

INFO NURSING

VOLUME 43 ISSUE 2 FALL 2012



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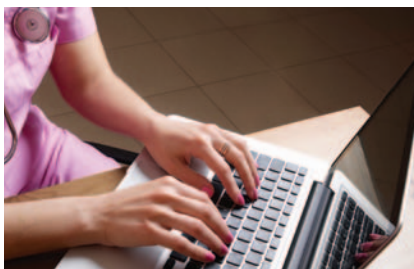
Nurses Association
OF NEW BRUNSWICK



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Why Regulation? Why Self-Regulation? Roxanne Tarjan, Executive Director introduces this edition's theme on self-regulation. Please refer to page 7 for details.

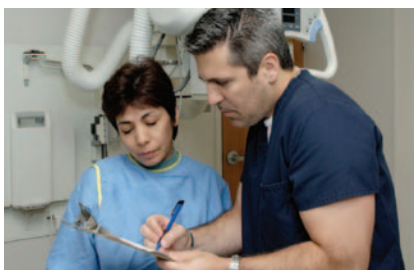


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graph TD
    A[Discipline/Committee] --> B[Registration suspended and referred to Discipline/Review Committee]
    B --> C[Discipline/Review Committee (hearing with additional evidence, submissions, documents and witnesses)]
    C --> D[Conditional Registration*]
    C --> E[Registration]
  
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The flowchart illustrates the disciplinary process. It begins with a box labeled "Discipline/Committee". An arrow points down to a box labeled "Registration suspended and referred to Discipline/Review Committee". From there, an arrow points down to a box labeled "Discipline/Review Committee (hearing with additional evidence, submissions, documents and witnesses)". From this box, two arrows point down: one to a box labeled "Conditional Registration*" and another to a box labeled "Registration".

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Nurses Association of New Brunswick

Nurses shaping nursing for healthy New Brunswickers. In pursuit of this vision, the Nurses Association of New Brunswick is a professional regulatory organization that exists to protect the public and to support nurses by promoting and maintaining standards for nursing education and practice and by promoting healthy public policy.

..... The NANB Board of Directors



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Director, Region 5



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Director, Region 6



Rhonda Shaddick
Director, Region 7



Aline Saintonge
Public Director *



Roland Losier
Public Director



Robert Thériault
Public Director *

* Awaiting replacement appointment by the Lieutenant-Governor in Council.

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Submissions

Articles submitted for publication should be sent electronically to jwhitehead@nanb.nb.ca approximately two months prior to publication (March, September, December) and not exceed 1,000 words. The author's name, credentials, contact information and a photo for the contributor's page should accompany submissions. Logos, visuals and photos of adequate resolution for print are appreciated. The Editor will review and approve articles, and is not committed to publish all submissions.

Change of address

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

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Advancing Primary Health Care: Another Milestone

Over the summer, I reflected on NANB's accomplishments during the first year of my mandate as President. As many of you noticed, there were many accomplishments, including online registration renewal, the launching of a virtual forum on workplace bullying, and an e-learning module on problematic substance use in nursing. Online now, is NANB's second module on the therapeutic nurse-client relationship. These discussions and educational tools help each nurse to stay informed on the latest developments and research findings about issues that affect nursing practice. Furthermore, through the university nursing education programs, these tools are accessible to students.

This is a tiny fraction of the work accomplished by our Association in the course of many everyday activities and achievements. In the upcoming year, more opportunities will be provided so you can update the knowledge you use in your everyday nursing practice. Seize all opportunities to promote your profession and take part in its development!

On August 8, 2012, the Honourable Madeleine Dubé, Minister of Health announced the government response to the report *A Primary Health Care Framework for New Brunswick*, presented by the Primary Health Care Advisory Committee. This multidisciplinary committee, established in 2007 by the previous government and endorsed by the current government, delivered recommendations for the Minister's consideration earlier this spring. Minister Dubé's remarks during the announcement highlighted that this policy change marks a significant organizational and cultural shift in the delivery of health services, for both for the providers and the citizens of New Brunswick.

For almost 30 years, nursing has advanced and promoted the benefits a primary health care model can bring to the health status and outcomes for the population of New Brunswick. Today, many jurisdictions around the world, including many in North America, have already made this move. The evidence of positive health outcomes when care is organized and delivered by a team based in the community and informed by that community's needs is overwhelmingly positive. Health services delivered in a primary health care model improve the health of individuals. This model improves the management of chronic diseases, thus improving the quality of life for individuals living with these illnesses, and reduces the long-term costs of health services overall. The announcements by the Minister of Health and the establishment of a Primary Health Care Steering

Committee will ensure the advancement of this policy announcement and that the organization and delivery of primary healthcare services in New Brunswick reflects the framework approved by government. Registered nurses and nurse practitioners are already advancing this change and will be essential contributors to the successful implementation and ongoing delivery of primary health care services in our province.

New Brunswick's nursing leaders who initiated this discussion in the mid-80's demonstrated vision and leadership. Our persistence and commitment to that vision as a profession has contributed to this announcement; that same vision, leadership and persistence will be required for its full implementation. Now the real work begins!

The Nurses Association of New Brunswick is committed to continued collaboration and the advancement of an effective primary health care model for the benefit of our fellow citizens. You can access the report at (www.gnb.ca/0053/phc/pdf/2012/8752_EN%20Web.pdf) If you have questions, contact 1-800-442-4417 or nanb@nanb.nb.ca.

Additionally, in June the Canadian Nurses Association (CNA) National Expert Commission on Health Care released its review and recommendations for improving and sustaining our publicly funded, not-for-profit health system in Canada. This report entitled *A Nursing Call to Action: the health of our nation, the future of our health system* also reflects the "best-evidence" available to enhance the health of our population and improve the delivery of health services overall. The CNA Board of Directors will announce their response and plan-of-action based on the report later this year. Canadians and New Brunswickers are investing record amounts to support their health needs. As nurses, we are committed to ensuring these resources are delivering the best value for fellow citizens and our families as we advance the vision of "Health for All".

Both NANB and CNA welcome your input. You can access the report at (www2.cna-aiic.ca/CNA/documents/pdf/publications/nec/NEC_Report_e.pdf).

France L. Marquis
FRANCE MARQUIS, President

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Why Regulation? Why Self-Regulation?

To coincide with registration renewal season, the following edition of *Info Nursing* focuses on regulation. The regulatory authority of the Nurses Association of New Brunswick is a privilege. As every teenager knows, a privilege not respected or upheld can soon be removed. Professional regulation was established to ensure public safety and the quality of services received when delivered by regulated professionals.

The government of New Brunswick in delegating regulatory responsibility and accountability to our profession through the *Nurses Act* supports the principle that those with the knowledge of their profession are best prepared to provide its regulation; therefore, self-regulation. However, the *Nurses Act* is also clear that the focus of all regulatory activities must support the public interest, reflected in our mandate to advance competent, ethical nursing practice. Our authority through the *Nurses Act* is far reaching and comprehensive; from the establishment of entry-to-practice competencies, standards of nursing education and nursing program approval to intervening through our professional conduct review processes when public safety is endangered by the practice of a registered nurse or nurse practitioner.

Public expectation of professionals is high. When the public receives care from a registered nurse or nurse practitioner, they expect them to be competent; to be able to provide the nursing care they require safely; to be informed by expert knowledge and professional judgement. Our commitment to the public interest has gained the nursing profession an ongoing high degree of public trust and support.

As members of this profession, we support self-regulation and our commitment to public safety through our annual registration fees. When we meet the regulatory requirements, requirements established by our peers, we are granted registration and gain the authority to use the title registered nurse or nurse practitioner. This title communicates to the public and employers that we have met the requirements for registration and possess the knowledge and skills essential to our profession.

When professionals do not meet these expectations and an individual or group is injured by the actions of a member of the profession, that public trust is challenged. Proactive regulation and the development and promotion of tools and resources to support competent, ethical practice ensures these incidents are infrequent. Appropriate interventions through our professional conduct review processes, when required, demonstrate our commitment to public safety. If these processes are ineffective or demonstrate self-interest public trust and confidence is further eroded and government intervention is often the result. This intervention may take the form of additional regulatory requirements, monitoring and reporting. In some instances, it has even resulted in the removal of regulatory authority and assignment of these privileges to another body.

The NANB's focus on continuous improvement and enhanced effectiveness and timeliness in our regulatory work is motivated by our commitment to public safety and our desire to ensure our ongoing self-regulatory role. The most important aspect of self-regulation is each individual practitioner's commitment to the practice, and continuing-competence standards established by the profession and supported by the resources and tools the regulatory body provides to support members/registerants in meeting these standards.

This fall the NANB will conduct a member survey to further inform and identify priorities for our ongoing work in the enhancement of your knowledge and understanding of the privilege we are afforded through self-regulation. Watch for information through our upcoming e-bulletin and the NANB website. We look forward to your input and suggestions. ■


ROXANNE TARJAN
Executive Director



THE BOARD OF DIRECTORS MET ON MAY 29 & 30, 2012, AT NANB HEADQUARTERS IN FREDERICTON.

Policy Review

The Board reviewed policies related to:

- *Ends*
- *Governance Process*
- *Executive Limitations*

New and Amended Policies

The Board approved an amendment relating to GP-6.2, Nominating Committee; and proposed a new policy, GP-15, Observers at Board Meetings.

Organization Performance: Monitoring

The Board approved monitoring reports for the Ends; Executive Limitations; and Governance Process policies.

Board of Director's & Committee Vacancies—2012 Election

An election was held for Director in Region 1. Candidates in Region 3, 5 and 7 were elected by acclamation.

- *Region 1 Director:*
Chantal Saumure, RN
- *Region 3 Director:*
Dawn Torpe, RN
- *Region 5 Director:*

Linda LePage-LeClair, RN

- *Region 7 Director:*
Rhonda Shaddick, RN

Public Director Vacancies:

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

The term of two public directors, Aline Saintonge and Robert Thériault, will expire August 31, 2012. Both public director positions are appointed by the Lieutenant-Governor in Council from a list of candidates submitted by the NANB. The appointments are for a two-year term effective September 1, 2012.

The Board approved the following four nominees:

- Linda Currie, *Moncton*
- Fernande Chouinard, *Tracadie-Sheila*
- Edith Tribe, *Bathurst*
- Wayne Trail, *Moncton*

The Board approved the following appointments to NANB Committees:

Executive Committee:

The President and President-Elect are members of the Executive Committee along with two region directors and one public director. The Board appointed the following directors for a one-year term, effective September 1, 2012, to August 31, 2013:

- Linda LePage-LeClair, RN,
Director—Region 5
- Marius Chiasson, RN,
Director—Region 6
- Roland Losier,
Public Director

Nursing Education Advisory Committee:

- Joanne Barry, RN (new)
- Marjolaine Dionne Merlin, RN (new)
- Cathy O'Brien-Larivee, RN
(re-appointment)

Complaints Committee:

- Kathleen Sheppard, RN (new)
- Paula Prosser, RN (new)

- Monique Cormier-Daigle (new)
- Margaret Corrigan, RN (re-appointment)
- Edith Côté Leger, RN (re-appointment)
- Ruth Riordon, RN (re-appointment)
- Bernard Aubé, Public Member (new)
- Anne-Marie LeBlanc, Public Member (re-appointment)

Discipline / Review Committee:

- Dixie Lapage, RN (new)
- Heather Hamilton, RN (new)
- Luc Drisdelle, RN (new)
- Shirley Avoine, RN (new)
- Jacqueline Savoie, RN (re-appointment)
- Erin Musgrave, RN (re-appointment)
- Eric Chamberlain, RN (re-appointment)
- Olive Steeves-Babineau, RN (re-appointment)
- Nannette Noel, RN (re-appointment)
- Nancy Sheehan, RN (re-appointment)
- Étienne Thériault, Public Member (new)
- Jo-Anne Nadeau, Public Member (new)
- Jack MacKay, Public Member (re-appointment)
- Mariette Damboise, RN (re-appointment)

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

Entry-to-Practice Registered Nurse Exam

The NANB Board of Directors confirmed its partnership with the National Council of State Boards of Nursing to provide the NCLEX-RN examination in New Brunswick effective January 2015. Plans for transitioning to the new examination will be completed over the summer.

Members are encouraged to visit NANB's website regularly for updates on the transition process and additional information.

Nursing Education Program Review/Approval

Interim Report(s): University of New Brunswick and Université de Moncton's Nurse Practitioner programs.

The Board approved the Nursing Education Advisory Committee's

(NEAC) recommendation to accept the interim reports from both universities regarding the Nurse Practitioner Programs.

Additionally, the Board approved the NEAC's recommendations for the selection of approval team members for UNB's NP program, UdeM's NP program, and UNB's BN program.

NANB Documents

The Board approved the following documents:

NANB position statement:

- *Advanced Nursing Practice*

NANB practice guideline(s):

- *Managing Registered Nurses with Significant Practice Problems*
- *Graduate Nurse Scope of Practice*

Endorsement of CNA document:

- *Staff Mix Decision-Making Framework for Quality Nursing Care (2012)*

*All documents and position statements are available on the NANB website.

RN E-learning Module(s)

Online Now! The Therapeutic Nurse-Client Relationship

NANB's 2nd e-learning module will help members interpret NANB's Practice Standard: *The Therapeutic Nurse-Client Relationship* (revised Feb. 2012). This information will help both registered nurses and nursing students in their nursing practice.

Presentation

Chantal Léonard, Chief Executive Officer with the Canadian Nurses Protective Society, provided the Board with an update on services offered through CNPS.

Government Relations

The Board hosted an MLA Breakfast on May 30, 2012, in conjunction with the Board meetings and AGM. Approximately 25 Members of the Legislature joined NANB's Board members and professional staff providing the Association an opportunity to promote NANB's regulatory role and meet our strategic plan's objectives.

Next Board Meeting

The next Board of Directors meeting will be held at the NANB Headquarters on October 10–12, 2012.

Observers are welcome at all Board of Directors meetings. Please contact Paulette Poirier, Executive Assistant/Corporate Secretary at ppoirier@nanb.nb.ca or 506-459-2858 / 1-800-442-4417.

2011–2012 NANB Board of Directors

- *President*—France Marquis
- *President-Elect*—Darline Cogswell
- *Director, Region 1*—Lucie-Anne Landry
- *Director, Region 2*—Terry-Lynne King
- *Director, Region 3*—Dawn Torpe
- *Director, Region 4*—Noëlline LeBel
- *Director, Region 5*—Linda LePage-LeClair

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CNA Certification in Gerontology: A Gift for Registered Nurses

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

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

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

Send your application by mail, email or fax to:

NANB—Gerontology Gift
c/o The Communications Department
165 Regent Street
Fredericton, NB, E3B 7B4
Fax: (506) 459-2838
Email: nanb@nanb.nb.ca (stating Gerontology Gift in the subject line)

The winner will be notified by the Association.

Follow NANB on Twitter!

NANB has joined the world of social media, as an added media presence and monitoring tool; as well as an opportunity to promote to members, both existing and future, of the Association's events, supports and services. You can follow NANB at www.twitter.com/nanb_aainb. There is also a direct link to the account from our website homepage www.nanb.nb.ca.



Anne Masters-Boyne (COHNA) and Vanna Wasson (ORNAC) manning the CNA table at the Atlantic Ballet Theatre's performance of *Ghosts of Violence*, January 19, 2012

CNA Booth *Ghosts of Violence*

Anne and Vanna were pleased to accept an invitation on behalf of the Canadian Occupational Health Nurses Association and the Operating Room Nurses Association of Canada to represent Canadian Nurses Association at a recent performance of *Ghosts of Violence* in Fredericton, New Brunswick. We were deeply moved by this beautifully choreographed ballet, which brings the issue of domestic violence against women into the spotlight. Life stories inspired by women who have died at the hands of a partner are told through the creativity and athleticism of these professional dancers. We were struck by the numbers of young men and women who attended the evening performance, as well as the high school students present at a matinee performance the day before.

In a statement by CNA, we learn that half of all women age 16 or older in Canada

have experienced at least one incident of physical or sexual violence. A primary goal of this performance is to act as a catalyst for community dialogue and action on domestic violence. We were privileged to meet with Premier Alward and his wife, who toured the CNA booth. He inquired about our connection with domestic violence and we were able to convey that nurses are often the front-line contact for abused women and children, regardless of the type of nursing we are practicing. He was very attentive and appreciative of the pivotal role nurses play with domestic violence interventions and counseling.

The Atlantic Ballet Theatre of Canada currently has over 80 performances booked across Canada. CNA is a major sponsor of *Ghosts of Violence*. We would encourage you to attend a performance if you have the opportunity. Break the cycle of violence!

..... **ONLINE NOW**



It's All About the Nurse-Client Relationship

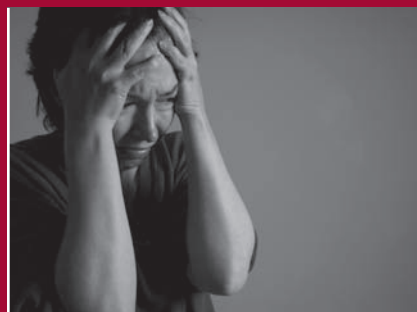
THE THERAPEUTIC RELATIONSHIP IS THE foundation on which nursing care is provided. RNs are committed to the development and implementation of best practice through the ongoing acquisition, critical application and evaluation of relevant knowledge, skills and judgment.

This e-learning module is designed to facilitate an understanding of the complexities surrounding the therapeutic nurse-client relationship and will allow the nurse to apply her knowledge and judgment through an interactive approach.

This information will benefit both registered nurses and nursing students in their nursing practice and will familiarize them with all aspects of the nurse-client relationship, including how to:

- establish a therapeutic nurse-client relationship;
- set and define the limits of the relationship;
- recognize and deal with situations when boundaries that separate professional behaviour from non-professional behaviour are blurred;
- terminate the relationship in a professional manner; and
- maintain a professional relationship with the client and his significant others after the termination of the therapeutic nurse-client relationship.

As a member or nursing student in New Brunswick, you can access free e-learning modules via NANB's website (www.nanb.nb.ca) at your convenience, 24/7, with the ability to leave and return when the time is right for you.



ALSO AVAILABLE- NANB's e-learning module on Problematic Substance Use in Nursing.

Hours & Dates

NANB Office Hours:

Monday to Friday 08:30 to 16:30

We Will be Closed:

- October 8
Thanksgiving Day
- November 12
Remembrance Day
- December 24, 25 & 26
Christmas Holidays
- January 1
New Year's Day

Dates to Remember:

- October 10–12
NANB Board of Director's Meeting
- December 1
Registration Renewal Administrative Deadline
- December 31
Registration Renewal Deadline

NB Occupational Health Executive

Seventeen members of the NBOHNG-RIISTNB met at the Irving Oil Refinery on May 25, 2012, for a spring meeting. Cathy Simon, Physiotherapist and owner of Active Physiotherapy Clinic, gave an enlightening presentation on "*Strains and Sprains—signs, symptoms, current treatments and rehab*".

Gail DeGrace, Occupational Health Consultant with NAVCANADA, increased our knowledge of Fatigue Risk Management—a vital topic for all shift work environments.

The general business meeting, including the election of officers, was held in the afternoon.

NBOHNG-RIISTNB is the New Brunswick Occupational Health Nurses Group-Regroupement des infirmières et infirmiers en santé du travail du Nouveau-Brunswick. The group has been meeting bi-annually since the late 1970s, providing members with opportunities for continuing education, networking and peer support. Members are registered nurses who provide health services to employees in a

wide variety of businesses across the province – healthcare, manufacturing, transport, and energy production. Each nurse's job duties are determined by the needs of the workforce she or he serves, but all have the common goals of preventing injuries and promoting healthy workplaces.

For more information about occupational health nursing and the group, visit the website www.nbohng-riistnb.com. New members are always welcomed.

NBOHNG-RIISTNB is part of the national organization COHNA-ACIIST, which, at present, is made up of representatives from the following provincial Occupational Health Nurses groups: Alberta, Saskatchewan, Manitoba, New Brunswick, Nova Scotia and Newfoundland/Labrador. COHNA-ACIIST works to improve worker health and safety by speaking with a national voice to influence health and safety regulation legislation. It promotes the profession by providing a national forum for the exchange of ideas and concerns, as well as promoting national standards for education and practice of Canadian Occupational Health Nurses. You can visit the national website at: www.cohna-aciist.ca



Elizabeth (Beth) M. Sparks 1947-2012

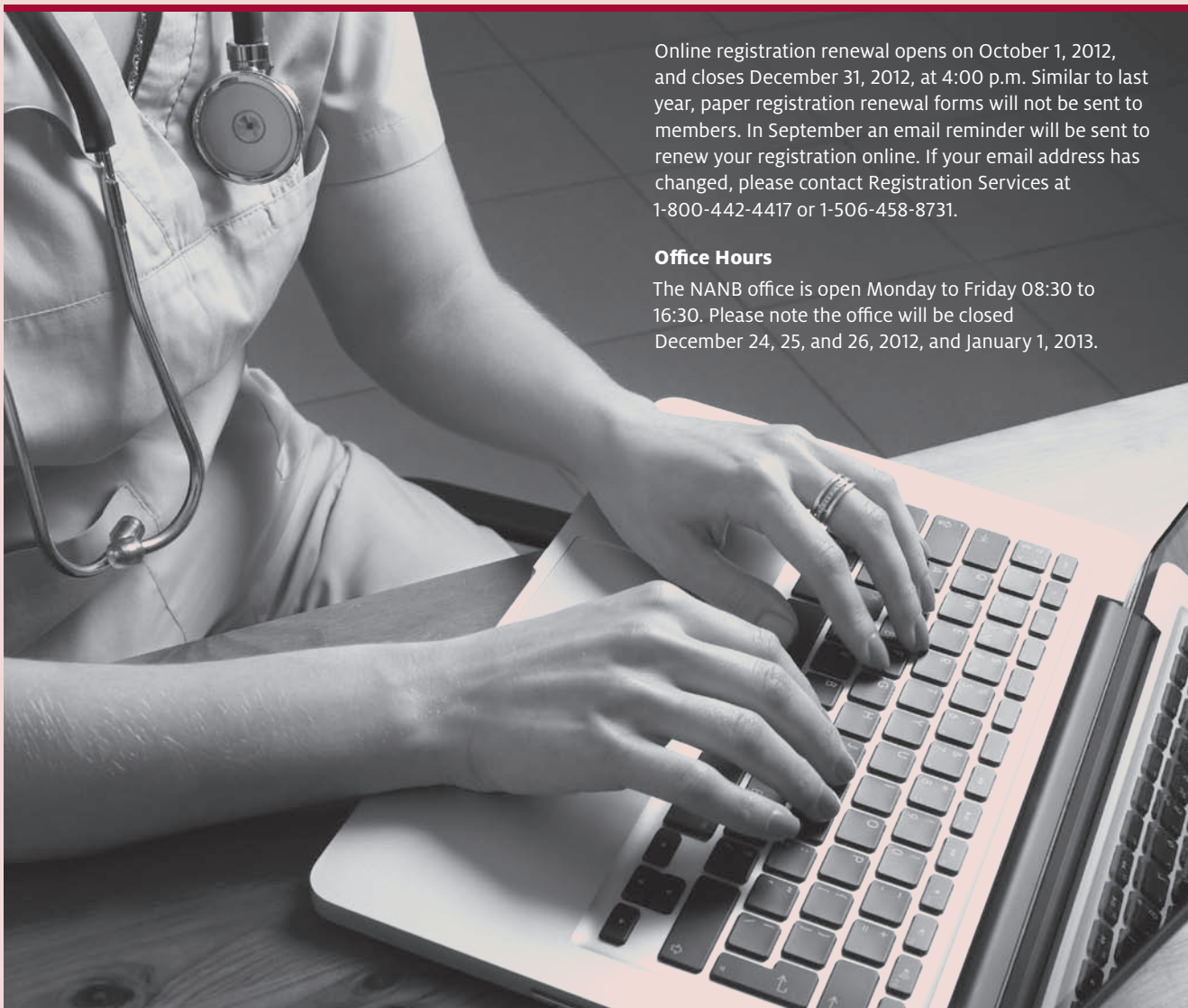
We Remember and Celebrate Beth's Life

It is with sadness and gratitude for her life, we inform you of the passing of Beth Sparks on Sunday August 19, 2012 at the Moncton Hospital.

Beth was the former President of the Nurses Association of New Brunswick and a board member of the Canadian Nurses Association. Beth served on many local, provincial and national healthcare committees throughout her career. She was a teacher of Clinical Leadership and Advanced Cardiac Life Support for many years and was an instructor at UNB. Beth was awarded the *Award of Merit* from the Nurses Association of New Brunswick for excellence in client and family care,

leadership and professionalism in 2001. She was honoured with the Centennial Award from the Canadian Nurses Association in 2008 for her contributions to nursing and healthcare. She loved being a nurse and caring for patients and their families. She held a particular interest in research ethics and patient safety. She was proud to be part of a fellowship of health professionals where she was a wise teacher, advocate, respected role model and mentor.

*NANB Board of Directors has made a donation to the NANB-CNF Scholarship fund in Beth's memory.



Online registration renewal opens on October 1, 2012, and closes December 31, 2012, at 4:00 p.m. Similar to last year, paper registration renewal forms will not be sent to members. In September an email reminder will be sent to renew your registration online. If your email address has changed, please contact Registration Services 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 24, 25, and 26, 2012, and January 1, 2013.

Be On Time! Renew Your 2013 Registration Online

..... IMPORTANT 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 by NANB to the employer and members will have to use their credit card to renew online.

Administrative Deadline December 1

NANB has an administrative deadline of December 1, 2012, to renew registration. This deadline ensures the necessary time to assess and process all the renewal applications and to complete any follow-up prior to expiry on December 31, 2012.

Avoid the Late Fee January 1

Registrations that are renewed on or after January 1, 2013, will be subject to a late fee of \$56.50. Any nurse who practises while not being registered is also in violation of the *Nurses Act* and may be charged an additional unauthorized practice fee of \$250.00 plus tax.





New NANB Staff: Tamara Neadow

Tamara Neadow, Burton, has accepted the position of Administrative Assistant: Registration with the Nurses Association of New Brunswick (NANB) effective January 30, 2012. Ms. Neadow is bilingual and a recent graduate from the Veterinary Administrative Assistant Program at Eastern College (Fredericton Campus). Ms. Neadow is responsible for various administrative tasks as receptionist, as well as assisting in registration and verifications.

Boardroom Notes

continued from page 9

- *Director, Region 6*—Marius Chiasson
- *Director, Region 7*—Deborah Walls
- *Public Director*—Aline Saintonge
- *Public Director*—Robert Thériault
- *Public Director*—Roland Losier

Invitational Forum

Managing Social Media & the Nursing Profession

NANB hosted an invitational forum for members and stakeholders to increase awareness and provide evidence-based data on the challenges and opportunities related to the presence of social media within the nursing profession.

Presentations can be accessed via NANB's website.

96th AGM – May 31, 2012

The 96th Annual General Meeting was a short business meeting which occurred on May 31st, 2012, at the Delta Hotel, Fredericton. An overview of the Auditor's Report and highlights of current and future activities were

presented.

The following resolution from the floor was presented and approved by membership.

Be it resolved that NANB:

- lobby the provincial government for a review of Long-Term Care in New Brunswick so that Long-Term Care in the province be more timely, appropriate and consistent;
- encourage the government to make new nursing home beds a priority;
- encourage government to facilitate a meeting of stakeholders working in Long-Term Care sector to work toward improving the care of clients/patients.

The 2011 Annual Report, including the 2011 Auditor's Report, is available on the NANB website (www.nanb.nb.ca).

REGISTRATION RENEWAL

New this year... Electronic Certificates and Receipts

Registration certificates and receipts will not be mailed to members this year. Instead, members will be able to print their registration certificate and receipt from a secure section on the NANB website. When renewing registration online, members will be prompted to create their "My Profile" which will include a user name and password. Members will be able to access their "My Profile" through the user name and password and will then be able to print their certificate and receipt from this secured site after renewal and on an ongoing basis.

Verification of Registration Status for Employers and Members

Employers are required under the *Nurses Act* to annually verify that nurse employees are registered with NANB. A quick and efficient way to verify the registration status of nurse employees is to go to the NANB website and access the registration verification system as follows:

1. visit www.nanb.nb.ca;
2. select Registration from menu at the top of the screen;
3. select Registration Verification;
4. select Option 1 in order to register as an employer if you have not already done so previously (this option will enable you to create a list of nurses later by using option 2);

5. select Option 2 if registered as an employer with NANB. Enter your password and verify the registration status of the nurse for the first time by entering their name and registration number (if this has already been done, a list of names and registration status will appear automatically);
6. select Option 3 to verify the registration status of an individual nurse without having to use a password.

Individual registered nurses can also use the registration verification system to verify their own registration status one business day after completing their online renewal.



UNDERSTANDING THE COMPLAINTS & DISCIPLINE PROCESS

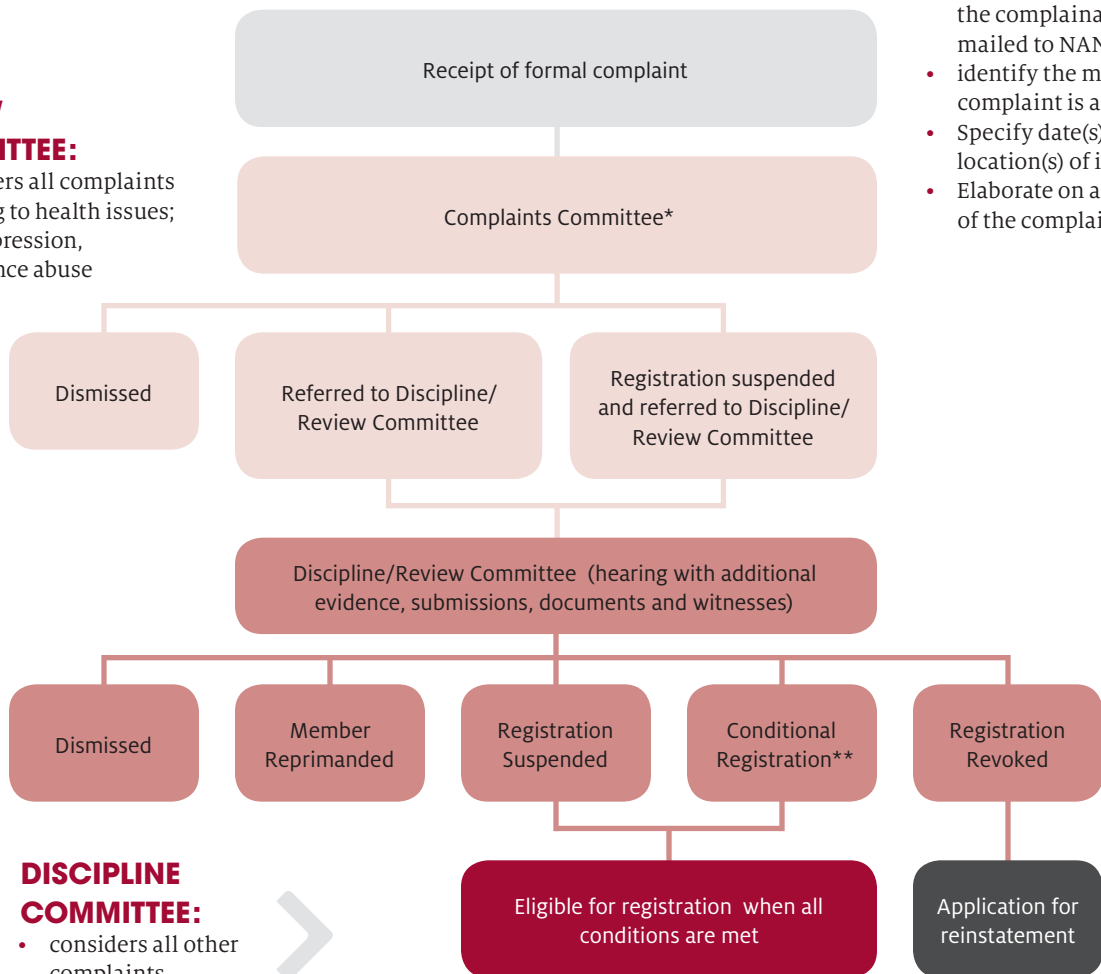
By LORRAINE BREAU

REVIEW COMMITTEE:

- considers all complaints relating to health issues; i.e., depression, substance abuse

A FORMAL COMPLAINT MUST:

- be in writing, signed by the complainant and mailed to NANB
- identify the member the complaint is against
- Specify date(s) and location(s) of incident(s)
- Elaborate on allegations of the complaint



DISCIPLINE COMMITTEE:

- considers all other complaints

APPEAL:

- **Member:** A member may file a written notice of appeal to NANB's Board of Directors within 30 days of a decision of the Discipline or Review Committee.
- **Complainant:** A complainant may file a written notice of appeal to NANB's Board of Directors within 30 days of a decision of the Complaints, Discipline, or Review Committee.

* Considers written evidence only

** Restrictions, refresher, monitoring, evaluations



Under the *Nurses Act*, the Nurses Association of New Brunswick (NANB) is legally responsible for regulating members of the nursing profession in the province. Regulation ensures the nursing profession and registered nurses (RNs) are accountable to the public for the delivery of safe, competent and ethical nursing care. NANB has adopted a three-pronged approach to self-regulation:

- Promoting good practice
- Preventing undesirable practice
- Intervening when practice is unacceptable

By focusing on promotion and prevention, the need to intervene with unacceptable practice is kept to a minimum. However, as a self-regulating body, NANB is required to have a formal process for dealing with complaints when nursing practice endangers public safety. This process is commonly referred to as the Complaints and Discipline Process.

What is a complaint?

Lodging a formal complaint with NANB is a measure of last resort and is only made after all avenues to address the issue within the agency or organization have been exhausted. A complaint must be submitted in writing, and is a signed report or allegation regarding the conduct, competence or health of a member. Complaints may be made by any individual including a supervisor, a coworker, another health care professional, or a member of the public such as a patient or family member. Complaints lodged with NANB are usually of a very serious nature. In 2011, among the ten complaints lodged, the allegations included: incompetence;

medication administration errors; substandard documentation; lack of knowledge, skills and judgement; fraud/deceit; administering unauthorized medication; patient abandonment; failure to provide safe, competent and ethical care; and professional incapacity (substance abuse).

The Complaints Committee

The first step of this two-step process is initiated by the Complaints Committee upon receipt of a complaint. The member is promptly notified that a complaint has been lodged and is provided with a copy of the actual complaint and any other supporting documentation received. This process follows the principles of natural justice, including full disclosure, and therefore all documents received from either the complainant or the member are shared with the other party. A panel of the Committee, consisting of two RNs and one member of the public, screens out complaints that are frivolous or do not fall under NANB's jurisdiction. The Committee decides if the complaint warrants further consideration by the Discipline/Review Committee. If so, the complaint is referred to the Committee. If not, the complaint is dismissed. Health-related problems are referred to the Review Committee, while all other complaints go to the Discipline Committee. The Complaints Committee can also suspend the member's registration pending the outcome of the discipline/review hearing, if it believes that allowing the nurse to continue practising could endanger the public.

The Discipline/Review Committee

When it is determined that the complaint requires further consideration, the Discipline/Review Committee

begins the second step of this two-step process. A panel of the Committee, consisting of three RNs and one member of the public, meets to consider the evidence provided by the member and the complainant. Additional documents and evidence are usually provided at this stage. The member has the right and sometimes the obligation to appear before the Committee. When a hearing is held, testimony may be heard from the member, the complainant and witnesses as determined by the two parties. Certain rights are guaranteed for both the member and the complainant under the *Nurses Act*; among them is the right to retain legal counsel. The Committee has no vested interest in the outcome other than to ensure that:

- the hearing is fair;
- the facts are determined;
- all parties have an opportunity to present evidence; and
- the public is protected.

The Committee is on a fact-finding mission. Committee members ask the complainant, the witnesses and the member questions about the events, incidents or problems leading to the complaint. Both the complainant and the member have the opportunity to present evidence, or their side of the story, and to fully examine all witnesses and evidence. Once all the evidence is received, the hearing concludes and the Committee deliberates. The Committee decides if the facts established prove the allegations of the complaint. If they do not, the complaint is dismissed. If the Committee comes to the conclusion that the facts prove the allegations, the Committee must decide what appropriate actions, if any, are required of the member to guarantee public safety.

Final thoughts

It is important to remember that the majority of concerns related to a member's practice are dealt with in the workplace and do not warrant or require a formal complaint under the *Nurses Act*. For more information on the Complaints and Discipline Process, please consult the following publications on our website: *Nurses Act*, By-Laws, NANB Complaints and Discipline Process; or contact Lorraine Breau, Regulatory Consultant: Professional Conduct Review at 1-800-442-4417 / 506-458-8731 or email lbreau@nanb.nb.ca.

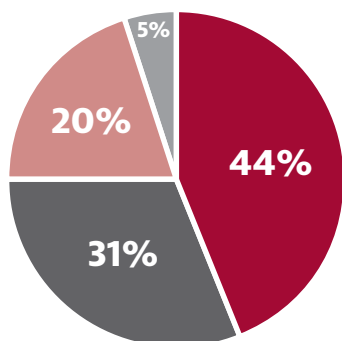


Figure 2

Most common complaints in the last five years

- Professional misconduct (26)
- Incapacity (18)
- Incompetence (12)
- Conduct unbecoming a member (3)



Infringements of the Nurses Act

By ODETTE COMEAU LAVOIE

Unauthorized practice fee of \$250+HST is charged to a member who:

1. practises without a valid registration for a period exceeding 60 days
2. practises without a valid registration on more than one occasion

Avoid an Infringement

1. Renew your registration early
2. Do not work if you are not registered
3. When returning from a leave of absence, ensure your registration is in order
4. Registration is required for all areas of nursing practice

Number of Infringements

2012 → 22 to date

2011 → 35
2010 → 23
2009 → 34
2008 → 12

The *Nurses Act* requires that nurses must be registered with NANB in order to practise nursing in New Brunswick. Nursing practice encompasses all domains of nursing, including: clinical practice, education, administration, research and policy.

Under the *Nurses Act*, only nurses who are registered can be employed as registered nurses, practise nursing and use the title “nurse”, “registered nurse” or “RN”. In fact, individuals who are not registered with NANB cannot represent themselves by using any of these titles, as they are protected under the *Act*.

Every year a small number of members report to work in early January without a valid registration. Since January 1, 2012, twenty-two members have practised nursing while not being registered, which is an infringement of the *Nurses Act*.

Members who renew their registration after December 31 are required to pay a late fee before registration can be renewed. As long as the member has not practised during the period in which the registration had expired, the member is not in breach of the *Act*.

However, members who practise nursing during the period in which registration has expired are in breach of the *Act*. Consequences of this breach or infringement include:

- not having liability protection for the period that was worked without registration;
- hours worked during this period not being recognized towards future registration requirements;
- repercussions from the employer for working while not registered; and
- an unauthorized practice fee may be charged in addition to the late fee.

Repeated infringements may result in a complaint being referred to the NANB Complaints and Discipline Committees.

This year, members who practised nursing without being registered worked in the following areas of practice: Hospital, Extra-mural Program, Nursing Home, Physician Office, Community Health, Educational

Institutions, Private Industry and the Canadian Armed Forces.

The reasons for working without being registered vary, but often occur because of the following:

- returning to work after a leave of absence (e.g., maternity leave) without renewing registration;
- waiting until the last minute and forgetting to renew or finding that the NANB office and online registration have closed; and
- thinking that only direct patient care requires registration.

Maintaining registration is a mandatory professional responsibility under the *Nurses Act* and the NANB *Standards of Practice for Registered Nurses* (2005). Although employers have a responsibility to ensure that nurses are registered upon initial employment and yearly thereafter at registration renewal time, the primary responsibility for registration remains with the individual registered nurse. ■



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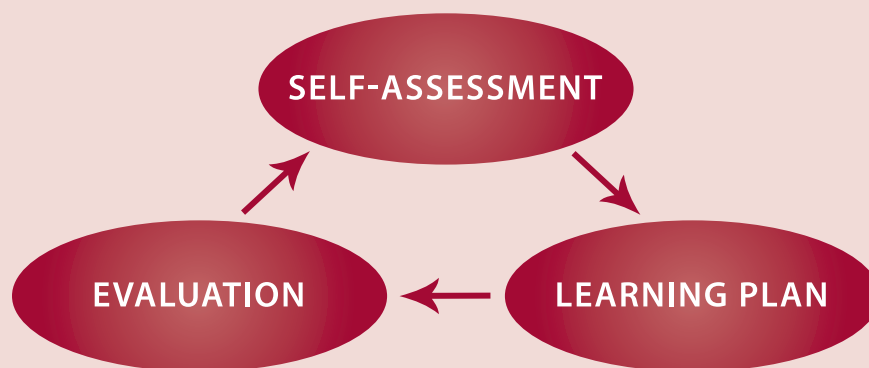
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Continuing Competence Program

By ODETTE COMEAU LAVOIE

The Continuing Competence Program (CCP) is a mandatory registration requirement for all registered nurses (RNs).

The program is based on the following principles:

- Continuing competence is a necessary component of practice, and public interest is best served when nurses continually enhance their application of knowledge, skill and judgement; and
- Reflective practice, or the process of continually assessing one's own practice to identify learning needs and opportunities for growth, is key to facilitating continuing competence.

Overview of the CCP Process

Registered nurses practise in a variety of settings in clinical, administrative, education, research and consulting roles. The context of practice changes constantly in response to scientific advancement, evolving technologies and fluctuating resources, making it essential that registered nurses continue to develop knowledge and competence throughout their careers.

The CCP requires RNs to reflect on their nursing practice through self-assessment, to complete a learning plan, and to evaluate the impact of learning

activities on their nursing practice. It is an approach through which each RN reflects in a formalized manner on their practice at least once annually.

Reflecting on their practice is not a new process for RNs. RNs have always analyzed and learned from their experiences. A continuing competence program formalizes what RNs already do and provides a framework as they reflect on their practice experiences, seek advice, assess their learning needs and fill knowledge gaps through consultation with colleagues and peers, current literature and education.

Registration Renewal

Each year, RNs self-report continuing competence information as part of their registration renewal. This includes hours of practice and whether or not they have met the CCP requirements.

Registered nurses moving to New Brunswick from another province or country and new graduates will be required to meet the CCP requirements the year following their entry/re-entry to practice at the time that they renew their registration. RNs who are returning from an extended leave of absence may be exempt from the CCP requirement for that practice year and should contact registration services for further information.

If an RN indicates on the renewal form that the CCP requirements have not been met, a three month period will

be granted to meet the requirements using a remedial approach. Should the CCP requirements not be met at the end of the three month period, a non-practising membership will be issued until the requirements are met. The CCP requirements apply to all RNs in all practice settings.

Three Steps to Meeting CCP Requirements:

1. Self-assessment of your nursing practice based on the NANB *Standards of Nursing Practice for Registered Nurses* to determine your learning needs;
2. Development and implementation of a learning plan to meet the identified needs; and
3. Evaluation of the impact of your learning activities on your nursing practice.

Once the nurse has completed the self-assessment and identified which indicator to focus on, a learning plan is developed including at least one learning objective. The learning plan also includes learning activities and target dates. It is meant to be flexible and may need to be revised throughout the practice year. Prior to registration renewal, nurses proceed to the third step of the program and evaluate the impact of their learning activities on their practice. This evaluation may



inform the individual nurse's CCP for the upcoming year.

Audit

Each year, a randomly selected number of RNs are audited to monitor compliance with the CCP. Since 2009, a total of 403 nurses have participated. The audit questionnaire consists of a series of questions, including:

- Which indicator from the NANB *Standards of Practice for Registered Nurses* did you choose to focus on for the 2011 practice year?
- What was your main learning objective for the 2011 practice year and to which indicator did it correspond?
- Which learning activities did you include in your learning plan to meet your main learning objective?
- How helpful were the learning activities that you completed in assisting you to achieve your main learning objective?

- Describe what impact your learning has had on your nursing practice.

Any information provided to NANB is confidential and is only used for the purpose of determining if the CCP requirements are being met or if remediation is required to assist RNs in meeting the requirements.

Nurse Practitioners

Nurse Practitioners (NP) must meet additional continuing competence requirements. These additional requirements stem from the legislated scope of NP practice, the *NP Core Competencies* and the *Standards of Practice for Primary Health Care NPs*. Nurse Practitioners are also randomly selected for the annual CCP audit.

For more information on the CCP

Additional information on the program is available on the NANB website including the *Continuing Competence Program Tutorial*—a self-directed learning module on the three steps of the program—and an *Interactive Worksheet* for each step—assessment,

HOURS OF PRACTICE REQUIREMENT

A continuing competence provision that has been in place since 1984 is the requirement to have practised a minimum number of hours within a specified period of time.

Currently, 1125 hours of practice within the previous five years are required for registration. At the time of registration renewal, nurses document their hours of practice for the previous year on the registration renewal form.

learning plan and evaluation—are included in the *Tutorial* and can be filled in electronically and printed.

Members who have questions regarding the CCP, or who experience difficulty in meeting the CCP requirements can contact a Nursing Practice Consultant at 1-800-442-4417. ■

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NB Nurses' Experiences of Workplace Bullying

By JUDITH MACINTOSH

“It’s got us feeling trapped, helpless and at her mercy. I lost all my self-esteem and self-confidence.”

“I would drive home every night crying. It was a time in which I was filled with a lot of emotion and I found myself being very angry with those close to me.”

“Frustration would become anger, and it would often end up with personal attacks, and sometimes with objects being thrown around.”

In March and April 2012, NANB opened a virtual forum on the website to provide opportunities for New Brunswick nurses who had been bullied at work to talk about their experiences. Nurses did not need a second invitation! It seemed that this topic resonated with a wide variety of nurses, novices and experienced nurses, those working in hospitals and other settings, and some still working and others now retired from the profession.

What these nurses had in common was the strong impact of being bullied at work on their careers, their health, and their whole lives. I also recognized the admirable degree of respect they exemplified in their descriptions of those experiences and the consequences for them.

This is a thematic summary of the comments on the virtual forum and I include some quotes from that forum to illustrate.

Bullying Tactics

Nurses described the breadth of bullying tactics they experienced, most of which were psychological abuse. These tactics included being targeted by backstabbing, having privacy and personal space invaded, being undermined, insulted, harassed, intentionally overloaded with work, humiliated, demeaned publicly, and being isolated, excluded, and ignored. “Words were hurtful and targeting people instead of the situation. Frustration would become anger, and it would often end up with personal attacks, and sometimes with objects being thrown around.” Other

nurses reported being yelled at, sworn at, blamed, belittled, and gossiped about. “It was the most demeaning experience of my life” said one nurse. One nurse said, “Many rumors rumbled around the gossip hospital community and the small community where I live,” and another was targeted when a co-worker “spread a rumour.” Another nurse said she experienced “whispering behind my back, not speaking to me, giving me a heavier workload, [and] ignoring my presence.” Still others were threatened personally or in relation to their jobs. One example was the nurse who mentioned that they are “always threatening to terminate our employment if we do not conform to their opinions and beliefs.” Some noticed that time off and workloads were not distributed fairly, “I was refused time off when I needed the time off.” Most of these behaviours have the result of intimidating targets. Several nurses mentioned statements such as this one, “any form of bullying is unacceptable.” One nurse indicated being intimidated involved an extreme example, “I was ignored when I spoke to anyone and dismissed. I would ask for some assistance with a patient and I was denied.” We can imagine the potential impact of bullying on client care.

Personal Impact

Targeted nurses described some effects these tactics had. Nurses reported that they lost a sense of trust in their colleagues. For example, “The situation shook me to the point that, two years later, the events are still etched in my

memory. In my current life, I have so little self-confidence that I find it difficult to make any decision.” Lack of trust leaves some targets feeling helpless, upset, disturbed, confused, and sad. One said, “It’s got us feeling trapped, helpless and at her mercy.” Another observed, “I lost all my self-esteem and self-confidence.”

For others nurses, the feelings bullying invoked included anxiety, fear, anger, and terror. One nurse said, “I got to the point I was terrified to answer an email for fear I would say or do something wrong.” One nurse noticed how her anger affected others, “I would drive home every night crying. It was a time in which I was filled with a lot of emotion and I found myself being very angry with those close to me.” Most nurses noticed that the bullying lowered their morale, lowered their self-esteem, damaged their confidence, increased their self-doubt, and made them sick at the thought of work. “I didn’t feel like I had anyone in the office I could talk to and I began doubting my abilities”, the workplace “morale is very low,” and “I began feeling overwhelmed. I felt sick at the thought of going to work every day.” Health symptoms of increased stress included nightmares, insomnia, loss of concentration, crying, and panic attacks. Some nurses said, for example, “I am not sleeping lately, and finding it hard to concentrate,” bullying becomes “a weight you can’t bear,” and “I am ‘walking on eggshells’ all of the time.” Another said, “It’s terrible. It’s every day. It’s all the time. It’s exhausting.” Not

“I began feeling overwhelmed. I felt sick at the thought of going to work every day.”

“Two years later, the events are still etched in my memory. In my current life, I have so little self-confidence that I find it difficult to make any decision.”

“Nurses, the professionals, who were and are educated to be ‘caring’ are often the least likely to care for each other.”

surprisingly nurses found the stress of dealing with bullying almost unbearable, “I was distressed,” the doctor saw “how distraught I was in this situation,” and “it was the most stressful experience of my life.” Consistent with what research reports, some nurses said they take stress home and that affects their relationships with family and friends. “I have suffered a great deal as has my family,” “my life was a mess I did not know who I was or what I wanted in my life.”

There are often long-term consequences on health and careers and many nurses noted this as well. These impacts do not resolve quickly even when targets leave the workplaces where they were bullied. Nurses said, “I felt and still feel abused,” “but I am still experiencing some sleepless nights, and anxiety at work,” and “as time passes, I find that my trust does not improve.”

For some, the best way to deal with the bullying was to leave the job, go elsewhere to work, or to take sick leaves. Some nurses said, “I was forced to take a stress leave,” “I actually left one unit because they would not stop with the comments and picking on my nursing care,” and “eventually, I left my job and was able find employment somewhere else.” One nurse connected leaving and being fired, “It was traumatic to work under those conditions and I felt worse resigning, but I tell myself if I hadn’t I’m sure my supervisor would have found a way to fire me.” Most felt relief after making that decision, “It was a happy day when I left that toxic environment” and “I am feeling a lot better having left.”

At least one nurse was fired because of being bullied—puzzling—but has been reported with other research on bullying. For those who felt their reputations were damaged by being bullied, those effects persisted too. “My reputation has been tarnished immeasurably” and “now that my professional credibility as well as my personal reputation has been insulted nothing can be done.” After time, some nurses noted that they had learned from the experience, not necessarily how to manage it but things about themselves. For example, “though it was a difficult time, I believe I learned a lot about myself.”

Impact on the Profession

Even with the devastating personal impact of being bullied, nurses were concerned about how workplace bullying reflected on their chosen profession. They said, “These situations would destabilize me and make me doubt my management abilities”, and they questioned the professionalism of those who bully. They lost respect for other nurses when they felt they set bad examples. It was very discouraging for nurses to consider this impact on the nursing profession itself. Some relevant comments are, “Such a beautiful profession, but also capable of a total lack of respect,” “nurses, the professionals, who were and are educated to be ‘caring’ are often the least likely to care for each other,” and “I find it distressing when nurses denigrate the work of nurses in other roles”.

Responses to Bullying

Some nurses, initially, did not respond directly to the bullying behaviour, perhaps because, like this nurse, “I’m really not sure how to handle the situation, much of how I feel I am being bullied is such subtle behavior.” Others said they worked harder to show that they were capable, positive nurses. As one nurse put it, “I refused to give in and gave more than what was needed and expected in an effort to prove I was capable.” Most nurses did not report the bullying. One nurse said, “I never spoke up to the nurse nor did I tell the Director of Nursing.” Nurses sometimes waited for it to stop, but they refused to yield or stoop to the same level of interaction, “I will never stoop to such a low level of human behaviour.” Some said they spoke directly to the person bullying to address the behaviour. Targets also said they became active in trying to address it. Many nurses reported the behaviour through appropriate channels, to their supervisors or managers, with varying outcomes, “When I reported this incident to my Supervisor, nothing was done or addressed with the person involved.” Others said that the person bullying was spoken to or reprimanded.

Some nurses documented their experiences carefully to create a record of the pattern of behaviour. Other nurses followed appropriate workplace procedures, filed reports, involved unions, and reported experiences to NANB. In spite of following these approaches, some nurses felt they “had to sort it out myself” and they noted it was important to maintain their

integrity and to “be who you are.” Many nurses came to realize that taking time off, changing jobs, resigning, or transferring were ways to move away from bullying situations when they weren’t resolved. Engaging in exit interviews provided some nurses opportunities to inform employers about behaviours that had been going on and that seemed to be tolerated.

Organizational Responses

With many nurses indicating that they had eventually reported the bullying, it is interesting to note the responses the organizations gave them. A few nurses reported feeling supported by their managers, “my bosses . . . have been supportive,” but still nothing changed. Many felt that nothing was done, that the issue was not addressed, and that they were left alone with the problem. In fact, some felt like this nurse: “It would be useful if targets could talk about the bullying without being judged or wrongly perceived, e.g., as weak or passive, if we could be better equipped to respond to bullying as soon as it starts, if we had healthy workplaces where more than lip service is paid to respect and conflict resolution (even when a policy on bullying is in place, there is not always a follow up, which discourages others to take action)”. Another said, “My supervisor provided no support and denied the event.” Worse, in some cases the person they reported the problem to supported the person bullying or moved the target away from their chosen work. Occasionally, that person intervened but the bullying worsened afterwards. What helped nurses was their relationships with family and friends, “I also had some good friends who were supportive and understood what I was experiencing.”

Outcomes of Actions

Nurses mentioned the outcomes of the actions they chose to address the bullying. Most said that they felt better and happier after leaving the workplace. Some felt they should have left sooner. Moving to a new workplace let some nurses feel valued again, restored their faith in their fellow nurses and enabled them to look after their health and to put this behind them. One nurse said, “I ended up leaving the hospital for a more appropriate workplace, and I am very happy now” and another said, “I work

with mature and well-rounded staff now and think I have died and gone to heaven.” These nurses mentioned reflecting on their experiences, rebuilding strong self-esteem, recognizing their strengths, and learning from the experiences. Some nurses spoke positively about the outcomes, “I believe I learned a lot about myself at the time” and “I have moved on and was accommodated to a job with a higher level of pay.”

For other nurses, it was harder to move on and they felt the enduring impact on their lives. Some nurses said, “It took me at least four years to get over the negative impact on me as a person”, it is “still eating at me,” “I felt and still feel abused over this,” and there is a “long-term impact on life.” The loss of trust in other nurses was one long-term impact. For some, it was hard to rebuild their careers. In light of this, the altruism and commitment to the profession visible in the comments was remarkable by nurses who wanted to prevent bullying from happening to others.

What Nurses Suggest

New Brunswick nurses were clear in identifying the kinds of responses to workplace bullying they feel are needed. Some nurses think that organizations need policies that clearly articulate unacceptable behaviour, identify consequences for it, and set out discipline for those enacting it. Making it safe to report bullying and providing support for targets when bullying occurs are essential steps to addressing it. Most employees can benefit from education sessions to help increase awareness of the problem and how it needs to be addressed. Education would help targets, those who bully, and employers and unions to contribute to safer workplaces. If managers were better prepared to deal with bullying when it occurs, and if they modeled respectful behaviour, nurses believe the frequency of bullying would drop.

Nurses thought that targeted nurses could do some things to help themselves. It is important to identify and find mentors for yourself. Nurses need to support and protect one another at work, and may need to seek help outside the workplace. Nurses can use performance evaluation times to provide feedback to managers about bullying.

Overall, nurses who were targeted loved their work. They felt they were good at it and were skilled nurses, and many had evidence of positive performance appraisals to confirm these feelings. This is also consistent with the literature on workplace bullying: most targets are ethical workers with high standards and strong skills, and have been recognized as such, making the losses to both nurses and employers because of bullying very great.

Remaining Challenges

Some situations involving workplace bullying are more challenging to address. When the person who is bullying is the immediate supervisor, targets feel limited in how they can report. Witnesses of workplace bullying experience health and career effects but may not be immediately aware of that. Interestingly, at least one nurse was concerned about being wrongly accused of bullying and the effect this could have on her career. Some nurses mentioned that issues of difference such as language, experience, body size, education, sexual orientation, and culture might influence becoming targeted but none of these is an excuse to bully. Many of these differences fall clearly within grounds for discrimination protected by Human Rights legislation and could potentially be dealt with differently than most workplace bullying. There is some discussion of whether bullying is intentional or not, but intent does not change the impact on targets and their health and careers, although it is an interesting question to consider. Whatever other issues remain, nurses need and deserve workplaces in which respect, trust, and collegiality are the norms. There is no room for workplace bullying in intense health care work environments. Appropriate approaches to preventing and managing workplace bullying need to go beyond dealing with the dynamics between two people. Because of the impact on targets, witnesses, clients, and productivity, workplace bullying is a problem that needs to be addressed deliberately and persistently at the level of work units. Nothing less will be effective in the long term. We need to begin now!





Canadian Nurses
Protective Society

infoLAW[®]

Supervision

Vol. 20, No. 1,
February 2012

Supervision entails initial direction, periodic inspection and corrective action when needed. It is the active process of directing, assigning, delegating, guiding, monitoring an individual's performance of an activity to influence its outcome. Supervision can be direct (being physically present or immediately available while the activity is being performed) or indirect (providing direction through various means of written and verbal communications).¹ Both health care institutions and nurses can have responsibilities for supervision.

Health Care Institutions

Health care institutions have an obligation to maintain safe systems for patients. Providing proper instruction and supervision to staff is one way in which they accomplish this. Case law has shown that health care institutions can be held directly and vicariously liable for failing to properly supervise those under their control, including nurses. Administrators may properly discharge their duty to supervise nursing staff by delegating this responsibility to front-line nurses, such as charge nurses or team leaders. This was clearly illustrated in a case where a nursing supervisor was informed of the struggles a recently graduated nurse was having in handling a normal patient assignment. The management supervisor of nursing consequently asked the team leader to keep a close watch on that new nurse. On a night shift, the team leader gave the nurse a heavy patient assignment. When the new nurse said she was having trouble coping, the team leader rebuked her. The team leader did not inquire about the extent of her difficulties or arrange assistance from more experienced colleagues. As a result, necessary patient intervention was delayed. The court commented on the conduct of the nursing supervisor and team leader. Given the weaknesses that had been reported, it identified the nursing supervisor as responsible "for ensuring the nursing assignment was carried out in such a way as to adequately maintain patient care."² It also found that the nursing supervisor's delegation of supervisory responsibilities to the team leader was reasonable and did not breach the standard of care.

Nurses

Nurses in Charge or Team Leader

The role of the charge nurse generally includes supervision of others. In the case mentioned above, the court found the team leader was a delegate of the nursing supervisor and was required to ensure the nursing assignments were carried out safely. The court held that contrary to this, the inexperienced nurse was "was pushed beyond her limit and was not appropriately supervised."³ It found that the team leader breached the standard of nursing care by failing to perform her assigning and supervisory duties properly.

It may not be possible for a charge nurse to personally supervise and monitor nursing staff at all times. Other options exist, such as enlisting experienced staff to be a resource for certain staff members or procedures. Nurses in supervisory roles may also have to oversee other health care workers remotely, for example, when they are responsible for

**A dawning
reality:**

**registered nurses
supervising
health care
providers at more
than one site**



**More than
liability
protection**

more than one site in a long-term care facility. Staying in touch by telephone is common in these circumstances and presents the same risks as any other telephone nursing. When contacted by phone, the charge nurse will consider whether she can gain sufficient information and understanding of the patient's status to provide direction remotely about patient care management. Good communication requires the collaboration of both parties to the call. It can be enhanced by conveying patient information in a structured way. This may consist of briefly outlining the current situation, providing background information about the patient, detailing the nurse's assessment of the situation, and stating what is being sought from the charge nurse.⁴ The charge nurse should however be prepared to attend in person or take other appropriate and timely measures to assess the situation if an adequate understanding of the patient's condition cannot be gained over the phone.

Supervision of Students

Nursing school instructors are aware of the academic requirements and clinical skills to be acquired and honed during a clinical placement. Instructors carry their responsibilities to supervise students into the clinical setting, but there is commonly an additional designated person to supervise the student in the clinical setting: a preceptor who is a registered nurse. While students can be accountable for their actions and decisions, instructors and preceptors are responsible for supervising them to different degrees, depending on the circumstances. Good communication between instructors and preceptors will assist both of them in knowing what type and intensity of supervision is needed for each individual student.⁵

Risk Management Considerations

- As a supervisor, are you readily accessible? If not, do you have in place appropriate delegates? Do staff new to your unit or specialty know when and where to receive help? Do you understand the nature and extent of a problem that is reported to you before taking action?
- Do you seek guidance from a trusted colleague or from your supervisor if you are unsure of your assessment of the patient or how to proceed?
- Are you prepared to assist colleagues who need assistance, even if you are not formally in a supervisory role, in the interest of patient safety?
- Do you know to whom you report within the health care team or administrative chain of command when the limits of your authority have been met?

If you have any questions, please contact CNPS at **1-800-267-3390** or visit our website at **www.cnps.ca**.

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 4. Institute for Health Care Improvement, "SBAR Technique for Communication: A Situational Briefing Model," online: <http://www.ihc.org/knowledge/Pages/Tools/SBARTechniqueforCommunicationASituationalBriefingModel.aspx> (accessed October 13, 2011).
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Related infoLAWS of interest: *Delegation to Other Health Care Workers, Telephone Advice*. Available at www.cnps.ca.

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

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Highlights from NANB's Invitational Forum



"Really sparked a lot of good conversation about privacy issues, lack of clear policies and obligations in nursing."



"Very timely topic for discussion. We need guidance as we move forward."



"Very relevant, interesting topics. Practical applications given that can be put into the workplace. Best, most relevant conference in years! Thank you so much."

NANB's 2nd invitational forum, *Managing Social Media & the Nursing Profession*, was held on May 31, 2012, prior to the 96th Annual General Meeting at the Delta Hotel in Fredericton. Over 100 registered nurses and stakeholders attended the forum, which was an opportunity to increase awareness and to acquire evidence-based data, including challenges and opportunities, on the presence of social media within the nursing profession, as well as to engage members in discussion around ethical and legal aspects of social networking.

The following presentations were made:

- *The Promises, the Perils and the Patient 2.0*—Lorelei Newton, RN, PhD
University of British Columbia
- *Social Media and Privacy Breaches*—Anne Bertrand, NB Access to Information and Privacy Commissioner
- *Social Media: A Legal Perspective*—Chantal Léonard, Chief Executive Officer, CNPS

Attendees' evaluation of the Forum indicated a high level of satisfaction with the relevancy and quality of the presentations and subject matter.

NANB was thrilled by the table top dialogue and debate that followed and is currently working on some of the many recommendations put forth in relation to social media as it applies to nursing practice.



Focusing on Healthy Work Environments

Maximizing Outcomes for
Clients, Registered
Nurses, Organizations,
and Society

By JENNIFER L. DOBBELSTEYN

Creating healthy work environments for nursing practice is crucial to maintaining an adequate nursing workforce. The question is, who is responsible for doing so? The first thought that comes to mind is that it is not my role, but someone else's! Each of us, as nurses, has a role to play in improving our work environments. We can lead from where we stand, whether that may be a staff nurse in ICU, a nurse-in-charge in a nursing home, a unit manager in a hospital, a nursing educator, a director of nursing or a community health nurse.



.....

Jennifer Dobbelsteyn and
her mother Deanna
McAllister both registered
nurses attended the
conference in Jerusalem.

My purpose in writing this article is to shed light on the topic of healthy work environments as an essential element to recruitment and retention of nurses now and in the future. Focusing on HWE could be characterized as a way of promoting health human resources. The World Health Organization has marked 2006-2015 as the Health Workforce Decade, and besides looking at what has been done, it is important to consider what is left to be done and to become part of doing it.

Firstly, we need to have an understanding of the scope of the phrase healthy work environment (HWE). Various definitions exist for HWE, and for the purposes of this discussion I adopt the following definition: healthy workplaces are mechanisms, programs,

policy initiatives, actions and practices that are put in place to provide the health workforce with physical, mental, psychosocial, and organizational conditions that contribute to nurses' health and well-being, quality of care and patient safety, organizational performance, and societal outcomes (Griffin, El-Jardali, Tucker, Grinspun, Bajnok, & Shamain, 2006).

In practical terms, what does this definition mean?

For nurses, it could mean: prevention of work injuries, increased satisfaction from improvements in teamwork, a better work schedule or staffing level, a more professional work environment, or focused attention to decrease workplace violence, as examples.

For the organization, a healthier work environment could mean the following:

decreased absenteeism, reduced staff turnover, improved recruitment and retention, improved labor/management relations, and improved organizational performance in terms of service to clients.

For society as a whole, HWE in healthcare could mean a significant reduction in costs. For instance, in Canada, it has been estimated that work environment issues for staff cost the healthcare system approximately 425 million in physician visits alone in a one year period (Duxbury, Higgins, & Johnson, 1999).

Secondly, we need to be knowledgeable about what research evidence exists on this topic and how we, as nurses, can use this knowledge to create healthier



Updated Operating Room Standards Include Strategies to Prevent Inadvertent Injection of Epinephrine Intended for Topical Use

Information published by the Institute for Safe Medication Practices Canada (ISMP Canada), and others has highlighted substitution errors involving the inadvertent injection of concentrated epinephrine (1 mg/mL) intended for topical application during elective outpatient ear, nose, and throat procedures.¹⁻⁷ In a collaborative effort to enhance the safety of epinephrine use, the Operating Room Nurses Association of Canada (ORNAC) worked with ISMP Canada to incorporate incident learning into its 2011 *Standards, Guidelines and Position Statements for Perioperative Registered Nursing Practice* (<http://www.ornac.ca/standards/>).

The purpose of this bulletin is to raise awareness of the following important *additions* to the practice standards for Canadian perioperative nurses:

2.11.13 When using medication intended for topical use, such as concentrated epinephrine, place medication in a solution bowl not parenteral syringe.

2.11.14 When using medication intended for injection by the surgeon, the medication is drawn up into a syringe directly from the vial not from an open solution bowl.

A failure mode and effects analysis (FMEA) confirmed the importance of these additions to the standards (refer to the sidebar on page 2 of this bulletin for additional information).

ORNAC has taken a leading role on this issue and has set an example among national and international standard-setting organizations.

ISMP Canada continues to work with manufacturers and other stakeholders to influence improvements to the packaging for sterile products intended for topical use.

Acknowledgements:

Reporting is the first step in enhancing medication safety. Sincere appreciation is extended to the healthcare professionals who have reported information related to epinephrine intended for topical use, for their initiative, efforts, and demonstrated support for a culture of safety, exemplified by their willingness to share information about medication incidents and related findings.

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ISMP Canada is a national voluntary medication incident and 'near miss' reporting program founded for the purpose of sharing the learning experiences from medication errors. Implementation of preventative strategies and system safeguards to decrease the risk for error-induced injury and thereby promote medication safety in healthcare is our collaborative goal.

Medication Incidents (including near misses) can be reported to ISMP Canada:

(i) through the website: http://www.ismp-canada.org/err_report.htm or (ii) by phone: 416-733-3131 or toll free: 1-866-544-7672.

ISMP Canada can also be contacted by e-mail: cmirps@ismp-canada.org. ISMP Canada guarantees confidentiality and security of information received, and respects the wishes of the reporter as to the level of detail to be included in publications.

A Key Partner in the Canadian Medication Incident Reporting and Prevention System

work environments. We have used evidence to improve nursing care, and we can use evidence to create healthier work environments for nursing staff. This can be done in various ways, such as conducting a review of the literature, implementing an evidence-based best practice guideline, partnering with a university researcher, seeking guidance from your professional nursing association, or collaborating with another organization with experience in the area of HWE.

One organization that has developed extensive expertise in the area of HWE and best practice guidelines (BPGs) is The Registered Nurses' Association of Ontario (RNAO). Based on the vision and leadership of CEO Dr. Doris Grinspun, RNAO has boldly gone where no one has gone before! Over a ten-year period, fifty BPGs have been published by RNAO, seven of which are HWE guidelines. The seven guidelines cover the following topics: effective staffing practices, collaborative practice of nursing teams, professionalism in nursing, workplace health, safety, and well-being, preventing and managing workplace violence, developing nursing leadership, embracing cultural diversity. Two new BPGs for HWE are currently under development: managing conflict in the healthcare team and inter-professional teamwork in healthcare. These evidence-based guidelines are available for download at no cost from www.rnao.org. One benefit to implementing an RNAO BPG is that they are evidence-based. The literature review has been done for you, resulting in a list of recommendations to implement in your workplace. BPGs are, in essence, a knowledge translation tool.

I participated in a recent international nursing conference in Jerusalem, Israel, and 500 nurses from 27 countries

came together to discuss the importance of our nursing knowledge. "NURSING: Caring to know, knowing to care- learning from the past, acting in the present, and shaping the future" was organized by the Hadassah University Medical Center, Hebrew University School of Nursing and RNAO. Various presentations focused on using knowledge to improve the work environment and the following are a few examples: *Healthy work environment-assessment and innovation* (Warren, L.); *Transforming healthcare through staff engagement* (Heaton, G.); *Supporting staff mix decision making* (Freeman & Bajnok); *Promising practices in leadership development* (Simpson & Skelton Green); *Registered nurses in Israel- workforce supply patterns and trends* (Nirel & Toren); *The meaning of respect in the workplace* (Therriault & Pamaong); and *Effects of work environments on nurse and patient outcomes* (Purdy & Laschinger). This demonstrates the various research interests globally on the topic of HWE.

The Positive Practice Environments Campaign initiated by The International Council of Nurses has conducted several demonstration projects to study work environments in countries such as Uganda, Morocco, and Zambia. The goal of this work is to, "promote safe, cost-effective, and healthy workplaces, thereby strengthening health systems and improving patient safety" (ICN, 2012). Recruitment and retention of nurses has been negatively affected by, "ongoing under-investment and deterioration of working conditions worldwide" (ICN, 2012). At the 2011 ICN conference, participants were surveyed via questionnaire to identify their main issues and concerns regarding their working environments. Variations existed from country to country, but common issues voiced by respondents

included, "shortage of nurses, heavy workloads, lack of efficient management practices, continuing education, violence, and occupational health and safety" (ICN, 2012). This speaks to the ongoing need to address work environment issues.

In summary, research supports the fact that quality work environments for staff lead to quality care for patients/residents/clients (Dugan et al., 1996; Lundstrom et al., 2002; Estabrooks et al., 2005; Needleman et al., 20002; Blegen & Vaughn, 1998; and Yang, 2003). Additionally, research supports the fact that healthy work environments promote recruitment and retention of staff, enabling staff to uphold standards of nursing practice (Shindul-Rothschild, 1994; Grinspun, 2000; Dunleavy, Shamian, & Thompson, 2003; and CNA, 2002). Therefore, investing time and effort to create healthier work environments benefits many: the people we care for, ourselves as nurses, healthcare organizations, and society as a whole. It is not someone else's responsibility to improve our working environments. It is our professional responsibility.



Be in the know

Provide your email address to NANB at nanb@nanb.nb.ca and receive electronic communications including our E-bulletin, *The Virtual Flame*.

The Virtual Flame 
YOUR NANB E-NEWSLETTER

CNA's SNNNAP Update

NANB Broadens International Support

By LIETTE CLÉMENT

EDITOR 'S NOTE: In early 2012, NANB was invited to collaborate with the Canadian Nurses Association (CNA) in the *Strengthening Nurses, Nursing Networks and Associations Program* (SNNNAP) and provide expertise to the Association Nationale d'Infirmières et d'Infirmiers Diplômés d'État du Sénégal (ANIIDES). The mission to the West African region included ANIIDES, in Dakar and Senegal and, on the way back from Senegal, a brief visit to Ouagadougou, Burkina Faso, to further support colleagues at the Association Professionnelle des Infirmiers et Infirmières du Burkina Faso (APIIB).

Liette Clément, Director of Practice with NANB, provides the following report of the six-day mission to Africa.

Dakar, Senegal

Since the last mission in Senegal the government mandated the profession to organize themselves into a regulatory body. Since receiving approval from the government to move forward, ANIIDES has held a series of meetings and workshops to look at the implementation of a regulatory body for nursing in Senegal. The outcome of this was to further elaborate this preliminary work and to seek technical support from Canada as ANIIDES moved forward with the details.

The main objective of the mission to Senegal was to facilitate a workshop and dialogue around the topic of the regulation of nurses.

Day 1

Upon arrival in Dakar, Senegal, the evening was spent preparing for the next two days of intensive work. The overall objectives of the workshop were:

- to provide the foundation and elements found in a nursing regulation
- to review other nursing regulation, i.e., in Mali, France, New Brunswick and Gabon, as well as existing legislation in Senegal that regulates other health professionals such as doctors, pharmacists and dentists, as well as ICN's regulatory framework.

Day 2

The workshop brought together a select group of ANIIDES regional representatives including representatives of the association of midwives, jurists, and the nursing profession under the leadership of ANIIDES.

Day 3

A sharing of the experience in New Brunswick was followed by group work to develop some key elements of legislation for the Senegalese context. The workshop resulted in

the development of a draft regulatory document focussing on registration and administration and a complaint and discipline process.

Day 4

A meeting was organized to bring together a wider audience, including representatives from the Ministry of Health, the schools of nursing, the union, the kinesiologists association, a non-governmental organization from Spain focussing on nursing education as well as the dean of nursing schools. The purpose of the meeting was to share information on the process and the key components and accomplishment to date.

The fourth day resulted in recommendations put forward to





ANIIDES to advance the project of establishing a regulatory body for the profession along with timelines for implementation.

The Ministry of Health agreed to facilitate the development of a scientific committee to advance the work of the regulation and more specifically to finalize the draft legislation.

Ouagadougou, Burkina Faso

The mission to Ouagadougou was short, with very strategic and specific goals. This mission focussed on the validation of the process in which APIIB was advancing the development of nursing standards. Since APIIB is not the regulatory body for nursing in Burkina Faso—the Ordre des infirmiers et infirmières du Burkina Faso (OIIBF) exists and was created under the direction of the Ministry of Health—the mission focused also on building collaboration between the OIIBF and

APIIB.

The OIIBF had been mandated to develop standards for the nursing profession and initiatives and draft standards have existed since the late 1990's. APIIB in its effort to insert itself into the nursing profession offered to collaborate with the OIIBF to advance this project.

APIIB created a working group to look at the review of the earlier drafts and at how to move forward with the promotion and application of standards. This working group included nurses from the regions, nursing schools, nurse managers, hospital administrators and the OIIBF. This resulted in the development of a work plan for promotion and to influence public policy around the implementation across the nursing community and stakeholders.

Day 5

The consultant met with the APIIB

executive, representatives from the nursing educator sector and employers to provide feedback on the draft document and highlighted how it could potentially inform nursing education, practice, administration and research.

Day 6

The second day in Ouagadougou focussed on the key components found in a position statement for the purpose of advocacy and promotion of the necessity of standards to promote safe practice, to prevent poor practice and to intervene in situations of poor practice for the good of the public.

Note

Although federal funding is no longer available through the Canadian International Development Agency (CIDA) and CNA's SNNAPP program no longer exists, NANB continues to support its two partners, APIIB and ANIIDES, via electronic communication. In March and April 2012, NANB provided feedback and support to ANIIDES by reviewing their draft legislation to include the regulation of midwives as well as nurses, at the Health Minister's request. Expertise and French resource documents were provided to APIIB to support them in the development of a position statement and promotional strategy to advance nursing standards in Burkina Faso. They have since prepared a communication plan for the standard document.

On June 28th 2012, ANIIDES made a public appeal for better work conditions for nurses in Senegal.

www.youtube.com/watch?v=7DWtTVQYm5g&feature=em-share_video_user



**Nurses Association
OF NEW BRUNSWICK**

Call for Nominations Queen Elizabeth II Diamond Jubilee Medal

THE CANADIAN NURSES Association (CNA) and the Nurses Association of New Brunswick (NANB) are pleased to celebrate the work of their members who have contributed to improving and advancing the health of the people of New Brunswick and the registered nursing profession. A one-time commemorative medal was created to mark the 2012 celebrations of the 60th anniversary of Her Majesty Queen Elizabeth II's accession to the Throne as Queen of Canada. The Queen Elizabeth II Diamond Jubilee Medal is a tangible way for Canada to honour Her Majesty for her service to this country and serves to honour significant contributions and achievements by Canadians. Since Canada is a member of the Commonwealth of Nations, this award of recognition and celebration are welcomed by both CNA and NANB.

During the jubilee year of celebrations, 60,000 deserving Canadians will be recognized. The Chancellery of Honours, as part of the Office of the Secretary to the Governor General, administers the Queen Elizabeth II Diamond Jubilee Medal program. The Canadian Nurses Association has been granted 30 medals to distribute to recognize outstanding nurses. New Brunswick has been allotted two awards for the purpose of recognizing NANB members. ■



Queen Elizabeth II Diamond Jubilee Medal Nomination Form

Nominee Name

Registration No.

Phone (h)

Phone (w)

Email

Address

Signature

Date

The nominee's signature verifies that she/he agrees to the nomination and consents to the nomination information being made public through various NANB communication tools.

Nominator Name (1)

Registration No.

Phone (h)

Phone (w)

Email

Address

Signature

Date

Nominator Name (2)

Registration No.

Phone (h)

Phone (w)

Email

Address

Signature

Date

Office Use Only

Date Received

- ☐ Completed and signed nomination form.
- ☐ Submissions are typed and double-spaced.
- ☐ Description of how the individual meets the criteria for the award.
- ☐ A one-page cover letter written by a nominator.

Eligibility criteria

To be eligible for this honour, an RN / NP must:

- be currently registered with NANB;
- be a Canadian citizen or a permanent resident of Canada and reside in New Brunswick;
- have made a significant contribution to nursing or health care in New Brunswick; and have
- not previously received an award of merit/leadership from NANB, CNA or ICN.

NOTE: Preference will be given to recognizing outstanding emerging/ mid-career nurses.

Nomination Procedure

The submission must include the following information:

1. Completed nomination form signed by two NANB members.
2. A single-spaced one-page cover letter written by one of the two nominators stating reasons for nominating the individual.
3. A description of how the RN /NP meets the criteria with examples of the individual's outstanding service to registered nursing (maximum two pages double-spaced).

Completed submissions should be sent on or before October 31, 2012 to:

NANB Awards Committee
Attention: Paulette Poirier
165 Regent Street,
Fredericton, NB E3B 7B4
Fax: 1-506-459-2838 or
email: nanb@nanb.nb.ca

Only applications received on or before October 31, 2012, will be considered.



CNA CERTIFICATION

for Nursing Specialties

Offered by the Canadian Nurses Association (CNA), the Certification for Nursing Specialties (competencies) is part of a respected national certification program that 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:

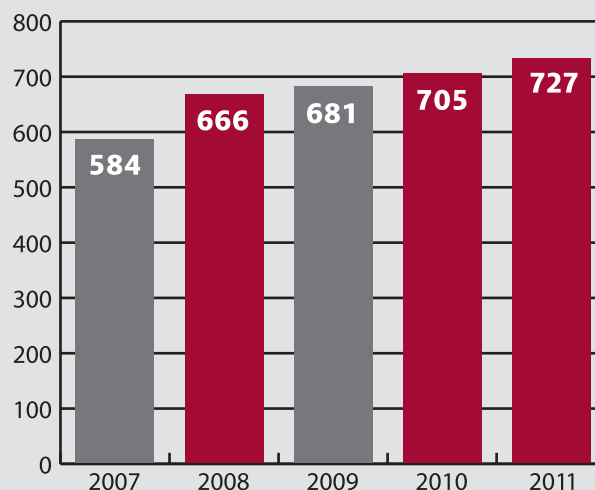
1. to promote excellence in nursing care through the establishment of national standards of practice in nursing specialty areas;
2. to provide an opportunity for practitioners to confirm their competence in a specialty; and
3. to identify, through a recognized credential, those RNs meeting the national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

TABLE 1 Number of RNs with CNA Certification in 2011

Cardiovascular	55
Community Health	11
Critical Care	46
Critical Care-Pediatrics	0
Emergency	98
Gastroenterology	8
Gerontology	70
Hospice Palliative Care	36
Nephrology	37
Neuroscience	30
Occupational Health	20
Oncology	55
Orthopaedic	28
Perinatal	65
Perioperative	72
Psychiatric-Mental health	65
Rehabilitation	11
Enterostomal Therapy	*
Medical-Surgical	16
Total	727

* Information suppressed to protect privacy (1 to 4 records)

FIGURE 1 Number of CNA Certified NB RNs per Year



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 currently offers 19 nursing specialty certifications.

Since 2007, there has been a steady increase in the number of New Brunswick RNs having a valid CNA certification. As of December 31, 2011, there were 727 valid CNA certifications in 19 different specialties/areas of nursing practice. Figure 1 demonstrates the continuing increase in number of certified RNs for the period of 2007–2011 in NB.

In order to get more information on application deadlines (Initial Certification Application Deadline: November 14, 2012, and Renewal Application Deadline: December 3, 2012) or to apply for the next CNA certification, scheduled for **April 20, 2013**, visit the CNA website at http://www.cna-nurses.ca/CNA/nursing/certification/default_e.aspx or call 613-237-2133 / 1-800-361-8404.

The information in this article is provided by CNA's department of Regulatory Policy (2012). www.cna-aic.ca/en/professional-development/specialty-certification/what-is-certification/statistics/

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Primary Health Care Framework Announcement

On August 8, 2012, NANB participated in the Minister of Health's announcement of a Primary Health Care Framework. The panel included: Dr. Robert Rae, NBMS President; France Marquis, NANB President; the Honourable Madeleine Dubé, Minister of Health; Dr. Aurel Schofield, co-Chair of the PHC Steering Committee; Dr. Robert Boulay, Committee member and Family Physician; and Doreen Legere, Committee member and Director of Therapeutic Services, Horizon Health Network.



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YOU'VE ASKED

.....

As a Registered Nurse (RN), if I disagree with a treatment order, should I do something about it?

THE ANSWER TO THIS QUESTION IS YES. Challenging a treatment order, for example a medication prescription, should not be perceived as an attempt to attack or oppose the authority or judgement of the prescriber, but rather is a means to contribute to the decision-making process. The focus should always be on safe client care, not on laying blame. According to Rozovsky (2007), “when a patient is being cared for by a number of individuals whether they are of the same discipline or not, there will occasionally be disagreements in decisions that are made”.

Disagreement with the treatment order is anchored in RN obligations such as:

- to practise according to legislation, NANB's Standards, the Code of Ethics and employer policies;
 - to be responsible for their own knowledge and practice and to raise any concern with the treatment order; and
 - to recognize and take action in situations where client safety is actually or potentially compromised.
- How can I address concerns that I may have with a treatment order?**
- Steps to follow:
- Assess the situation, consult with the client (as appropriate), nursing colleagues and other experts (for example, other health care professionals) and refer to relevant reference material;
- Inform the responsible health care provider who is ordering the treatment of the concern and support the concern with best evidence findings. Furthermore, the Canadian Nurses Protective Society indicates that: “...when an identified risk relates to medical treatment it must be reported to the appropriate physician immediately. Failure or delay in reporting could leave the nurse liable. All relevant information should be thoroughly documented on the patient's chart—including which physician was notified and when. The physician's response should also be documented and conveyed to all relevant staff” (1995);
 - Discuss the concern with the immediate manager (if the concern remains unresolved);
 - Contact the responsible health care provider for further discussion;
 - Refer to agency policy to identify how to bring the concern to the attention of a higher authority in the facility (if the health care provider doesn't consider alternatives to the original treatment plan);
 - Decide whether to report the concern to a higher management authority (if the manager does not share the concern and cannot provide information that will eliminate the concern);
 - Continue to report to higher authorities in the facility until the treatment is changed;
 - Inform the health care provider of

the decision and the action taken to date (if the decision is to refuse to implement the treatment plan);

- Document in the client's health record the concern and the steps taken that directly relate to client care. If necessary, refer to agency policy for the appropriate format to document information not directly related to client care.

Figure 1 contains a decision-tree that you may wish to refer to in order to guide you in the process of managing disagreement with a treatment order.

The Nurses Association of New Brunswick encourages employers to develop policies in relation to disagreement with a treatment order that will support RN practice in these situations.

For more information on this subject or any other nursing practice issues, contact one of NANB's Practice Consultants at 1-800-442-4417 or by email at nanb@nanb.nb.ca.

OTHER RESOURCES

Standards of Practice for Registered Nurses
www.nanb.nb.ca/PDF/practice/
StandardsofRegisteredNursesE.pdf

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

Canadian Nurses Protective Society: infoLAW-The
Nurse as an Advocate. www.cnps.ca/
index.php?page=199

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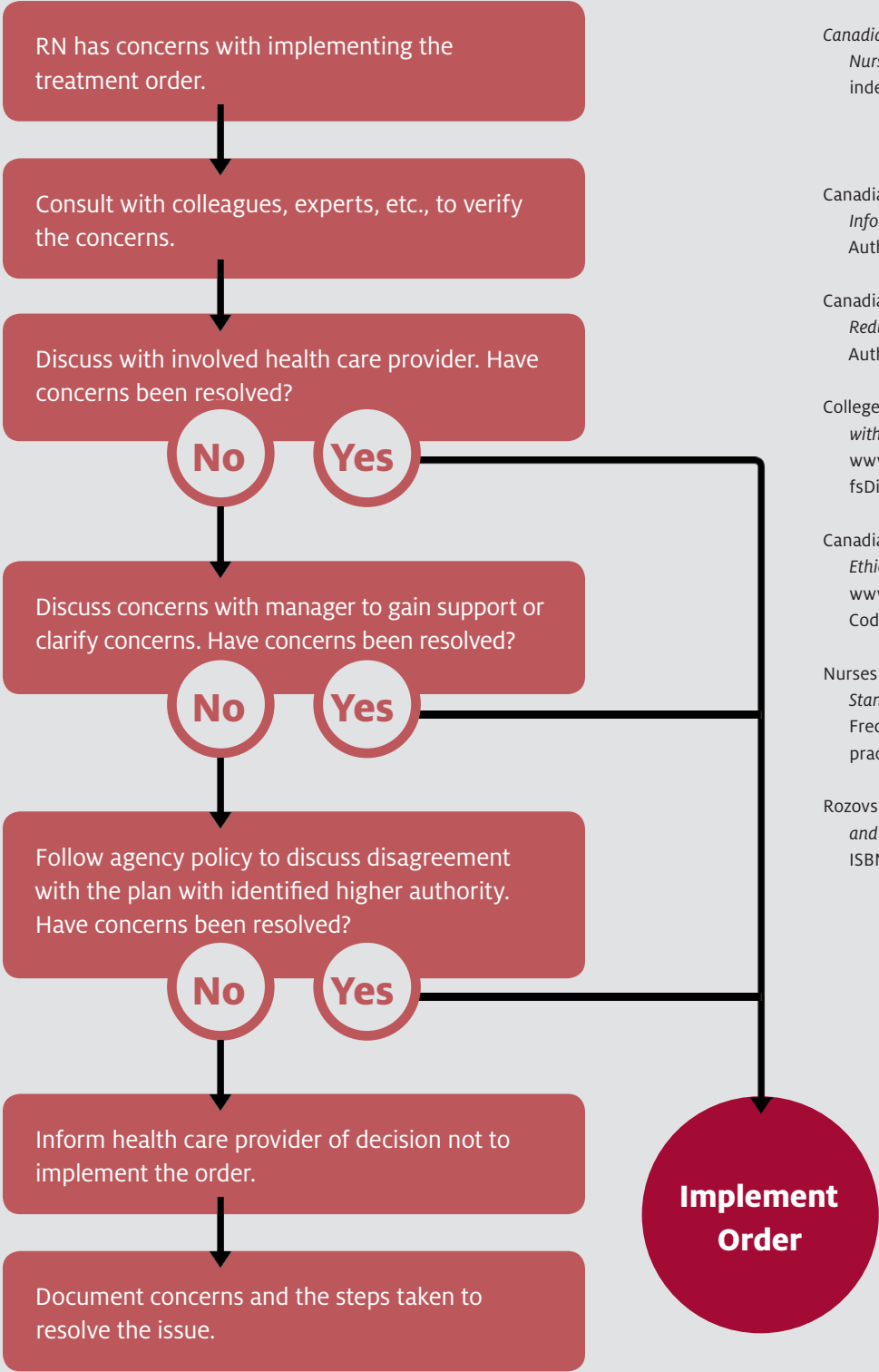
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ISBN 978-0-433-44770-2

FIGURE 1 Decision-Tree: Disagreeing with a Treatment Order



SEPTEMBER 21, 2012

The New Brunswick Lung Association:
*Our Aging Population—Achievements and
Challenges in Respiratory Health*

- Delta Hotel, Saint John, NB
- » www.nblung.ca

SEPTEMBER 23–25, 2012

CACCN Dynamics 2012 Conference:
*Voices of Conviction from Sea to Sky—
Speak Up, Speak Out, Be Heard*

- Vancouver, BC
- » www.caccn.ca/en/events/dynamics_2012/index.html

SEPTEMBER 26–28, 2012

Excellence in Aging Care Symposium

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

OCTOBER 1, 2012

Advanced Health Informatics Series:
*'Laws', Issues, Practical Guidelines and
Insights*

- Toronto, ON
- » www.nihi.ca/index.php?MenuItemID=263

OCTOBER 1–3, 2012

COHNA Conference: *Talk on the Rock: A
Conference on the Prevention of Known
Occupational Disease*

- St. John's, NL
- » www.mccarthysparty.com/aohnnl

OCTOBER 2, 2012

Oncology Education Day

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

OCTOBER 10–12, 2012

NANB BoD Meeting

- NANB Headquarters, Fredericton
- » www.nanb.nb.ca

OCTOBER 16–18, 2012

Advanced Health Informatics Series:
eHealth Risk Workshops

- Toronto, ON
- » www.nihi.ca/index.php?MenuItemID=22

OCTOBER 19–21, 2012

11th Annual NAPAN Conference: *Leading
the Way.....in PeriAnesthesia Nursing*

- Dartmouth, NS
- » www.napanc.org/conference/2012-11th-annual-national-conference/107-2010-national-conference-registration

OCTOBER 24–26, 2012

*Third International Conference on Violence
in the Health Sector*

- Vancouver, BC
- » www.oudconsultancy.nl/vancouver/violence/invitation-third.html

OCTOBER 25–26, 2012

The NB-PEI Branch of the Canadian
Public Health Association & Canadian
Institute of Public Health Inspectors:
*NB Branch—Place @ Health: Shaping the
Built Environment of NB and PEI*

- Fredericton, NB
- » www.nb-ciphi.ca

NOVEMBER 5–7, 2012

HealthAchieve

- Toronto, ON
- » www.healthachieve.com/Pages/Default.aspx

NOVEMBER 16–18, 2012

Advanced Health Informatics Series:
Fall 2012 Bootcamp

- Toronto, ON
- » www.nihi.ca/index.php?MenuItemID=239



Do you want to receive *Info Nursing* electronically?

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

Explaining the Dimensions of a Self-Regulated Profession

By LYNDA FINLEY, DIRECTOR OF REGULATORY SERVICES

What is a self-regulated profession and why do we need to regulate registered nurses in the province?

The purpose of professional regulation is to protect the public. In general there are two ways a profession can be regulated: one is by the profession itself which is self-regulation and the other is directly by government. Self-regulation recognizes that the nursing profession is best qualified to determine the standards for nursing education and practice which are required to ensure the public receives safe, competent and ethical care. NANB receives its regulatory authority from the New Brunswick government through the *Nurses Act*. The regulatory framework used by NANB has three components: promoting good practice; preventing poor practice and intervening when practice is unacceptable. This is accomplished by setting standards, supporting registered nurses to meet those standards and acting when standards are not met. Registered nurses participate in self-regulation through the election of RNs to the NANB Board, participation in the Annual General Meeting and other forums, membership on statutory committees, providing input into standards and guideline document development and participating in NANB activities.

What is the role of the NANB Board of Directors in self-regulation?

The 12 member Board is comprised of nine registered nurses elected by members and three public members appointed by the Minister of Health and the Lieutenant-Governor in Council. The Board of Directors is the NANB's policy-making and governing body. It governs the regulation of the profession in the public interest in accordance with the *Nurses Act* and NANB Bylaws, sets the Strategic Direction for NANB and ensures that NANB achieves the outcomes defined in the Ends policies.

What are your main responsibilities as Director of Regulatory Services?

One of the main responsibilities of my position is the development of regulatory policy. Policy development involves identifying trends and issues that may have an impact on nursing regulation. There are many factors that influence regulatory policy, including provincial



and federal legislation, changes in nursing practice and the health care system and new developments in regulatory policy in other provinces and countries. Monitoring these trends and legislative changes and making recommendations to the Board for Bylaw and Rule amendments is a key responsibility.

Another key responsibility is providing direction and support to the regulatory consultants and administrative support staff in accomplishing the ongoing work in various areas, including: the review and revision of the Entry to Practice Competencies and Standards for Nursing Education, the review and approval of nursing education programs, registration and continuing competence requirements, and professional conduct review. None of this work could be achieved without

the combined effort of all the staff in the Regulatory Services Department.

What major projects is your Department currently working on?

In addition to the ongoing work in Regulatory Services, two major projects that we are working on are the assessment of internationally educated nurse applicants and the development and implementation of a computer adaptive registration examination.

The assessment of Internationally Educated Nurses (IENs) for registration is complex and challenging and includes: determining educational equivalency, language proficiency, competence to practice, bridging identified gaps in education and practice and preparation to write the national registration exam. In order to enhance NANB's capacity to provide a comprehensive and sustainable process for the assessment of IENs, NANB applied for and received funding from Health Canada to establish a competence assessment and bridging program in both official languages and to enhance remote access for IEN applicants through the development of web-based pre-arrival support tools. The first IEN applicant underwent a competence assessment in June 2012 at the Registered Nurses Professional Development Centre (RNPDC) in Nova Scotia.

Another major project is the development and implementation of the new computer adaptive registration examination, which will be administered in 2015, in partnership with the National Council of State Boards of Nursing (NCSBN). Computer adaptive testing (CAT) is recognized as the "state of the art" in high-stakes testing and employs the latest advances in testing techniques. Transition to the exam will take place in the coming months and will include the participation of members and stakeholders in activities related to the development of the exam. ■

REGISTRATION REVOKED

On January 24, 2012, the NANB Discipline Committee found Barbara Doreen White, registration number 017955, to be unsafe to practise nursing at the time of the complaint, and that the member's conduct demonstrated professional misconduct, incompetence, dishonesty and a disregard for the welfare and safety of patients.

The Discipline Committee ordered that the member's registration be revoked and that she be prohibited from practising nursing or representing herself as a nurse. The member shall not be eligible to apply for reinstatement for a minimum of two years from the date of the Committee's order and until she presents sufficient evidence that she is fit to practice in a safe manner. The Committee ordered that the member pay costs in the amount of \$ 3,500 within 12 months of her return to the active practice of nursing.

TEMPORARY REGISTRATION SUSPENDED

On January 24, 2012, the NANB Complaints Committee suspended the temporary registration of registrant number 11-224 pending the outcome of a hearing before the Review Committee.

REGISTRATION REVOKED

On February 1, 2012 the NANB Discipline Committee found that Sarai Levy, registration number 027250, demonstrated serious deficiencies regarding her competence and safety to practice nursing. The Discipline Committee ordered that the member's registration be revoked and that she is prohibited from practising nursing or representing herself as a nurse. She shall be eligible to apply for reinstatement one year from the date of the order. The Committee also ordered that she

pay costs to NANB in the amount of \$3,000.

SUSPENSION CONTINUED

On February 24, 2012 the NANB Review Committee found that John Marc Robichaud, registration number 026728, suffered from an ailment or condition rendering him unfit and unsafe to practise nursing at the times referred to in the complaint, and that the member demonstrated professional misconduct, conduct unbecoming a member, dishonesty and a disregard for the welfare and safety of patients by continuing to practise while incapacitated by his ailment or condition. The Review Committee ordered that the suspension imposed on the member's registration be continued for a minimum of twelve months and until conditions are met. At that time, the member will be eligible to apply for a conditional registration. The Committee also ordered that he pay costs to NANB in the amount of \$2,000 within 12 months of returning to the active practice of nursing.

SUSPENSION LIFTED

On March 1, 2012, the NANB Discipline Committee found that Louise Comeau, registration number 026118, demonstrated incompetence, a lack of judgment and a disregard for the welfare and safety of patients.

The Discipline Committee ordered that the suspension imposed on the member's registration by the NANB Complaints Committee in a decision dated July 14, 2011, be lifted for the sole purpose of requesting a non practicing registration in order to complete two Nurse Refresher Program modules as well as the CNA's modules Code of Ethics for registered nurses. Once completed, she will be eligible to apply

for a conditional registration. The Committee also ordered that she pay costs to NANB in the amount of \$1,000 within 12 months of returning to the active practice of nursing.

REGISTRATION SUSPENDED

On March 14, 2012, the NANB Complaints Committee suspended the registration of registrant number 023053 pending the outcome of a hearing before the Discipline Committee.

CONDITIONAL REGISTRATION

On April 4, 2012, the suspension imposed on registrant number 025122 was lifted and conditions were imposed on the member's registration. The member was ordered to pay costs to NANB in the amount of \$1,500 within 12 months of returning to the active practice of nursing.

REMOVAL FROM REGISTER

On July 16, 2012, the NANB Complaints Committee referred registrant number 025267 to the Discipline Committee following the registrar's removal of the member's name from the register, as a result of a criminal conviction.

REGISTRATION SUSPENDED

On July 24, 2012, the NANB Complaints Committee suspended the registration of registrant number 027559 pending the outcome of a hearing before the Discipline Committee.

REGISTRATION SUSPENDED

On July 24, 2012, the NANB Complaints Committee suspended the registration of registrant number 026741 pending the outcome of a hearing before the Review Committee. ■



NANB Promotes Regulatory Role to Members of the Legislative Assembly

For the first time, NANB Board of Directors and professional staff hosted an MLA Breakfast on May 29, 2012, to coincide with the Association's Annual General Meeting. Approximately 25 Members of the Legislative Assembly (MLAs) attended the breakfast, providing NANB an opportunity to enhance the knowledge of our regulatory role mandated by the *Nurses Act* to protect the public and support nursing practice;

recognize the value self-regulation brings to the province and people of New Brunswick; and further understand NANB's role in promoting healthy public policy in the public interest.

A welcomed event by guests, the Board proudly recognized the impact of this initiative to promote and engage government representatives on the role of the Association.



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OF NEW BRUNSWICK

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