brunswick workforce. This work enhances and builds on IEHPI projects previously awarded to other stakeholders in Atlantic Canada.

Finally, I have the opportunity to represent the Department of Health on a variety of committees and groups. At the provincial level they include the Nursing Resources Advisory Committee, UNB Nurse Practitioner Advisory Committee, Comité consultatif réseau de l'École réseau de science infirmière at the Université de Moncton. At the national level, I represent the Department on the Principal Nursing Advisors Group of Health Canada's Office of Nursing Policy and on Canada Health Infoway's Nursing Reference Group for Clinical Adoption.

I hope this overview provided you with a better understanding of the work associated with the Department of Health's Chief Nursing Officer and Nursing Resources Advisor. Please feel free to communicate with me at mary.o'keefe-robak@gnb.ca to share your thoughts and ideas on nursing related issues. ■

# Profiles in Nursing Leadership

*By* ANNETTE LEBOUTHILLIER

*EDITOR'S NOTE: Annette LeBouthillier, Vice-President, Nursing, Vitalité Health Network, shares her nursing background and information about her current position. Horizon Health Network's Geri Geldart, Vice-President, Community Health and Nursing Affairs, has deferred her profile to the next issue of* Info Nursing.

Thirty years, what a long time! Over 32 years ago, I was enrolling in the École Providence Nursing Program in Moncton. It seems like yesterday when I was sitting in class and slowly realizing what it meant to be a nurse. My mother would talk about nursing with admiration, and I think that explains why I was attracted to this profession.

My career included positions as nursing educator in pediatrics and with the Extra-Mural Program. During those years, I worked along side experienced nurses that I admired greatly. I also had the privilege to work with several of my patients with their families to the end. These memories have never left me.

I am a very independent person, and I like change and learning new things. That is why I continued my career as a liaison nurse and a discharge planning nurse, roles that allowed me to better understand the different community partners whose services help people return home. It also allowed me to see the complexity and strength of the family relationships in play in case of sickness.

Furthermore, I am curious by nature, so I wondered why things were as they were and how decisions were made. I was very impressed by my managers' expertise and knowledge and the general overview they needed to have of their work. It showed me that I was interested in nursing management, so I went on to a clinical coordinator position, then as regional manager of the Extra-Mural Program in Miramichi. In those roles, I was also able to appreciate the contribution of the multidisciplinary team in achieving the care objectives for the patients and their families.

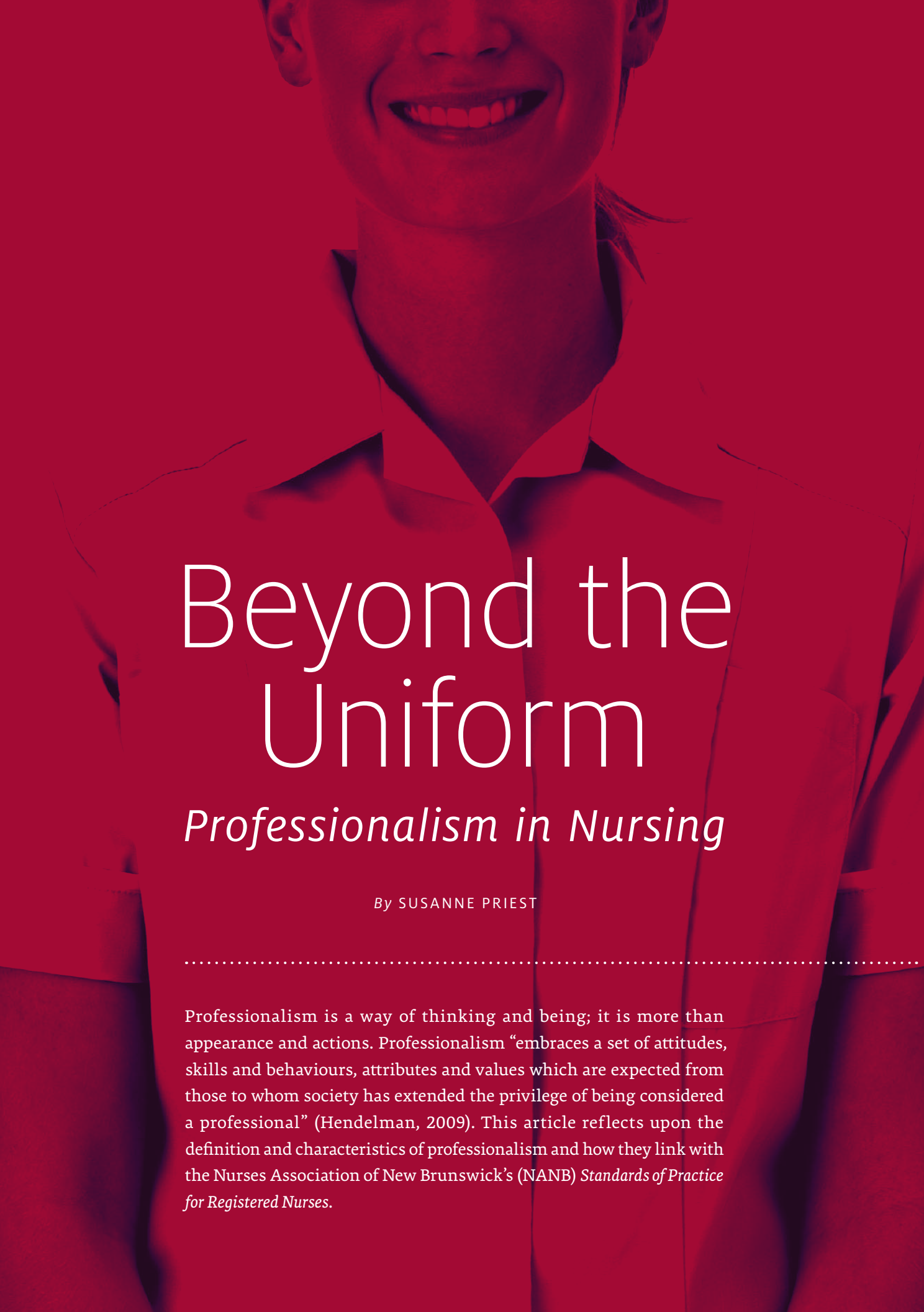
From 2002 to 2006, I had the privilege of working as a Nursing Practice Consultant with the Nurses Association of New Brunswick. What a great experience and opportunity to expand my knowledge! This role allowed me to meet and network with colleagues in all regions of New Brunswick and other Canadian jurisdictions, and to help the public and my nursing colleagues with their nursing practice questions. In 2006, I returned to a hospital setting as Vice-President of Patient Care and Nursing at the former Miramichi Regional Health Authority. This fascinating work allowed me to appreciate all clinical areas of a regional centre and to see in action a board of directors devoted to patient care.

My interest in nursing goes beyond practice and management. I also advanced my education, completing a baccalaureate at the Université de Moncton, the Nursing and Health Care Leadership and Management Program at McMaster University and a master's degree at the University of Ottawa.

With the restructuring of the regional health authorities in 2008, my path took a turn towards a management position in care access at the Miramichi Regional Hospital. From there, I joined the Regional Health Authority A team in December 2008 as Nurse Leader. As such, I work closely with clinical service vice-presidents and I am responsible for nursing at the Vitalité Health Network. My main responsibilities are to provide strategic leadership in nursing practice in order to promote professionalism and excellence of patient care in an environment that fosters quality of life for the nursing staff.

With my team, we want to ensure that the nurses voice is heard within the Network and that nurses are involved in decisions that affect their practice. We also want to ensure that care provided by nurses leads to positive measurable results for the patients under their care, that this care is informed by evidence and that nurses can contribute to the advancement of nursing through their involvement in research activities. Furthermore, we value the contribution of bedside nurses in the education of students within our clinical settings so the students can put their learning into practice.

Nursing is a most interesting profession. It not only allows us to enhance the well-being of people at all stages of life, but it also provides multiple, diverse and interesting opportunities. Thirty years later, I still want to be a nurse. ■



# Beyond the Uniform

## *Professionalism in Nursing*

*By* SUSANNE PRIEST

Professionalism is a way of thinking and being; it is more than appearance and actions. Professionalism "embraces a set of attitudes, skills and behaviours, attributes and values which are expected from those to whom society has extended the privilege of being considered a professional" (Hendelman, 2009). This article reflects upon the definition and characteristics of professionalism and how they link with the Nurses Association of New Brunswick's (NANB) *Standards of Practice for Registered Nurses*.

**Professional Responsibility and Accountability**

Each nurse is accountable to the client, the employer and the profession and is responsible for ensuring that their practice and conduct meet legislative requirements and respect policies and standards relevant to the profession and the practice setting.
*(Standard 5)*

### Accountability and Initiative

Nursing standards for practice are defined as being accountable to clients, the employer and the nursing profession. Being accountable includes seeking assistance when needed and following up (according to employer policy) when an error is made. Taking initiative may include advocating for a client or advocating for a change in your workplace to improve care delivery.

### Responsibility and a Sense of Duty

Attending to details while adhering to employer policy, professional standards and legislation ensures responsible care is provided to clients. This includes being physically and psychologically fit to practice. Introducing one's self and wearing a name badge which clearly identifies yourself and the designation RN or NP is important for clients, so they know who is responsible for their overall care. A sense of duty may mean stepping up to help even when it is not part of one's normal job routine, responding promptly to client needs, completing assigned tasks in a timely manner and mentoring nursing students and graduate nurses as necessary.

### Integrity and Trustworthiness

A person of integrity is considered to be an honest person whom you can trust. RNs display integrity by: adhering to the *Code of Ethics for RNs* (CNA, 2008), communicating truthfully and maintaining a therapeutic nurse-client relationship. Being courteous *does* matter and people who remain calm, even in stressful situations, are believed to be professional.

### Compassion and Respect for Others

Concern for the well-being of others and putting clients first in every decision should be foremost in nursing care. This may be displayed by: treating clients with respect and dignity, remaining sensitive to client and colleague needs, respecting privacy and cultural values, maintaining confidentiality, advocating for clients when necessary and working collaboratively with clients and other health care professionals.

**Ethical Practice**

Each nurse understands, promotes and upholds the ethical standards of the nursing profession.
*(Standard 4)*

## VALUES & CHARACTERISTICS OF PROFESSIONALISM

ACCORDING TO HENDELMAN (2009), the core values of professionalism in the context of medicine include: honesty and integrity, altruism, respect, responsibility and accountability, compassion and empathy, dedication and self-improvement. These core values also hold true in the nursing profession, as they represent the commitment to compassion, caring, competence and strong ethical values shared by both health professions.

Primm (2010) further explored the concept of professionalism in the profession of nursing by asking nurses to identify the characteristics of professionalism. Nurses identified the following as characteristics of professionalism in nursing: Accountability and Initiative; Responsibility and a Sense of Duty; Integrity and Trustworthiness; Compassion and Respect for Others; Team work and Professional Demeanor; Continuous Learning and Personal Growth; and Self Care and Professional Image (Primm, 2010). When reflecting on these characteristics, one can see the similitude between them and the NANB standard statements that describe the desirable and achievable level of performance expected of all RNs in their practice.

**Professional Service to the Public**

Each nurse promotes, facilitates and provides the best possible professional nursing service. *(Standard 1)*

## Teamwork and Professional Demeanor

A person's demeanor can make a dramatic statement – either positive or negative. A good vocabulary can convey the intended message in an easy way for clients and colleagues to understand. Working well with other health care team members and maintaining composure in difficult circumstances (i.e., avoiding inappropriate remarks) may inspire trust and respect. Working as a team requires the coordination of client care activities to ensure continuity of health services for clients, and RNs are known for doing this well.

## Continuous Learning and Personal Growth

Nursing is constantly evolving, therefore RNs are expected to determine and practice within their own level of competence. RNs may ensure continuous learning by identifying learning needs and by seeking to increase knowledge and skills. RNs should also support others in learning, including patients, other healthcare professionals and students of health care professions. By facilitating opportunities for continuous learning, employers will most likely see improved quality of care to clients, increased RN job satisfaction and an improved RN sense of professionalism.

**Continuing Competence**

Each nurse possesses and continually acquires competencies relevant to her or his own area of nursing practice. *(Standard 3)*

**Knowledge-Based Practice**

Each nurse bases practice on the best evidence from nursing science and other sciences and humanities. *(Standard 2)*

## Self Care and Professional Image

Maintaining personal health and hygiene and engaging in a healthy lifestyle promote a positive image. An RN needs to consider safety and infection control regarding what is worn and where it is worn. For example, to decrease the risk of infection transmission, employers often encourage staff to not wear uniforms and work shoes in public areas and to minimize jewellery, due to the risk of jewellery scratching or being a transport medium for germs. It is important for staff to follow employer policy regarding dress code.

First impressions can create long-lasting impressions and therefore the degree of professionalism displayed by registered nurses (RNs) and nurse practitioners (NPs) in the workplace may directly influence how they are perceived by clients and other healthcare professionals. While the concern of the nurse may not be about projecting a positive image, first impressions are an important foundation in building a trusting relationship in a society that values physical appearance (Arnold & Boggs, 2004; Navarra, Lipkowitz, & Navarra, 1990; Sullivan, 2004).

## Additional Benefits of Perceived Professionalism:

There is growing evidence suggesting that professionalism is also related to job satisfaction, recruitment and retention. Settings in which RNs perceive that they are functioning to their full capacity and are an integral part of the healthcare team report a strong sense of professionalism (Zibrik, MacLeod & Zimmer, 2010). Research results from a rural hospital in western Canada indicate that having up-to-date equipment and adequate supplies to provide care led to nurses reporting the feeling of being more professional. Interviewed RNs also reported adequate staffing levels as another dimension of professionalism because the lack of appropriate staffing leads to exhaustion and decreases satisfaction with one's work.

TO BETTER INFORM THIS ARTICLE, and because there is limited research on the topic of professionalism in nursing, the NANB sent out an informal survey titled "Do You Consider Yourself A Professional?" The survey was sent out electronically to every member with an up-to-date email address with the Association (about 75% of approximately 9000 RNs). The survey requested that respondents rank the characteristics of professionalism from Primm's study (2010) in an order of importance from #1 (representing the characteristic the member felt was most important in professionalism) through #7 (representing the characteristic the member felt was least important in professionalism).

Six hundred RNs completed the survey during the month of July. Please see Tables 1, 2 and 3 for survey results. The following themes were extracted from the comments within the survey results. These themes are not listed in order of perceived importance.

A. Professionalism is both a noun and a verb.

B. Professionalism is 'whole' and cannot be separated into parts. It is greater than the sum of characteristics. Professionalism is not simply 'task oriented'; there is a bigger picture.

C. Professionalism includes attitude.

D. Appearance is important. RNs need to be easily identified because so many non-RNs are being regarded by patients and families as the RN.

E. Professionalism needs to be taught—taught in school and facilitated in the workplace.

F. Nurse Managers need to be prepared to facilitate learning regarding professionalism and know how to intervene when staff is being unprofessional.

G. Professionalism needs to be modeled. RNs need to lead by example and mentor other RNs in professionalism.

H. Texting on the job is not professional.

Many respondents to the survey shared the opinion of the characteristics of professionalism being intertwined and equally important. Others expressed that the characteristics are actually greater than what one can describe—a sense of being that may be inborn but can be taught and mentored. Self care and professional image were ranked as the least important characteristics, but many RNs commented that professional image is often lacking in the workplace. Integrity and trustworthiness were listed as the most important characteristics, followed closely by accountability and initiative.

Most survey comments were positive and acknowledged that professionalism in nursing needs to be addressed by NANB and by the employer or nurse manager. Some respondents felt the survey was of little use, and a few expressed that they felt other healthcare workers, employers, and the government did not value RNs or regard RNs as important to the health care team.

TABLE 1 *How many years have you worked as a registered nurse?*

| | Responses | Percent |
|---|---|---|
| **Less than 5 years** | 40 | 6.66% |
| **5–10** | 38 | 6.33% |
| **10–15** | 45 | 7.5% |
| **15–20** | 68 | 11.33% |
| **20–25** | 107 | 17.83% |
| **25–30** | 106 | 17.66% |
| **30 plus** | 196 | 32.66% |

TABLE 2 *What is your primary position as a registered nurse?*

| | Responses | Percent |
|---|---|---|
| **Administration** | 92 | 15.33% |
| **Educator** | 64 | 10.66% |
| **Researcher** | 5 | 0.83% |
| **Staff Nurse** | 314 | 52.33% |
| **Other** | 125 | 20.83% |

TABLE 3 *What is your primary area of nursing practice?*

| | Responses | Percent |
|---|---|---|
| **Hospital** | 343 | 57.16% |
| **Long-term Care** | 47 | 7.83% |
| **Community Health** | 119 | 19.83% |
| **Mental Health** | 37 | 6.16% |
| **Government** | 19 | 3.16% |
| **University** | 22 | 3.66% |
| **Other** | 13 | 2.16% |

[1] NANB recognizes that there were limitations to the survey and that it was an informal query. We included NPs within the RN sample because NPs are also RNs.

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*Ask a*
PRACTICE ADVISOR

*By* VIRGIL GUITARD

## YOU'VE ASKED

*What are my responsibilities as a staff registered nurse when student nurses are assigned to "my" client(s)?*

IN ANY PRACTICE SETTING, the primary responsibility of a registered nurse (RN) is to clients. You are responsible for assessing your clients, for establishing and executing the plan of care and for evaluating the outcomes of the care provided, in accordance with the Nursing Standards, *Code of Ethics* for Registered Nurses and employer policies. You are also responsible for coordinating the care delivered by other health care providers, including nursing students. Nursing students learn from formal education, structured clinical practicum and the unstructured, spontaneous sharing of knowledge, skills and advice from RN colleagues at the bedside. As an RN, you have a professional (standards) and ethical (code of ethics) obligation to support student nurses in clinical settings and to facilitate the development and refinement of competencies expected of future beginning nurses.

RNs are responsible for the overall care of the clients, however, when working with nursing students, some components of client care will be shared. In clinical settings, nursing students are usually supervised by a clinical instructor who is responsible for assigning nursing tasks and for providing support and supervision to the nursing student but the RN must make herself available for student and clinical instructor alike, for assistance or consultation with assigned activities. In order to provide a meaningful and positive learning experience, communication between the RN, the clinical instructor and the nursing student is key and should happen in an open, respectful and professional manner. Expected responsibilities regarding client care need to be clearly communicated and agreed upon by the RN, the clinical instructor and the student.

While the clinical instructor is responsible for the overall learning plan of nursing students, RNs involved in supporting nursing students should understand the level of competence of the nursing student (i.e., 1st year student vs 3rd year student) and the objectives of the clinical experience and assignments. The nursing students and clinical instructor should have the opportunity to discuss with the RN the learning plan which will help the RN understand and clarify the responsibilities that the nursing students will take and what responsibilities the staff RN will continue to carry. The clinical instructor cannot be expected to be with all students at all times, therefore staff RNs may heighten the learning experience for nursing students by including them in care experiences, teaching and demonstrating nursing as appropriate.

In any learning experience, there is the possibility or risk of errors or omissions. In order to minimize those risks, it is important that the RN, the clinical instructor and the nursing students establish an open line of communication that will enable the RN to stay updated with the client's status and to provide the required nursing care as needed. If the RN has fulfilled her responsibilities (e.g., care plan, appropriate supervision) and had no way of knowing that the error was going to occur, an RN sharing the care of clients with a nursing students is **not** accountable for the nursing student's error—nursing students are responsible for their own actions.

RNs are expected to share their nursing knowledge and expertise with their colleagues, including learners. Effective communication between those involved ensures a successful educational experience for the learner and for participating RNs, and ensures that the client receives safe, competent and ethical care.

To speak with a Practice Advisor/Consultant about supporting nursing students, contact the Nurses Association of New Brunswick's Practice department at 1-800-442-4417 / 506-458-8731 or by email at www.nanb.nb.ca.

More information on supporting student nurses can also be found in the following two documents:

- Managing Legal Risks in Preceptorships, Canadian Nurses Protective Society. www.cnps.ca/index.php?page=92
- Practice Guideline: Supporting learners, Nurses Association of New Brunswick. www.nanb.nb.ca/downloads/Practice GuidelineSupporting Learners in the Workplace-E.pdf ■

### REFERENCE

College of Nurses of Ontario (2009). *Practice Guideline: Supporting Learners*. Toronto: Author.

**Acknowledgements**

NANB would like to acknowledge the College of Nurses of Ontario for permission to adapt the *Practice Guideline: Supporting Learners*, 2009.

info LAW
Vol. 19, No. 3, December 2010
A LEGAL INFORMATION SHEET FOR NURSES

# Social Media

www.cnps.ca

*Canadian Nurses Protective Society*

Social media websites like Facebook, Twitter, MySpace, YouTube and blogs allow us to communicate in real-time with 'friends' or the public. Nurses use these social networking sites as educational and learning tools, for information sharing and as a way to network. Understanding the risks involved in using social media may prevent potential adverse personal and professional consequences.

## Confidentiality and Other Professional Obligations

Nurses, like other health care professionals, are held to a high standard of confidentiality with respect to all patient information.[1] Professional practice standards may also be applicable when nurses use social media in connection with their professional activities and require nurses to display professional conduct towards both patients and colleagues. Failure to abide by these standards can lead to serious legal consequences. For example, a nurse was found guilty of unprofessional conduct by her professional licensing body because she posted a patient's first name and the patient's personal health information on a co-worker's Facebook page.[2] It has also been reported that a Personal Care Giver's employment was also terminated because of derogatory entries she made on her blog concerning residents in her nursing home, co-workers and management.[3] If this person had been an RN, LPN or RPN she could have also faced disciplinary action by her professional licensing body.

The breach of professional standards, in these contexts, could also be a breach of privacy legislation[4] and could result in charges being brought against the nurse. Additionally, if defamatory comments are made by a nurse about another person or institution on a social media site, a civil lawsuit alleging defamation could be commenced against the nurse. A nurse who is found liable by the court could also be required to pay damages.[5]

## Social Media Risks

***Scope of distribution***
Because information in electronic form is easily distributed, archived and downloaded, the person posting the information may have very little control over who sees it and its use.

***Permanence of information***
Postings to social media sites are generally permanent records that cannot easily be deleted. Copies of deleted information may still exist on search engines or in friends' (or others') electronic files. During sentencing of a young man who had posted explicit photos of his teenage ex-girlfriend on Facebook, the judge stated: "What you chose to do is unfortunately something that cannot be undone.... There's no delete button on the internet. Those things float forever on the internet."[6]

***Misapprehension of the extent of privacy controls***
Although these sites have privacy controls, be aware that the default for many of them allows others to see some of the posted information.

***Pseudonyms***
Posting anonymously or under a pseudonym does not protect against the possible consequences of a breach of confidentiality or defamation.[7]

***Reputation damage***
Postings may come back to haunt you on a personal or professional level. Many employers check social networking profiles of current and prospective employees looking for misconduct or inappropriate behaviour.

*Professional Liability Protection for Nurses by Nurses*

## Risk Management

To decrease your professional and personal risks, consider the following:

- avoid posting/sharing confidential information: an unnamed patient or person may be identifiable from posted information;
- avoid using social media to vent or discuss work-related events or to comment on similar postings by others;
- avoid posting negative comments about your colleagues, supervisors and other health care professionals; disclosing information obtained at work could be considered unprofessional and, if erroneous, could lead to a defamation claim;
- respect and enforce professional boundaries: becoming a patient's electronic "friend" or communicating with them through social media sites may extend the scope of professional responsibility;
- be aware that it is difficult to ascertain whether individuals providing or seeking information through a social media account are who they say they are;
- avoid offering health-related advice in response to comments or questions posted on social media sites; if relied upon, such advice could trigger professional liability;
- make your personal profile private and accessible only by people you know and trust;
- create strong passwords, change them frequently and keep them private; and
- present yourself in a professional manner in photos, videos and postings.

Before communicating on a social media website, always consider what is said, who might read it and the impact it may have, if viewed by an employer, a patient or licensing body. Please contact CNPS at 1-800-267-3390 if you have further questions regarding the professional implications of using social media and visit our website at www.cnps.ca.

*www.cnps.ca*

***Canadian Nurses Protective Society***

*Professional Liability Protection for Nurses by Nurses*

1. *infoLAW®*, Confidentiality of Health Information (Vol. 1, No. 2, October 2008, Revision of September 1993).
2. *Alberta RN* 64, 6 (July 2008): 25.
3. *Chatham-Kent (Municipality) v National Automobile, Aerospace, Transportation and General Workers Union of Canada (CAW-Canada), Local 127 (Clarke Grievance)* (2007), 159 LAC (4th) 321, [2007] OLAA no 135 (QL).
4. Most provinces have enacted legislation to protect the confidentiality of personal health information. For additional information refer to: *infoLAW®*, Privacy (Vol. 14, No. 2, September 2005).
5. *infoLAW®*, Defamation (Vol. 12, No. 3, September 2003). See also *Hunter Dickinson Inc v Butler*, 2010 BCSC 939, [2010] BCJ no 1332 (QL). In this case, the defendant was ordered to pay $425,000 in general, aggravated and punitive damages for defamatory postings on a website.
6. James Turner, "Facebook revenge plot nets 6-month sentence," CBC News, August 22, 2010, 12:40 pm CST, online: ‹http://www.cbc.ca/canada/manitoba/story/2010/08/22/man-facebook-revenge-child-porn.html›.
7. Individuals anonymously posted alleged defamatory comments on a newspaper's website. A judge ordered the newspaper to disclose information to assist in identifying those individuals. The Court did not condone the conduct of anonymous internet users who made defamatory comments and found they had to be accountable for their actions like other people. *Mosher v Coast Publishing Ltd*, 2010 NSSC 153, [2010] NSJ no 211 (QL).

**info@cnps.ca**
**www.cnps.ca**

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

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

# Medication Reconciliation

## & Professional Practice Standards

*By* VIRGINIA FLINTOFT, THERESA FILLATRE & MARIE OWEN

*The Canadian Adverse Event Study,* published in 2004, uncovered critical information about the size and magnitude of patient safety issues and adverse events in our Canadian acute care hospitals. An adverse event was defined as "... an unintended injury or complication that results in disability at the time of discharge, death or prolonged hospital stay, and that is caused by the management of the patient's health care rather than by the patient's underlying disease process".

This study alerted governments, healthcare administrators, health professionals and professional licensing and regulatory bodies to an array of truths and risks inherent in our processes of care. The findings were surprising to many healthcare providers. Key insights based on our own Canadian health services delivery system included:

- Adverse events occur most frequently in three areas: surgery, medication, and infection.
- 1 out of 13 adult patients admitted to a Canadian hospital in 2001 encountered an adverse event.
- 1 out of 9 -10 adult patients will potentially be given the wrong medication or dose.
- 187,500 out of 2.5 million patients admitted to acute care hospitals in 2001 experienced an adverse event, and between 9,000 to 24,000 patients died in 2001 due to adverse events.

In spite of the fact that these harsh truths were also found in international studies in other countries in varying proportions, the good news for patients and healthcare providers in all of the studies was that:

- 37% of adverse events are 'highly' preventable for all patients.
- 24% of preventable adverse events are related to medication error.

Thus, organizations such as the Canadian Patient Safety Institute (CPSI), the Institute for Safe Medication Practices Canada (ISMP Canada), Accreditation Canada and the World Health Organization (WHO) began to invest and collaborate on ways to reduce medication-related adverse events. In so doing, a formal process to improve medication information communication at patient care transition points has been created. Patient care transition points include: admission; transfer between units and services within an individual facility or between organizations; and discharge from an organization to home or to another care facility. This process is commonly called "Medication Reconciliation" and is the *Safer Healthcare Now!* (SHN) intervention with the most significant uptake in Canada.

*Safer Healthcare Now!* (www.saferhealthcarenow.ca/EN), the flagship program of CPSI, promotes Medication Reconciliation as one process to reduce preventable adverse events. SHN provides tools, resources, education and quality improvement / change management coaching and support resources for approximately 1,500 Canadian clinical teams within 400 healthcare organizations. Approximately 500 of these teams are explicitly adopting Medication Reconciliation in practice. Coaching extends to Executive Team Sponsors, Leadership and Governance Teams, and those providing quality, risk management and decision support services to clinical front-line teams.

The Patient Safety Metrics System, a new resource that is available to clinical teams and organizations in any healthcare sector, provides an easy to use web-based platform to capture baseline and quality improvement performance measures in medication reconciliation and all other SHN interventions. The system is housed at the University of Toronto, is supported by a Central Measurement Team and is funded by CPSI at no financial cost to end users. This one-of-a-kind system supports process measures that are essential to quality improvement efforts and enables organizations to trend progress over time and address practice variations. Patient Safety Metrics run

charts and reports are useful for front-line teams, board accountability reporting and monitoring and are congruent with many Accreditation Canada standards and Required Organizational Practices. Web-based coaching and supports are readily accessible through SHN staff and the Central Measurement Team.

Medication Reconciliation requires a team approach. Team members include: patients, family members, nurses, hospital and community pharmacists and physicians. The process entails a specific approach to engaging, asking and listening to patients, families and caregivers to appreciate and capture exactly how a patient is using a medication. Medication reconciliation is not effective without input from the patient and their families. Despite knowing that many factors impact patient compliance and knowledge regarding their medications, appreciation for and comprehension of the Medication Reconciliation process have been difficult for many healthcare providers to understand and grasp.

In simplest terms, Medication Reconciliation is a formal process of:

- Obtaining a "Best Possible Medication History" (BPMH), a complete and accurate list of each patient's current home medications—including name, dosage, frequency and route.
- Using the BPMH when writing admission, transfer and/or discharge medication orders, and comparing the patient's list of current home medications (BPMH) against the patient's admission, transfer, and/or discharge orders to identify and bring any discrepancies to the attention of the prescriber, and reconciling the discrepancies in clinical documentation.
- Understanding "discrepancies" in terms of uncovering the "intent of the prescriber" (i.e., did Dr Best intend to prescribe 20 mg of Paxil at 0900 hrs daily as an increase for me the patient, or did he unintentionally prescribe 20 mg Paxil not knowing that I had been reduced to 10 mg Paxil daily and have been taking the lower dose for three weeks).

In February 2011, the CPSI in collaboration with ISMP Canada and Canada Health Infoway convened a seminal national invitational summit on Medication Safety. The Summit produced an understanding of the broad system issues that must be tackled in a planned and purposeful way to improve medication reconciliation. Common themes that arose from the Summit include: leadership and accountability; public and consumer engagement; inter-professional engagement, including physicians and community pharmacists, education and training for consumers; inclusion in undergraduate curricula for physicians, nurses and pharmacists; tools and resources needed to support the work; and the need to continue to work towards electronic health records solutions.

The key take-away lessons in all of this for nurses and their professional practice are to:

- Approach each medication reconciliation as if you or a member of your family were the patient. Suggest care process improvements that will assist with a good medication reconciliation process and advocate eliminating duplication in clinical documentation in your workplace.
- Include the patient, a family member or alternate care provider to get the best information possible when developing the best possible medication history.
- Access the resources available to you. The Nurses Association of New Brunswick (NANB), the Canadian Nurses Association (CNA), ISMP Canada, *Safer Healthcare Now!*, the Canadian Patient Safety Institute (CPSI), Accreditation Canada and the Canadian Nurses Protective Society (CNPS) are a few examples of organizations with websites, staff, position papers and educational programs that are readily accessible, most often at no cost.
- Work with the pharmacists and physicians in your area to streamline the medication reconciliation process for all.
- Engage your managers and public relations/communications colleagues to launch a public education campaign.
- Share your learning with others as you test new change ideas.
- Celebrate the medication discrepancies flagged and resolved by your team!
- Publish your stories!

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# Improving Your Access to Drug Information for Your Patients

## The New Brunswick Drug Information System

*By* HUGH ELLIS

The New Brunswick Drug Information System (DIS) is an electronic repository that will record and store drug information for all patients who are prescribed and dispensed medication in New Brunswick. Authorized healthcare professionals (including doctors, pharmacists, optometrists, dentists, and nurse practitioners) will be able to access a current drug history of their patients at the point of care, making it possible for you to access drug history records when prescribing and treating patients. The DIS will provide information about current drug utilization, drug allergies/intolerances and adverse drug reactions. The DIS can also trigger alerts if a patient is prescribed or dispensed a drug that could produce a potential drug-related event such as a drug allergy or interaction. Additionally, the DIS includes a prescription monitoring component that will provide all prescribers with access to a monitored drug history via the EHR Concerto viewer.

Most nurse practitioners will be able to access the web-based DIS using a unique authorized identification and password.

The DIS project is divided into three implementation streams:

1. Community pharmacies will be connected to the DIS. Pharmacists and pharmacy technicians will collect and record prescriptions and dispense information in their own pharmacy systems which will be sent in real-time to the DIS.
2. System users will be able to access medication profiles through the secure web-based portal. This access will be provided to healthcare professionals, including nurse practitioners, once DIS has collected and recorded enough medication profile information to be helpful to clinicians. It is anticipated that this will occur six to nine months after the system goes "live". Roll-out to other nurses will be staged based on their role and practice area, beginning with areas where drug history may be used or changed more frequently.
3. Once the necessary requirements are developed to establish standards, prescribers will be able to electronically prescribe using their EMR or the web-based portal. The DIS will continue to be able to accommodate traditional prescribing in written, verbal and faxed formats.

The DIS project development phase is scheduled to be completed by January 2011. Implementation will be an ongoing process starting in the fall of 2011 and into 2012. Visit the DIS website for more detailed information at http://hps.gnb.ca/dis-e.asp.

The New Brunswick Drug Information System website is designed to permit two-way communication, and your input as healthcare professionals is critical to creating a system that will maximize value for patients and professionals. We welcome your perspectives or ideas on the DIS. ■



## 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*

**SEPT. 28–30, 2011**

Excellence in Aging Care Symposium

- Fredericton, NB
- » www.nbanh.com/en/events/excellence_in_aging_care_symposium

**SEPT. 28–30, 2011**

Canadian Association of Advanced Practice Nurses: *Diversity in Advanced Practice Nursing: Boundless Horizons*

- Saskatoon, SK
- » www.caapn.com

**SEPT. 29, 2011**

NBCN Oncology Education Day 2011

- Fredericton, NB
- » www.gnb.ca/0051/cancer/education-e.asp

**OCT. 2, 2011**

10th Annual National Conference for PeriAnesthesia Nurses of Canada

- Toronto, ON
- » www.opana.org/napanc-conference.phtml

**OCT. 2–4, 2011**

2011 Accelerating Primary Care Conference

- Edmonton, AB
- » www.buksa.com/apcc

**OCT. 12–14, 2011**

NANB Board of Directors Meeting

- Fredericton, NB
- » www.nanb.nb.ca/index.php/about/board

**OCT. 16–18, 2011**

The Canadian Association of Critical Care Nurses (CACCN) Dynamics 2011: *Critical Care: Our Kaleidoscope*

- London, ON
- » www.caccn.ca/en/pdfs/Dynamics%20 2011.pdf

**OCT. 26–28, 2011**

Mental Health Nursing in the 21st Century: Social and Professional Responsibility

- Toronto, ON
- » http://cfmhn.ca/content/national-conference

**OCT. 27–29, 2011**

CAPWHN 1st National Conference: *Tides of Change, Currents of Innovations*

- Victoria, BC
- » www.capwhn.ca/en/capwhn/Conferences_and_Educational_Activities_p2696.html

**NOV. 13–15, 2011**

2011 Global Health Conference: *Advancing Health Equity in the 21st Century*

- Montreal, PQ
- » http://globalhealtheducation.org/SitePages/Home.aspx

**NOV. 25–26, 2011**

Annual Atlantic Respirology and Critical Care Conference

- Halifax, NS
- » www.ns.lung.ca/arcc

## Beyond the Uniform

*continued from page 27*

### Conclusion

Professionalism begins with valuing the nursing profession. Two main attributes to professionalism are: putting the client first and focusing on collaborating with other healthcare professionals to provide competent, safe and ethical care. Professionalism in nursing is important in assuring clients who the RN is and what the RN role means in client care. Appearance is also important, but professionalism is more than appearance and speech. It is a way of thinking and being, with the initiative to continue learning and improving one's self and one's profession. Professionalism in nursing is both a noun and a verb; it includes knowledge, attitude and appearance while caring for, mentoring and collaborating with others to provide safe, competent and ethical care.

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# The Role of the Clinical Nurse Specialist in New Brunswick

*By* SERENA JONES, CLAIRE WILLIAMS AND DIANNE MCCORMACK

*in partnership with the Clinical Nurse Specialist Advisory Council Committee:*

LUC DRISDELLE, PATTI GALLAGHER, JACKIE GORDON, BETH HARRIS, VIVIAN LEBLANC, MONIQUE LEVESQUE-KING, PATTI MCQUINN, SHYANNE REID & NANCY SCHUTTENBELD

New Brunswick Clinical Nurse Specialists (CNSs) are working to improve healthcare through advancing nursing practice. The CNS role as defined by the Canadian Nurses Association (2009) encompasses five components: clinician, consultant, researcher, educator and leader. Through the five role components, CNSs make significant contributions to improving client care and health outcomes.

As clinician, the CNS provides expert client care based on clinical experience and advanced knowledge. Successful strategies that highlight the clinician role include both direct and indirect client care, such as: continuity of client and family care, advising high-risk groups, complex case rounds and developing and implementing of clinical pathways to utilize evidence-based practice in nursing care (see Figure 1).

As consultant, the CNS uses advanced skills and knowledge to improve client care in complex and challenging situations. CNSs in New Brunswick are available to nurses for questions regarding best practices and ethical issues. As well, CNSs are consulted by physicians in speciality client populations.

As researcher, the CNS facilitates the development and application of evidence-based practice. The CNS may be a principle researcher, a co-investigator or a member of a research team. Through both primary and secondary research, the CNS develops the most effective approaches to specific clinical problems. CNSs working in New Brunswick healthcare organizations achieve this role by collecting and analyzing primary data, analyzing secondary data, and utilizing research to inform the development of policies and procedures at the systems level. One area that CNSs in New Brunswick would like to improve is the dissemination of research findings. While many CNSs disseminate knowledge at the local hospital level and some at provincial and national conferences, CNSs are interested in disseminating new knowledge between hospitals and in professional publications.

As educator, the CNS responds to the learning needs of not only nurses, but clients, families, students and other healthcare providers. CNSs avail themselves of both formal and informal education opportunities. In formal education, CNSs provide nurses, clients and families with in-services and educational programming, such as a fall prevention program and orthopaedic education. Nurses access the CNS for guidance and answers to important practice questions.

As leader, the CNS demonstrates advanced nursing practice in every component of their role. The CNS is a role-model, advocate, facilitator and coordinator. Leadership is exhibited through successes in clinical practice. Such successes include the development and adoption of the Sun Sense Program by the Canadian Cancer Society, decreased surgical infection rates in perioperative care, decreased admissions to neonatal intensive care units, decreased length of stay for orthopaedic surgery patients, decreased post-operative pain, complex case rounds, stroke protocols, physician consults, delirium protocol, development of the Greater Moncton Hospice and Hospice Shoppe, recreation therapy pilot programs and fall prevention programs.

CNSs make a valuable contribution to the healthcare system at many different levels; at the individual level through education for nurses and clients and direct care; at the organizational level with the integration of evidence-based practice into policy and procedure; and at the provincial and national level through participation in conferences and national committees for improved care. The Advanced Practice Nursing Initiative will help CNSs integrate their ideas, share successes and offer guidance and support to other CNSs undertaking similar activities. CNSs are crucial to leading nursing practice into the future. ■

## REFERENCE

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## REGISTRATION SUSPENDED

On February 11, 2011, the NANB Complaints Committee suspended the registration of registrant number 017947 pending the outcome of a hearing before the Review Committee.

## REGISTRATION REVOKED

By an interim decision dated April 13, 2011, respecting the conduct and actions of Jon (Jonathan) Boone Doak, registration number 025141, the NANB Discipline Committee determined that the member:

A. failed to meet standards of nursing practice expected with respect to confidentiality, medication administration and the nurse-client relationship and his conduct constituted professional misconduct and conduct unbecoming a member;

B. demonstrated professional misconduct and lack of judgement in the treatment of a nursing home resident and in administering unauthorized medications from an unapproved source on the direction of a person not licensed to practise medicine in New Brunswick, and demonstrated a disregard for the welfare of the resident to such an extent as to constitute incompetence as a nurse; and

C. demonstrated conduct unbecoming a member in assisting with planning and arranging the removal of the resident from the nursing home to another location, to enable the member to continue to provide unauthorized medications to the resident.

By a final decision and order dated May 11, 2011, the Discipline Committee ordered that the member's registration be revoked and he be prohibited from practising nursing or representing himself as a nurse. He is not eligible to apply for reinstatement before three years from the date of the committee's order, at which time he will be required to complete recognized Nurse Refresher Program modules. The committee also ordered that, prior to applying for reinstatement, the member pay costs to NANB in the amount of $10,000.

## REGISTRATION SUSPENDED

On April 6, 2011, the NANB Complaints Committee suspended the registration of registrant number 027250 pending the outcome of a hearing before the Discipline Committee.

## REGISTRATION SUSPENDED

On April 21, 2011, the NANB Complaints Committee suspended the registration of registrant number 016611 pending the outcome of a hearing before the Review Committee.

## REGISTRATION SUSPENDED

On June 17, 2011, as a result of a conviction of assault on a nursing home resident, the NANB Discipline Committee suspended the registration of Bonita Louise Waugh, registration number 010330, under Section 32 of the *Nurses Act*. ■

*Can't have one without the other!*

# Stacey Vail & Erika Bishop

## Registration Duo

### Stacey Vail

Administrative Assistant: Registration

### Erika Bishop

Administrative Assistant: Registration

**What lead you to the Association? How long have you been a part of our team and how has your position evolved?**

After graduating from CompuCollege, I noticed an ad in the newspaper for a receptionist with the Nurses Association of New Brunswick. I was hired in March 1998. After a couple of years, my position morphed to support the Registration Department. Through the years, increasing demands from the Registration Department led me to a full-time move in 2007, where I've stayed until now.

**Registration is a critical and complex component of NANB's responsibilities. What role do you play in this process?**

I am responsible for processing new applications for registration and registration renewals; responding to members' registration inquiries, as well as handling financial transactions concerning registration. Processing 9,000 registration renewals between October to December keeps us very busy!

**How do you see the introduction of paperless renewal for 2012 making the registration renewal process more efficient for members and the Department?**

Without having to manually enter or mail forms to members, the process should be faster and more efficient for both members and our Department. The online registration process is very quick and straight forward.

**What lead you to the Association? How long have you been a part of our team and how has your position evolved?**

At the time, I was seeking full-time employment. I was employed on a contract basis in the healthcare field so this position felt like a natural transition. After only eight months, I was moved from receptionist to the registration department.

**Registration is a critical and complex component of NANB's responsibilities. What role do you play in this process?**

No day is the same and there is always something new to tackle. It is important to stay organized and ensure accuracy of information. I am currently responsible for registering and administering all new graduates for the CRNE; registering all out-of-province applicants; ensuring verification letters are provided to other jurisdictions; as well as registration renewal, reinstatements and temporary registrations.

**How do you see the introduction of paperless renewal for 2012 making the registration renewal process more efficient for members and the Department?**

I think that reducing our carbon footprint is environmentally responsible, and this is important to the organization and to members as well. Online renewal is more efficient because it is fast, easy, secure and readily accessible to members.

**What additional tools have been implemented to make the Registration Department more efficient and environmentally responsible?**

Our website is a tool that provides all the information new and international applicants would need, including forms, online

**What additional tools have been implemented to make the Registration Department more efficient and environmentally responsible?**

Through the years, we've added to the website the ability for online payment of fees, online verification of registration by employers and/or members, as well as all additional forms for download. We are continuously updating our database and software to ensure we meet the needs of members.

**Renewal time comes but once a year (October–December). What other responsibilities fall within your job description?**

Through the year, I am also responsible for Internationally Educated Applicants, administering three national exams, assisting with registering nurse practitioners, financial transactions, phone and email inquiries, temporary registration certifications and assisting the Registrar.

**Cross-training is crucial in maintaining a level of service provided to members. Being part of a relatively small team, how do you ensure all aspects of your position are covered when colleagues are on vacation or absent from work?**

We are constantly cross-training and because our Department is small it is very easy to keep each other in the loop about things going on. Before any of us go on vacation we keep others in the Department informed about anything outstanding. Things are clearly marked so they can be found easily.

**In your opinion, what is most rewarding about your current position?**

It's always rewarding to help people and make things easy for them. We provide very efficient and friendly service to our members. It's always nice to have our members leave with a smile. ■

payment of fees, etc. It is very convenient to be able to walk an applicant through the process virtually. Additionally, simple things such as phone headsets and label makers allow us to be mobile and multi-task more efficiently.

We will soon offer new and international applicants USB flash drives containing all NANB documents to replace hard-copy packages. Not only will this be environmentally friendly and cost effective, but it will allow me to remain at my desk to serve members.

**Renewal time comes but once a year (October–December). What other responsibilities fall within your job description?**

Although our busiest time of year is no doubt the registration period, throughout the year we have three exam writings we are consistently processing out-of-province applicants and issuing reinstatements or temporary registrations. With almost 9,000 members, there is always something to do.

**Being part of a relatively small team, how do you ensure all aspects of your position are covered when colleagues are on vacation or absent from work?**

Cross-training is crucial in maintaining a level of service provided to members. Before leaving for vacation, we meet with colleagues to ensure they know exactly what files are open and where they are in the process.

**In your opinion, what is most rewarding about your current position?**

For me, it is the member's appreciation for helping them through a process from beginning to end. ■

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## Exec Director Article

*continued from page 7*

much to offer. Watch for NANB's formal submission which will be available on our website by mid-September.

On behalf of the membership, I would like to welcome our new President, France Marquis. France brings a wealth of experience, knowledge and skill as she assumes this new role. I look forward to working with you and the Board over the coming two years as we advance quality regulation and nursing practice in our province and country.

Finally, I want to thank Martha Vickers, outgoing President for her leadership and commitment to nursing. Each and every President makes a unique contribution to our profession and the role of NANB as regulator. On behalf of all members and staff, we wish you continued success and challenge in your career and look forward to your ongoing contribution.

—ROXANNE TARJAN, *Executive Director* ■

## Do you have a story idea?

Do you have a story idea or article you'd like to see in *Info Nursing*? Do you have someone you'd like to see profiled or an aspect of nursing you'd like to read more about?

Please submit your ideas and suggestions to:

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