

INFO NURSING

VOLUME 51 ISSUE 1 SPRING 2020

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Later Date TBA

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Nurses Association
OF NEW BRUNSWICK

Vision, Mandate, Values & Public Protection

VISION

Leadership and innovation
in nursing regulation in
New Brunswick

MANDATE

Regulation for safe,
competent, and ethical
nursing care.

VALUES

Integrity, Competence,
Accountability,
Innovation



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*Leadership and innovation in
nursing regulation in
New Brunswick*

..... The NANB Board of Directors



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Submissions

Articles submitted for publication should be sent electronically to jwhitehead@nanb.nb.ca approximately two months prior to publication (April, October) and not exceed 1,000 words. The author's name, credentials, contact information and a photo for the contributors' 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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During a Pandemic, Nurses Answer the Call

There is an irony in 2020 being declared by the World Health Organization (WHO) as the Year of the Nurse and Midwife, honouring the 200th anniversary of the birth of Florence Nightingale while nurses are faced with the provision of care to the public during the current COVID-19 pandemic. Florence Nightingale is celebrated this year for the work she and other nurses performed during the Crimean War, thus, significantly reducing mortality rates of injured soldiers.

While many professionals in New Brunswick are working from home and committing to social isolation, nurses are providing treatment and care to patients in the face of a serious disease without a cure. Nurses will be the primary contacts for COVID-19 patients 24/7. Nurses will provide screening, discuss diagnoses, administer care, evaluate the progression of the illness, manage complex, intensive care, where needed, and provide compassionate comfort and care for patients and families at the end of life.

Nurses may be redeployed from their usual jobs to assist with the sickest patients. Retired nurses are already being asked to come forward to assist with patient supports. All nurses may be called upon to support a safety net for the public. In the midst of preparations for this unprecedented global health crisis, we must not forget that nurses and other health professionals are human. Nurses confronting COVID-19 are anxious, fearful for their families, and may wonder, at times, if they have the resilience and physical capacity to face the enormity of what may soon be upon us. Nurses will report for duty, answer the call, and practice the art and science of nursing. Nurses will do this to protect their families, their friends, their colleagues and the public. We are eternally grateful to these nurses on the frontlines.

All current, as well as former (retired/non-practicing) RNs

and NPs looking to help with the pandemic response are encouraged to contact nanbregistration@nanb.nb.ca. We will provide your name to government or other organizations that are looking for nursing resources. As needs arise, government will access these lists and reach out to individual applicants to initiate the temporary emergency registration process.

As many of you know by now, the NANB Office is closed to visitors and our dedicated team is working remotely. On behalf of the NANB Board of Directors, I want to convey my heartfelt appreciation for the tireless work of our Executive Director, Laurie Janes, and all the members of the NANB team, under these rapidly changing working conditions. Your diligence and resourcefulness has not gone unnoticed.

We are regularly updating COVID-19 information on our website (www.nanb.nb.ca) which includes information on NANB's role as a regulator, your role as a health professional, FAQs and additional resources. We are working closely with the provincial government to ensure adequate supply of nurses to assist in this effort, as well as are in regular contact with both Health Authorities and Universities.

Let us hope the early prevention measures initiated by all levels of government will result in a different and better outcome for residents of New Brunswick, than that experienced in some parts of the world. As we voyage through the unknown, nurses are to be admired, respected, and acknowledged as infinitely invaluable to our health systems. Fellow nurses, thank you for all you have been and will be called upon to do in the Year of the Nurse and Midwife, and for performing as the professionals you are, with grit and grace.



Maureen Wallace

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Call For Entries

Do you have a story idea or article you would like to see in *Info Nursing*? Do you have someone you'd like to see profiled or an aspect of nursing you'd like to read more about? Please submit your ideas and suggestions to:

Jennifer Whitehead,
Communications Officer

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165 Regent St, Fredericton, NB E3B 7B4



THE BOARD OF DIRECTORS MET ON
JANUARY 28, 2020 AT THE NANB
HEADQUARTERS IN FREDERICTON.

Engagement

In lieu of holiday cards or purchasing media ad space for the 2019 holiday season, NANB made a community donation of \$7,500 to the Alzheimer Society of New Brunswick. The donation was gratefully received highlighting this gift will assist to build capacity in the community; training for paid care providers, and hands on training for family care providers to advance and improve care for persons living with dementia in New Brunswick.

The Canadian Nurses Association (CNA) hosted a series of member engagement sessions across Canada. NANB participated in sessions through Vitalité and Horizon Health Networks as well as the New Brunswick Nursing Home Association in Moncton, Bathurst, Edmundston, and Fredericton during January 2020.

The CNA Board meeting and Biennial Convention will be held in Ottawa June 20–24, 2020. NANB has promoted incentives to send randomly selected members to the Biennial, watch for details.

Governance

Board of Director Nominations
NANB was seeking nominations for Region 1 and Region 3. This was communicated to members on the website, in the fall *Info Nursing*, in regular e-bulletins, and through social

media. The deadline for nominations was January 31, 2020.

New Brunswick Nurses Union (NBNU)

A meeting with the President and Executive Director of the NBNU occurred to discuss topics which included: an update on operational activities; issues around lack of health human resources; NP employment scope of practice; proposed health reform; and nursing education programs.

Government of New Brunswick

A meeting with the Minister of Health and Minister of Post-Secondary Education, Training and Labour (PETL), Deputy Ministers, Assistant Deputy Ministers as well as Senior Staff to discuss topics which included: a proposal for a private college to deliver a nursing program of which the Minister requested NANB assist with a program approval; IENs and restricted licensing; the possibility of a two-year LPN to RN bridging program; changes to the assessment and bridging program for IENs; nursing education program specialties and the Entry-to-Practice Exam.

Finance

The Board received the November 2019 year end and December 2019 financial statements which noted: an increase in CNA dues as scheduled; increase in legal fees due to an increase in Professional Conduct Review case work, as well as

costs related to the Entry-to-Practice Exam.

Recommendations from the Finance Committee included approval for the 2019 Auditor's Report.

Regulation

The Board approved proposed changes to Rules 1.19, 1.20, 1.21, and 1.22 changing the practice hour requirement for nurse practitioners to 900 hours over the previous three years, or 300 hours in the previous 12 months.

The Board approved a motion to consider changes to collaborating physician requirement for NPs as part of work required to update and modernize the *Nurses Act*. NANB is participating in a national project regarding nurse practitioner regulation.

Practice & Education

CCP and Jurisprudence Module

NANB, with the help of the Continuing Competency Program (CCP) Advisory Committee has created a new CCP program for 2020. There are plans for a new module each year to be completed for continuing competency requirements and registration. The NANB continuing competency program now includes a four-step process which includes a self-assessment, development



Notice of Annual Meeting

In accordance with Article XIII of the bylaws, notice is given of an annual meeting to be held (date to be announced). The purpose of the meeting is to conduct the affairs of the Nurses Association of New Brunswick (NANB).

Practising and non-practising members of NANB are eligible to attend the annual meeting. Only practising members may

vote. Confirmation of membership will be required for admission. Nursing students are welcome as observers.

Voting

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



LAURIE JANES
Executive Director, NANB

Follow and Like NANB on Facebook and 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 available while increasing traffic to our existing website.



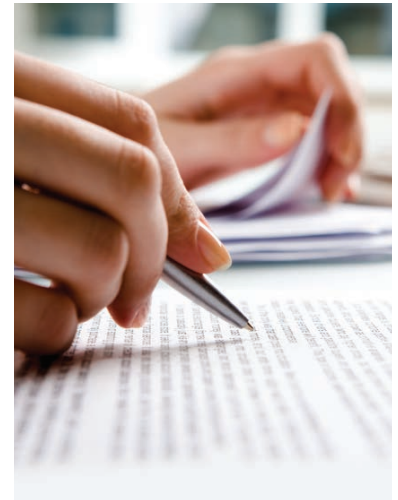
Facebook



Twitter

New & Revised NANB Documents

NANB nurse consultants regularly produce documents to support safe, competent and ethical nursing practice or documents directly related to questions that members have asked.



Recent resources that NANB has produced include:

- *Entry-Level Competencies (ELCs) for the Practice of Registered Nurses in New Brunswick* (effective September 2020)
- *Fact Sheet: Administering Vaccines*
- *Fact Sheet: Vaping*
- *Fact Sheet: Social Media*
- *Fact Sheet: Mobile Devices and Information Technologies' Use in the Workplace*
- *FAQ: Use of Title*
- *FAQ: Self-employment*
- *FAQ: Working with Students*
- *Reporting to Prevent Client Harm: Information on Vanessa's Law*

All documents are available on the NANB website at www.nanb.nb.ca.

CANCELLED: LATER DATE TBA

NANB is closely monitoring developments related to COVID-19. To ensure the health and safety of all members, we have decided to CANCEL the AGM and attempt to reschedule at a later date (TBA), 2020. All those registered to date will receive email notification of the date change.

You're Invited NANB AGM 2020

THIS AGENDA REFLECTS AN IN-PERSON MEETING, WHICH MAY NEED TO BE ADJUSTED TO A VIRTUAL PLATFORM.

0800	Registration	1200–1300	Lunch (provided)
0900–0920	<ul style="list-style-type: none">- Call to Order- Introductions- Greetings- Announcements	1300–1315	President's Award Student Recognition
0920–1030	<i>Special Presentation and Q&A</i>	1315–1430	<i>Keynote Address and Q&A</i>
1030–1100	<ul style="list-style-type: none">- Break- Announcement (Resolutions Submission Deadline)	1430–1500	Break
1100–1200	<ul style="list-style-type: none">- President's Address- 2019 Annual Report- Auditor's Report- Q&A's	1500–1600	<ul style="list-style-type: none">- Resolutions Committee Report- Voting on Resolutions- Introduction of Board of Directors- Toast: 2020 Year of the Nurse & Midwife- Invitation to the 2021 Annual Meeting- Adjournment

Members are asked to refrain from wearing scents as some participants may be sensitive to perfume or aftershave. A photographer will be circulating taking pictures at our Annual Meeting. Photos may be used in future NANB communication materials.

NANB AGM 2020

Resolutions



Resolution 1—Increasing Public Representation on NANB Board

Submitted by NANB Board of Directors

WHEREAS in October 2017, NANB was tasked with conducting a full-scale governance review as part of NANB's strategic plan, which work has been carried out by a sub-committee of the NANB Board of Directors known as the Governance Committee with consultation with various governance consultants;

WHEREAS NANB's mandate is the protection of the public through safe, competent and ethical nursing care;

AND WHEREAS current best practices and trends in regulated professions show an increase of public representation on Boards of Directors;

AND WHEREAS the NANB By-laws currently provide for three Directors representing the public, two of whom are appointed by the Lieutenant-Governor in Council and one is appointed by the Minister of Health;

AND WHEREAS there is a need for NANB to adjust the Board's composition in order to comply with best practices in governance of regulated professions;

AND WHEREAS NANB is committed to ensuring the representation of both linguistic communities in public representation on the Board of Directors;

THEREFORE, BE IT RESOLVED that article 5.01 of the NANB By-laws be amended as follows to permit an increased number of directors representing the public on the Board of Directors:

ARTICLE V—BOARD

5.01 Commencing on June 1, 2020, and thereafter the Board shall consist of : [June 5]

- A. the president and the president-elect; [June, 2005]
- B. seven (7) region directors; [June, 2005]
- C. minimum of three (3) directors to represent the public, appointed in

accordance with the provisions of the Act; and [June, 2005]

- D. additional directors to represent the public, appointed by the Minister of Health.

Resolution 2—Alignment of Public Member Representation on the Complaints Committee

Submitted by NANB Board of Directors

WHEREAS the NANB By-laws currently state that the Complaints Committee is composed of eight (8) nurses and four (4) public representatives;

AND WHEREAS the By-laws require that each complaint received by NANB must be considered and investigated by two (2) nurses and one (1) public representative;

AND WHEREAS challenges have arisen in scheduling meetings of Complaints Committee panels due to conflicting availability of panel members;

AND WHEREAS NANB wishes to decrease the likelihood of scheduling conflicts and increasing the likelihood that Committee members will be available to consider complaints as part of a panel;

AND WHEREAS the composition of each panel of the Complaints Committee would remain as currently stated in the By-laws as two (2) nurse members and one (1) public representative;

AND WHEREAS increasing the number of possible public representatives on panels of the Complaints Committee would align with the number of public representatives on each of the Discipline and Review Committees;

THEREFORE, BE IT RESOLVED that article 11.01 of the NANB By-laws be amended as follows to increase the pool of public representatives that may be called upon to consider and investigate complaints as part of a panel of the Complaints Committee:

ARTICLE XI—DISCIPLINE

11.01 Complaints Committee

The Complaints Committee shall be composed of

- A. eight (8) nurses, one of whom shall be a past member of the Board;
- B. six (6) persons who are not members of the Association; and [May 11, 1995]
- C. notwithstanding the foregoing and 11.02B, such other persons who may be appointed by the Board from time to time, for such terms as may be designated by the Board at the time of appointment. [May 11, 1995]

Resolution 3—Alignment of Committee Term Lengths

Submitted by NANB Board of Directors

WHEREAS the NANB By-laws currently state that chairpersons and members of the Complaints, Discipline and Review Committees are appointed for terms of two (2) years;

AND WHEREAS only three (3) Committee members form part of each panel of the Complaints Committee, and only four (4) Committee members form part of each panel of the Discipline and Review Committees, respectively;

AND WHEREAS the composition of each panel is dependent on the availability of Committee members when each panel is composed;

AND WHEREAS increasing term lengths to three (3) years would allow Committee members to acquire and apply more expertise by having an opportunity to sit on more panels during their terms;

AND WHEREAS increasing Committee chairpersons' and members' term lengths would align with the term length of NANB Board Directors;

THEREFORE, BE IT RESOLVED that articles 11.02 A, 11.02 B, 11.12 A and 11.12 B of the NANB By-laws be amended as follows to increase the term lengths of chairpersons and members of the Complaints, Discipline and Review Committees from two (2) years to three (3) years:

ARTICLE XI—DISCIPLINE

(Complaints Committee)

11.02

- A. The Board shall appoint a chairman of the Complaints Committee for a term of office of three (3) years and the chairman shall from time to time name a vice-chairman or vice-chairmen from among the other nurse members of the Complaints Committee to serve in the place of the chairman in the event of her absence or inability to act at any time. [May 11, 1995]
- B. The Board shall appoint the members of the Complaints Committee, other than the chairman, for terms of three (3) years.
- C. In the event of any vacancy on the Complaints Committee the Board shall fill such vacancy forthwith. [May 29, 1991]

D. additional directors to represent the public, appointed by the Minister of Health. [May 2020]

(Discipline and Review Committees)

11.12

- A. The Board shall appoint a chairman of each Committee for a term of office of three (3) years and a vice-chairman or vice-chairmen, from time to time, to serve in the place of the chairman in the event of her absence or inability to act at any time. [May 11, 1995]
- B. The Board shall appoint the members of each Committee, other than the chairman and the vice-chairmen, for terms of three (3) years. [May 2018]
- C. In the event of any vacancy on either Committee the Board shall fill such vacancy forthwith. [May 29, 1991]

Resolution 4—CNA Fees

Submitted by Virgil Guitard, Marius Chiasson, and Manon Banville

WHEREAS the Canadian Nurses Association (CNA) is not a nursing regulator according to legislation;

WHEREAS the CNA has a status of a professional association;

WHEREAS other Canadian Nursing Regulators have allowed membership to CNA to be a choice and not obligatory;

BE IT RESOLVED:

- (a) that the NANB Board of Directors consider whether the fees for CNA's registration should be separated from the NANB regulatory fees and that members should have a choice as to whether or not to join the CNA; and
- (b) that the NANB Board of Directors make a decision on a proposed resolution in this regard before NANB's 2021 AGM and report to members.

Call for COMMITTEE MEMBERS



NANB is searching for Nursing Education Advisory Committee (NEAC) members. Members required include:

- a public member;
- a nurse educator from the University of New Brunswick; and
- a nurse currently working in the community.

The committee advises the NANB Board of Directors on the approval of schools of

nursing in New Brunswick. The number of meetings fluctuates based on the approval schedule, in general 2–4 meetings/year, each meeting lasting approximately one hour. Meetings are held in person and/or by teleconference.

Individuals with experience in educational programs, curriculum development and/or program approval/accreditation would be an asset. Visit www.nanb.nb.ca for more information.

NANB Office Closure: For Your Safety and Ours

The NANB office remains open to service our members. Staff are working remotely and can answer your queries by phone 458-8731/1-800-442-4417 or email. A full staff directory can be found on our website. However, as a result of the COVID-19 pandemic, our office building will be closed to visitors. Thank you for your cooperation.

NANB WILL BE CLOSED

May 18, 2020	Victoria Day
July 1, 2020	Canada Day
August 3, 2020	New Brunswick Day
September 7, 2020	Labour Day

DATES TO REMEMBER

May 11–17, 2020	National Nursing Week
TBA	NANB Annual General Meeting

NSWOC (ET) Award Recipient of the Year

Joan Peddle, RN, BN, has been awarded the 2019 Nurse Specialized in Wound, Ostomy and Continence Care NSWOC (ET) of the Year Award. This Award, presented by the Ostomy Canada Society, is given to a NSWOC (ET) who supports ostomates via involvement within their local chapter and national functions.

Joan has been a NSWOC (ET) since 2006 and is CNA certified in Community Health and Enterostomal Therapy. She attends annual conferences to maintain her level of expertise and was pertinent in planning the successful 2006 Annual Ostomy Canada meeting held in Moncton, hosting over 200 participants.



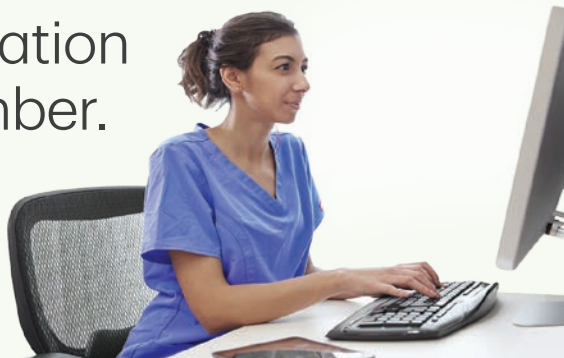
Joan is an active member of the Moncton Ostomy Chapter and is key to organizing monthly chapter meetings, visitor training sessions and Outreach Education days at the Moncton Hospital. Joan is also a valuable mentor and member of her community hosting monthly Ostomy clinics at Lawton's Pharmacy to bring consultation and education on available products to ostomates.

Congratulations Joan!

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IN DECEMBER 2019, A CORONAVIRUS EMERGED IN THE CITY OF WUHAN, CHINA. SINCE THEN, THIS RESPIRATORY VIRUS HAS BEEN REPORTED IN MULTIPLE COUNTRIES, INCLUDING CANADA. ON THURSDAY, JAN. 30, 2020, THE WORLD HEALTH ORGANIZATION (WHO) DECLARED COVID-19 TO BE A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN. ON MARCH 11 2020, THE WHO DECLARED COVID-19 AS A PANDEMIC BECAUSE OF THE ALARMING LEVELS OF SPREAD AND SEVERITY.

Those with COVID-19 may have little to no symptoms. You may not know you have symptoms of COVID-19 because they are similar to a cold or flu. Symptoms of the virus range from mild to severe and may take up to 14 days to appear after exposure to COVID-19. They can include fever, cough, difficulty breathing, pneumonia and kidney failure. In severe cases, infection can lead to death.

To learn more about the virus, visit the WHO's info page and the government of Canada's FAQ page.

NANB's Role

NANB's mandate is regulation for safe, competent, and ethical nursing care—but patient safety is a responsibility we all share. Our role during the novel coronavirus outbreak is to support

your ability to provide safe and competent care and help you understand your accountabilities.

If you have questions about your accountabilities when caring for patients affected with the new coronavirus, please contact us. One of our nurse consultants can help identify the appropriate standards and guidelines to guide your decision-making and help you understand your accountabilities.

FAQs for RNs and NPs

What are my accountabilities when providing care to a client diagnosed with (or suspected of having) the coronavirus (COVID-19)?

You are accountable for making decisions that are in the best

interests of your clients and for protecting them from harm. You are also accountable for protecting clients from infection risks. You can do this by:

- applying hand hygiene principles;
- choosing appropriate measures to prevent and control infection transmission such as wearing personal protective equipment (PPE);
- understanding your workplace’s organizational policies about infection prevention and control;
- participating in any training or education sessions on infection prevention and control;
- consulting NANB’s Infection Prevention and Control Fact Sheet;
- working with your employer to develop new policies as needed; and
- using sources of evidence to inform your practice—refer to following link for important resources: Coronavirus (Covid-19).

We encourage you to work collaboratively with your employer to recognize real or potential threats, review relevant organizational policies, and if needed, develop policies and guidelines specific to your practice setting.

RNs and NPs are expected to understand and apply precautionary measures to minimize the risk of infecting themselves, colleagues, clients and others. To learn more about these topics, refer to the Government of New Brunswick Office of the Chief Medical Officer of Health (Public Health).

Can I refuse to work with an infected client?

When your professional obligation to a client conflicts with your personal obligations, you have an accountability to demonstrate leadership and determine the best possible solution while still making decisions in the client’s best interest. Refusing assignments or choosing to discontinue care is an ethical dilemma without one clear answer.

Ultimately, you do have the right to refuse assignments that you believe will subject you or your clients to an unacceptable level of risk. But you *also* have a professional accountability to advocate for practice settings that minimize risk to both you and your clients. Advocating for quality practice settings is one of the many ways RNs and NPs are leaders in client care.

Can I be accused of abandonment?

Abandonment occurs when an RN or an NP has engaged with

a client or has accepted an assignment and then discontinues care without:

- negotiating a mutually acceptable withdrawal of service with the client; or
- arranging for suitable, or replacement services; or
- allowing the employer a reasonable opportunity for alternative or replacement services to be provided.

For more information on abandonment, you can refer to Fact Sheet: Abandonment. RNs and NPs should review relevant organizational policies and guidelines related to staffing and workload. If needed, you should advocate for and develop policies and guidelines driven by patient interest and safety. You can also refer to this document: Practicing with Limited Resources: A Guide for RNs and NPs.

Your Accountabilities

RNs and NPs are accountable to legislation, the Code of Ethics, standards and employer policies.

What does the *Code of Ethics* for RNs say about a pandemic?

Historically and currently, nurses provide care to those in need, even when providing care puts their own health and life at risk. Nurses also encounter personal risk when providing care for those with a known or unknown communicable or infectious disease. However, disasters and communicable disease outbreaks call for extraordinary effort from all health-care personnel, including nurses. (p. 38)

The Code states: “During a natural or human-made disaster, including a communicable disease outbreak, nurses provide care using appropriate safety precautions in accordance with legislation, regulations and guidelines provided by government, regulatory bodies, employers, unions and professional associations (A9)”. (p. 38)

Nurses carefully consider their professional role, their duty to provide care and other competing obligations to their own health, to family and to friends. (p. 39)

For more information, please consult pages 38–40 of the *Code of Ethics*. Key documents to consider during the coronavirus outbreak:

- *Standards of Practice for RNs*
- *Standards for the Therapeutic Nurse-Client Relationship*
- *Fact Sheet: Infection Prevention and Control (IPC)*

The situation with COVID-19 is evolving rapidly, so we invite you to consult the NANB webpage for the latest information: [COVID-19](#)



Professional Development

Web Page

“NURSES ARE ACCOUNTABLE FOR PROVIDING COMPETENT CARE, WHICH MEANS THEY MUST MAINTAIN AND CONTINUOUSLY ENHANCE THE KNOWLEDGE, SKILLS, ATTITUDE AND JUDGMENT REQUIRED TO MEET CLIENT NEEDS IN AN EVOLVING HEALTH-CARE SYSTEM.”—CNA

Nursing is a dynamic and continually changing profession that requires RNs and NPs to keep current with changes in practice, health care, and technology. NANB has created a professional development webpage where you will find case studies that bring your standards, guidelines and policy decisions to life and links to resources

that will help you stay current in your practice and gain new knowledge.

Remember that activities such as joining a live webinar, attending a workshop or participating in self-directed learning can be used as learning activities to meet the requirements of your Continuing Competence Program (CCP).

[VISIT WEBPAGE](#)

What is my **Scope of Practice?**



By SUSANNE PRIEST

Being able to describe what it means to be a registered nurse (RN) is often difficult because nursing practice cannot be reduced to a list of tasks or activities.

The complex nature in decision-making for the coordination of nursing care and the competencies required to perform clinical tasks can be difficult to articulate. There are also many domains of nursing such as administration, education, policy and research, which add to the complexity of describing the scope of an RN. Additionally, the over-lapping scope of practice

SCOPE OF PRACTICE

that RNs have with other care providers can create a grey zone of being able to identify where the role of the RN starts and stops within the healthcare team. This document attempts to clarify what is meant by the term ‘scope of practice’ in relation to RN practice in New Brunswick (NB).

Nursing competency is described as the combination of the RN’s knowledge, skills, values, beliefs, and professional experience acquired as a nurse—an integration of the RN’s knowledge, thoughts and judgment, including professional and personal attributes and values (Fukada, 2018; Nurses Association of New Brunswick, 2019a). The *Nurses Act* describes nursing as: “... the practice of nursing and includes the nursing assessment and treatment of human responses to actual or potential health problems and the nursing supervision thereof” (p. 3). This definition is broad and is founded on the following concepts:

- RNs are educated according to education standards at the baccalaureate level¹;
- graduating nursing students are from an approved school of nursing and meet the *Entry Level Competencies for Registered Nurses in New Brunswick*; and
- RNs practice according to professional practice standards as required by the NANB.

In the *Entry-Level Competencies for Registered Nurses in New Brunswick* (2019a) and the *Standards of Practice for Registered Nurses* (2019b), scope of practice is defined as activities that RNs are educated and authorized to perform, as set out in legislation and described by regulatory standards. To break this concept down, the role of the RN is an evolving one that is impacted by the client being served, the competence of the individual RN, the employer policies, the nursing regulatory standards, and legislation at a provincial and federal level.

It is important to note that the scope of practice for the profession of nursing is broader than the scope of practice of an individual RN. The individual scope of RN practice will be different depending on the RN’s competence gained from formal and informal education, skills acquired through nursing experience in various domains, and services provided to diverse aggregate populations.

Since RNs are educated as generalists, their scope of practice is expected to evolve through professional practice and continuing education. Furthermore, RNs may be expected to perform post-entry level procedures (also known as advanced nursing procedures), as facilitated in the employer setting. Please refer to *Examining Requests for Post-Entry Level Procedures* (NANB, 2013) to learn more about post-entry level competencies and procedures.

Advanced Practice Nurses (APNs), such as clinical nurse specialists (CNS) or nurse practitioners (NP), require additional formal education and are RNs with expanded knowledge, competency, accountability and responsibility. The *Position Statement: Advanced Practice Nursing* (2018), provides detailed information on the role of APNs, including their scope of practice, in New Brunswick.

RNs are expected to know the role of all healthcare team members, including their own role and the contributions they make to the team. Although it can be difficult to describe what being an RN entails, reflective practice and keeping abreast with professional nursing literature will provide relevant insight on how to describe the complex decision-making and the diverse nursing activities that RNs perform.

The healthcare team, key decision makers within institutions, government leaders and the public need to understand the RN scope of practice and the contributions that RNs make within the healthcare system. Full implementation of RN scope of practice is associated with employer policies that facilitate RN autonomy, enabling the RN to work to their full scope of practice (Ganz, Toren & Fadlon, 2016). When the scope of practice of each healthcare professional is understood, there will be increased team collaboration because the limits and strengths of each provider will be known.

References

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¹ means programs approved by the Board of NANB and includes such nursing education programs as may be required as qualifications for the practice of nursing as outlined in the Nurses Act (NANB, 2002).

Can I do that?

A Decision Making Tool to Help Define Nursing Scope of Practice

1

Is the role or activity consistent with the RN or NP scope of practice, legislation, regulation and professional standards?



2

Is the RN or NP supported to perform the role or activity through employer policy and/or job description?



3

Does the RN or NP have the competencies needed to perform the role or activity?



The RN or NP may perform the activity, intervention, or role in accordance with standards of safe nursing care.

*The organization of this resource is adapted from the College of Licensed Practical Nurses of Alberta, LPN Practice Decision-Making Tool, 2019.

This tool is meant to be used in determining safe and authorized practice for registered nurses (RNs) and nurse practitioners (NPs), in all practice settings. The application of this algorithm is shaped by legislation, the needs of the client, the practice environment, and individual RN or NP competence. In all areas of practice, RNs and NPs are accountable to their NANB standards of practice and the *CNA Code of Ethics*. Key considerations (page 19) provide guidance to determine if a specific role or activity is appropriate for an individual RN or NP to perform.

Begin with Question 1. Answering 'Yes' to a question allows you to proceed to the next question. Answering 'No' to any question means that practice may not be appropriate at this time and additional consultation with NANB may be required. If 'Yes' is selected for all questions in the tool, then the role or activity is within your scope of practice.

QUESTION 1

Is the role or activity consistent with the RN or NP scope of practice, legislation, regulation and professional standards?

RN and NP practice is outlined by NANB in the entry-level competencies and standards of practice for both RNs and NPs. These documents inform RN and NP practice in New Brunswick and can be found on the NANB website.

You are also accountable to practice under relevant provincial and federal legislation, such as the *Nurses Act* and the *Personal Health Information Privacy and Access Act*. Each RN and NP is responsible for determining which legislation applies to their nursing practice.

If you have additional questions, please review NANB's Jurisprudence Module (an online review of relevant legislation, standards and policies impacting nursing practice in New Brunswick).

QUESTION 2

Is the RN or NP supported to perform the role or activity through employer policy and/or job description?

RNs and NPs must work within the role defined by employer policy and/or job description. The roles and responsibili-

ties of RNs and NPs are specific to the practice environment. RNs and NPs must also ensure the necessary clinical supports are available; this includes but is not limited to: guidelines, directives and/or policies to guide practice; proper equipment and/or supplies to safely perform the activity; and appropriate supervision as required. The RN or NP must know which role or activity within their practice requires direct or indirect supervision (or guidance).

- **Direct** means that an RN, NP, or physician is physically present at the point of care.
- **Indirect** means that an RN, NP or physician is available for consultation and guidance, but is not physically present at the point of care. The person providing indirect supervision is *readily available* and can provide assistance when needed.

The practice environment may vary based on care requirements of the clients, the delivery model of care, and staff mix. If the employer does not support the role or activity, you can advocate for and potentially assist in the development of supporting policies.

Further questions for clarification include:

- Is the procedure or activity within your documented role description?
- Do organizational policies support an RN or NP performing the procedure or activity?
- Are the necessary resources available to support the RN or NP before, during and after the procedure or activity?
- Will resources continue to be available when performing future procedures or activities?

QUESTION 3

Does the RN or NP have the competencies needed to perform the role or activity?

Individual scope of practice is unique and specific to each RN and NP. Prior to performing any procedure or activity, nurses are accountable for reflecting on their individual scope and for consider-

ing whether they have the adequate knowledge, skill, and judgment to perform the activity or procedure safely and competently. Additional competencies may be gained through experience, on-the-job training, post-basic education and/or certification. NANB provides further guidance in this decision-making process in *Examining Requests for Post Entry-Level Procedures*.

Self-reflecting questions will help the RN or NP determine their individual scope:

- Am I the most appropriate care provider?
- Do I have the knowledge, skill and judgment to: (a) Assess the appropriateness of performing the procedure? (b) Perform the procedure? (c) Manage the patient before, during, and after the procedure?
- How will I obtain and maintain my competence?

RNs and NPs requiring additional education and training to safely perform a role or activity within their practice environment, should discuss this limitation with their employer and seek opportunities for educational support. Questions about a competency not reflected in the documents may be directed to the NANB for further discussion.

If you have further questions, please call to speak to a nurse consultant at NANB at (506) 458-8731 or send a query to nanb@nanb.nb.ca.

References

Entry-Level Competencies (ELCs) for the Practice of Registered Nurses in New Brunswick

Standards of Practice for Registered Nurses

Entry-Level Competencies for Nurse Practitioners

Standards for the Practice of Primary Health Care Nurse Practitioners



OTHER NANB WEBINARS

- *Nursing in the Anthropocene: the challenge of nursing practice in an age of environmental turmoil* (April 2016)
- *RNs & LPNs Working Together: Bringing the Best of Both Professions to patient Care* (November 2015)
- *The Role of the Child and Youth Advocate* (November 2015)
- *Advancing RNs' Scope of Practice: Who decides?* (March 2015)
- *Problematic Substance Use- Still an Important Issue* (December 2014)
- *FAQ's from RNs Working in Nursing Homes* (October 2014)
- *When Meeting Standards Becomes a Challenge-Working with Limited Resources and Resolving Professional Practice Problems* (September 2014)
- *Collaboration: Shared Goals, Different Roles* (February 2014)
- *MISSION POSSIBLE: Strategies for Embracing Civility* (October 2013)
- *Safety First! Managing Registered Nurses with Significant Practice Problems* (June 2013)
- *Documentation: Why all this paper work?* (February 2013)
- *Leadership: Every Registered Nurse's Responsibility* (December 2012)

Standards of Practice for RNs

NANB revised the *Standards of Practice for Registered Nurses* in 2019. These standards establish the regulatory and professional foundation for nursing practice. Their primary purpose is to identify the level of performance expected of registered nurses (RNs), it serves as a benchmark against which actual performance can be measured.

All RNs and nurse practitioners (NPs), are responsible for understanding and applying them to their practice. RNs and NPs are invited to view this short, 15–20 minute, webinar.

Social Media, Mobile Devices and Information Technologies' Use in the Workplace

NANB created two new documents titled: *Fact Sheet—Social Media* and *Fact Sheet—Mobile Devices and Information Technologies' Use in the Workplace*. RNs and NPs are encouraged to view this short webinar (10–15 minutes) as they are responsible for their actions and need to understand the risks involved in using these different technologies in and out of the workplace.



VAPING

WHAT RNS & NPS
NEED TO KNOW

By SYLVETTE GUITARD

Vaping devices are commonly used to quit smoking but also used for recreational smoking (Center on Addiction, 2018). They have been perceived as “risk free”, however the safety of these devices is questionable and unclear (Essenmacher et al., 2018). This document is intended to inform RNs and NPs about vaping and provide them with helpful resources to help them better inform members of the public and promote healthy public outcomes.

What is vaping?

Vaping is the act of inhaling and exhaling an aerosol produced by a vaping product, such as an electronic cigarette. Vaping doesn't require burning like cigarette smoking. The device heats a liquid into a vapour, which then turns into aerosol. This vapour is often flavoured and can contain nicotine (Government of Canada [GC], 2019a). For more information, refer to the following link: About Vaping.

Vaping: what is known?

Here are quick facts from Health Canada (2019):

- Vaping devices can lead to nicotine addiction by delivering nicotine to users' brains, making them crave it more and more. It can also increase exposure to harmful chemicals and metals. The exposure to these harmful chemicals can affect brain development in teens.
- There are health risks linked to other components in vaping products, including harmful metals such as nickel, tin and aluminum, and harmful chemicals, such as formaldehyde and acrolein.
- We are still learning about how vaping affects health. The long-term health impacts of vaping are unknown.
- According to the Canadian Student Tobacco, Alcohol and Drugs Survey, in 2016-17, 10% of students in grades 7 to 12 (secondary I to V in Quebec) reported having used an e-cigarette in the past 30 days, an increase from 6% in 2014-15.

What are the risks of vaping?

Vaping can increase exposure to chemicals that could harm the health of people by causing lung damage. Findings from an investigation into lung injuries associated with e-cigarette use, or vaping, suggest THC products play a role in the outbreak. Evidence indicates that 77% of the people involved in the outbreak reported using THC-containing products or both THC-containing products and nicotine-containing products (Centers for Disease Control and Prevention, 2019). Vaping could also expose the person to nicotine, which is addictive (GC, 2019b). For more information on the risks of vaping, refer to the following link: Risks of Vaping.

What can RNs and NPs do?

RNs and NPs must become involved in educating the public, especially adolescents and their parents, about the dangers of

vaping (Thomas, 2019). Here are some helpful resources for RNs and NPs:

- GC: Information Update-Health Canada Warns of Potential Risk of Pulmonary Illness Associated with Vaping Products
- GC: About Vaping
- GC: Consider the Consequences of Vaping
- GC: Health Canada Proposes Stricter Advertising Rules to Tackle Youth Vaping
- Canadian Lung Association: Vaping
- NB Anti-Tobacco Coalition: E-Cigarettes, Vaping Products and Flavoured Tobacco
- Center on Addiction: Recreational Vaping
- Centers for Disease Control and Prevention: Quick Facts on the Risks of E-cigarettes for Kids, Teens and Young Adults

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Regulation Trends

IN CANADIAN NURSING ORGANIZATIONS

A paradigm shift across Canada is contributing to a trend where nursing organizations with dual mandates are transitioning, to a single regulator focus, with public protection at the forefront. As health care evolves, so does the complexity of knowledge and skill required by nurses providing care to the public.

Colleges represent public protection, while **Associations** represent member interests. There is value in both organizations, as each has a unique mission and perspective.



College

Mandated to protect the public

Participation in a college is mandatory. Registrants pay for licensure.

A college functions by:

1

Establishing and monitoring standards of practice/education and professional ethics

2

Establishing and maintaining a continuing competence/quality assurance program

3

Supporting nurses in meeting the standards, taking action when standards are not met



Association

Mandated to represent members' interests

Participation in an Association is usually voluntary where fees provide certain privileges and benefits.

An association functions by:

1

Advocating for nurse members

2

Promoting, lobbying and supporting research that supports advocacy positions

3

Providing education opportunities, as well as, advocacy and lobbying activities



Nurses Association
OF NEW BRUNSWICK

Why a Nursing Regulatory Body for New Brunswick?

NURSING REGULATORY bodies and professional associations have distinct roles. Regulatory bodies focus on public protection and professional associations focus on advancing and promoting the profession and advocating for healthy public policies. (Canadian Nurses Association, n.d.). There is a shift in Canadian jurisdictions toward having a separate regulatory body and professional association. Several Canadian jurisdictions have implemented health professions legislation which has contributed to the separation of regulatory body and association. Best practice in regulation supports this shift for a variety of reasons, primarily due to potential conflict in interests (a focus on members versus a focus on public protection). Also, members of dual mandate nursing organizations are often unclear on organization responsibilities and services (Benton, Thomas, Damgaard, Masek & Brekken, 2017; Professional Standards Authority for Health and Social Care, 2018). When combining this shift in organizational structures with recent events in the nursing profession across the county and closer to home, a focus on nursing regulation seems timely.

The priority for the regulatory body is that nurses are safe, competent and ethical in their practice and the outcome of this is public safety, or that the public is protected. The public trusts nurses, and maintaining this trust is more than being registered to practice. Keeping this public trust means that standards must be upheld on an ongoing basis. To do this, the regulatory body needs to support RNs and NPs in upholding their standards, oversee the practice of nursing and intervene when public protection demands. If these

TABLE 1 What are the Roles of the Professional Organizations?

Regulatory Body Activities	Professional Association Activities
Establishing registration requirements (minimum number of practice hours, completion of continuing competence program, proof of good character)	Establishing specialty nursing networks and related specialty best practices
Establishing and enforcing standards of practice and professional conduct (having standards of practice for RNs and NPs and a code of ethics)	Supporting professional development through continuing education
Establishing nursing education standards and approving nursing programs leading to initial entry to practice	Informing members of health and health-system issues
Establishing entry-level competencies	Providing political action tools
Establishing and monitoring continuing competence requirements	Advocating for healthy public policy
Establishing professional conduct review processes to investigate allegations about a nurse's practice and implementing disciplinary action	Disseminating professional knowledge and best practice guidelines
	Offering networking opportunities through community of practice

(Canadian Nurses Association, n.d.)

Nursing regulation draws together the many threads that make up the fabric of nursing—education, practice, registration, legislation and competence. Weaving those threads into a coherent whole that protects the public, enables nursing practice, ensures educational rigor and intervenes when practice has been called into question—all in the context of a changing milieu—requires a steady hand. (O'Connor, 2019)

elements are well done by the regulator, the public will keep their trust in the RNs and NPs who care for them, their families and their communities.

NANB is at a decision point. Is it time to move to an organization with a single mandate of public protection? This is a difficult decision. Faced with the challenges of a changing profession

within a changing system, regulation of the largest group of health care professionals in the province may require undivided attention.

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The Contribution of RNs and NPs to Improved Patient Outcomes



NANB BELIEVES THE KNOWLEDGE, SKILLS AND JUDGEMENT OF ITS 8000+ REGISTERED NURSES (RNs) AND NURSE PRACTITIONERS (NPs) MUST BE BETTER UTILIZED AND FULLY INTEGRATED INTO THE HEALTHCARE SYSTEM, IN ORDER TO IMPROVE THE HEALTH OUTCOMES OF NEW BRUNSWICKERS.

New Brunswick's (NB) health care system is at a crossroads where the number of employed RNs is decreasing and the demands for healthcare services are increasing, due to the aging population and the decreased numbers of students completing Bachelor of Nursing (BN) programs. Between 2008 and 2017, the number of graduates from BN programs in NB fluctuated, from a high of 344 in 2012 to a low of 202 in 2017. Additionally, the RN/NP cumulative growth percentage for NB in 2018 was -0.3%, as shown in Table 1¹ (see page 28).

Research has also shown that greater nurse-to-patient ratio is consistently associated with a higher degree of burnout

among nurses, increased job dissatisfaction and a higher intent to leave the profession,² thus potentially perpetuating the problem of insufficient numbers of RNs in the workplace in New Brunswick. Healthcare facilities, including long term care and home healthcare agencies are feeling fiscal and human resource constraints as the cost of healthcare services augments, the number of RNs entering the system decreases and the rate of RNs retiring, increases.

The New Brunswick Health Council has published a number of reviews highlighting the utilization of and access to health services in our province. Overall their findings demon-

strate there are challenges in accessing health services, unmet homecare needs, including in-home nursing care, and an over-use/dependence on emergency room services.^{3,15}

RNs are the largest group of healthcare professionals in the province and are employed across the spectrum of care. Approximately 64.1% are employed in hospital, 12.3% are in community settings and 10.3% are in nursing homes.⁴

A significant body of research evidence has shown that the presence of RNs and NPs positively influence patient outcomes in long term and acute care sectors.

In hospital settings studies have shown:

- RNs have a positive impact on health and healthcare: improved quality of care; improved patient satisfaction; decreased mortality rates; improved organizational safety; and cost savings.⁵
- an increase of one RN per 10 beds is associated with an 11-28% reduction in death 30 days following a stroke and with an 8-12% reduction one year following the stroke.⁶
- RNs with a rich nursing skill mix were less likely to report common adverse patient events such as falls with injuries, pressure ulcers and urinary tract infections.⁷
- each 10% reduction in the proportion of RNs is associated with a 12% increase in the odds of patient deaths.⁷

Research in the long term care sector has shown:

- the RN role has five major components in nursing homes: clinician, advocate, mentor, leader and supervisor.⁸
- RNs primarily provide indirect care through delegating, organizing and supervising the care provided by other nursing team members, while assessing and monitoring the needs of residents.⁹
- RNs identify and implement best practices and ensure plans of care are relevant and current, including advocating to ensure residents receive appropriate services.⁸
- more direct care by RNs has been linked to improved cognitive functioning, fewer pressure ulcers, hospitalizations and urinary tract infections; less weight loss and deterioration in the ability to perform activities of daily living;^{10,11}
- NPs working in nursing homes supplement existing medical and nursing care.⁸
- the utilization of NPs reduces polypharmacy, the use of anti-psychotic drugs, and emergency department transfers and increases family satisfaction with care.^{12,13}

¹ Canadian Institute for Health Information. (2019). *Nursing in Canada, 2018: A Lens on Supply and Workforce*. Retrieved from <https://www.cihi.ca/sites/default/files/document/regulated-nurses-2018-report-en-web.pdf>

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TABLE 1 *Ten Year Trend in Cumulative Workforce Growth, NB, 2009–2018*

Year	LPN Cumulative Growth	RN (Including NP) Cumulative Growth	NB Population Cumulative Growth
2009	0.0%	0.0%	0.0%
2010	2.7%	3.0%	0.4%
2011	6.4%	4.5%	0.7%
2012	7.3%	5.4%	0.9%
2013	9.7%	4.1%	0.8%
2014	8.7%	2.9%	0.6%
2015	12.2%	1.2%	0.5%
2016	15.0%	-0.5%	1.0%
2017	15.2%	0.2%	1.3%
2018	18.1%	-0.3%	n/a

NOTE: The ten year trend from 2009 through 2018 is from the Health Workforce Database by the Canadian Institute for Health Information from the following source *Nursing in Canada, 2018: A Lens on Supply and Workforce*.¹

TABLE 2 *Perceived NP Contributions to PHC*

NPs	Patients
Accessibility to PHC	Accessibility to PHC
Unlimited number of concerns/visits	Opportunity to discuss multiple health issues
Providing a patient centered approach	Providers partner with patients in health care decisions
Health promotion/education	Health promotion/education
Provision of evidence-based practice for chronic disease management	NP knowledge of medical history and management of health problems

NOTE: NPs and their patients were surveyed regarding what they perceived to be contributions made to primary health care by NPs. This research was done in New Brunswick, Canada by S. Hamilton and T. Rickard, and is captured in the article Nurse Practitioner Outcomes in New Brunswick 2002-2017, *INFO Nursing*, 49(1), 22–24.¹⁵



The contributions to the health and safety of New Brunswickers by RNs and NPs are invaluable, and the evidence of their contribution must be considered by decision-makers who are faced with the need to restructure our health care delivery system. RNs are increasingly embedded into interprofessional primary healthcare teams, playing a large role in the management of chronic diseases such as asthma, diabetes and hypertension. RNs in primary healthcare settings are also involved in care coordination and case management; medication management, including administration of immunizations, medication reconciliation, client-teaching, and adjusting dosages under the authority of a directive; and in research.¹⁴

New Brunswickers whose primary care provider is an NP, reported high satisfaction in their care and that they perceive NPs to make a significant contribution to the healthcare system (see Table 2).¹⁵ The New Brunswick Health Council's *2017–2018 Recommendations to the Minister of Health* solidifies the need to focus on “improving the quality of primary health services and addressing inequities in the provision of those services” (2018, p.7).¹⁶

The Canadian Nurses Association (2012) demonstrates that when RN and NP roles are capitalized upon, there is a direct association with better patient outcomes including reduced smoking, reduced use of alcohol, fewer hospital admissions and decreased length of stay. These outcomes favourably affect health and functional status, mortality rates, use of hospitalization and nursing homes, and costs while improving quality and patient satisfaction.¹⁷

The healthcare team, key decision makers within institutions, government leaders and the public need to understand the RN and the NP scopes of practice and the contributions that they make within the healthcare system. Full implementation of RN scope of practice is associated with employer policies that facilitate RN autonomy, enabling the RN to work to their full scope of practice.¹⁸ New Brunswick's RNs and NPs are well educated, highly trained and experienced professionals who are ready to be active contributors to a revitalized health care system that is sustainable, focused on primary health care and committed to improving the health outcomes for all citizens.

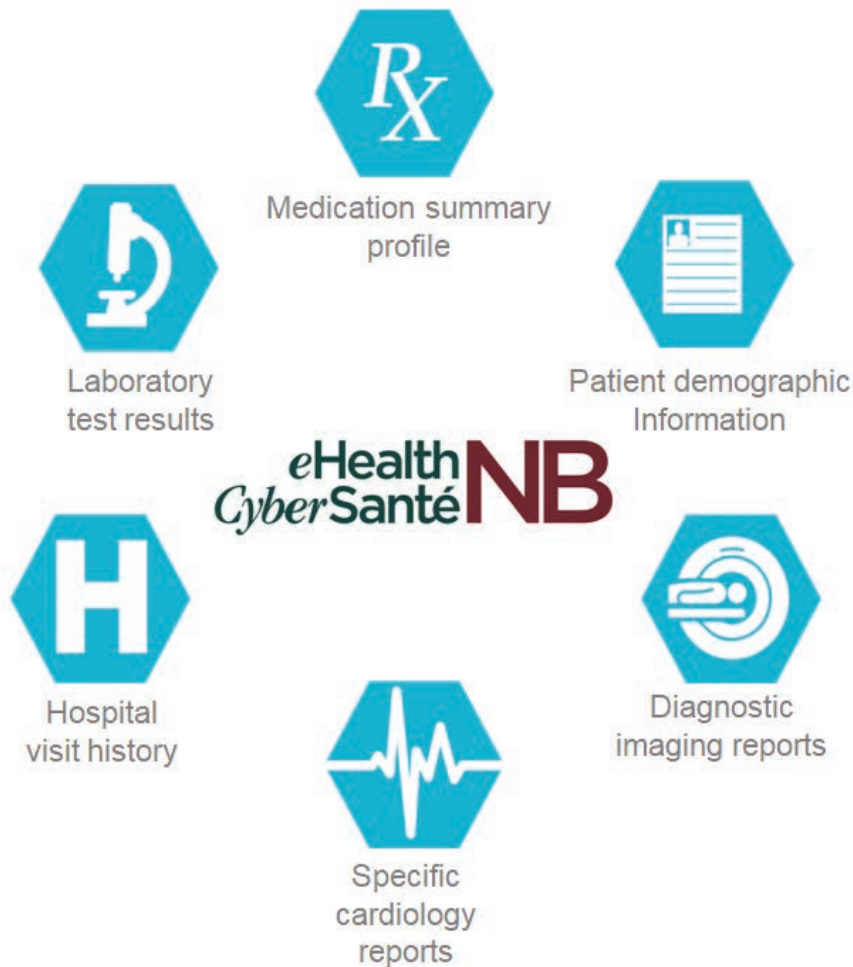
¹⁵ Hamilton, S., & Rickard, T. (2018). *Nurse Practitioner Outcomes in New Brunswick 2002–2017*. *INFO Nursing*, 49(1), 22–24.

¹⁶ New Brunswick Health Council. (2018). *2017–2018 Recommendations to the Minister of Health*. Retrieved from <https://nbhc.ca/sites/default/files/publications-attachments/recommendation-2017-2018-en.pdf>

¹⁷ Canadian Nurses Association (2012). *Effectiveness of Registered Nurses and Nurses Practitioners in Supporting Chronic Disease Self-Management*. Ottawa: Author

¹⁸ Ganz, F., Toren, O., & Fadlon, Y. (2016). *Factors Associated With Full Implementation of Scope of Practice*. *Journal of Nursing Scholarship*, 48(3).

POSITIVE TESTIMONIALS ON THE EHR



Benefits of the EHR for RNs

Enhanced Patient Care Experience

Provides accurate, secure, up-to-date health information, enabling more coordinated, timely and efficient patient care.

Clinical Decision Support

Access to real time health information such as laboratory tests, medications, hospital encounters, and diagnostic imaging reports in one source.

Improved Patient Safety

Enables authorized medical professionals to access secure patient information across the province with greater speed and efficiency. Allows for more timely decision making, and the potential for a reduction in duplication of tests.

Improved Care Coordination

Records are readily available at the point of care. Shared information supports collaborative patient care teams and can improve communication on the delivery of care.

Supporting transitions of care

Enhances the performance medication reconciliation or best possible medication histories more accurately and quickly. Reduces gaps in communication between health care providers.

Administrative Director, NB Heart Center, Saint John:

“Overall, the information available via the Provincial Electronic Health Record enables the NBHC to optimize patient flow with less effort ensuring that the right patient has access to services at the right time. Access to this information enables us to more easily provide exceptional care for every person, every day.”

Pre-Operative Surgery, Hôpital Régional de Bathurst:

“I see the EHR as a gift. As a pre-operative nurse, the NB Portal saves us an amazing amount of time in our day to day work. By having immediate access to EHR it eliminates the tasks of calling, faxing and waiting for tests results. This means that we can process more OR bookings and this helps with the waiting list for elective surgeries. We also find crucial information (example: cardiac catheterization) that we must be aware of before putting patients under anesthesia. As well as the list of medication that we must have to give a preoperative teaching. The EHR has greatly improved how effective we are in our work, so I imagine this helps costs savings as well. More importantly I believe that the EHR helps us save lives every day and helps us prevent major complications. As I said, it is a gift.”

Correctional Centre, Saint John:

“Access to the EHR ensures continuity of care for my clients at Saint John Regional Correctional Centre. I am able to see medication history/labs/imaging which helps ensure I, as a clinician, have the complete picture when developing their nursing care plan. It also assists the physician during clinics as access to labs across the province are obtainable. It has made a big impact here!”

Correctional Centre, Shediac:

“We used to have to wait to see the clients for their admission assessment to ask about their medications and which pharmacy they received their prescriptions from. Most of the time these clients use illicit drugs on the street, so they can't remember when they last picked up their medication or the name of the pharmacy.

Once we would get their drug profile, it was hard to see the client again to verify their prescriptions. Now with the EHR, we get the drug profile prior to the admission assessment, that way we can go over the prescriptions for any discrepancies. It makes our job a 100% easier and more accurate.”

Oncology Clinic, Moncton:

“One of the main benefits that I see here in the oncology clinic is access to an accurate medication list. Many of our patients are unaware of their medication names and directions and in order for us to do an accurate medication reconciliation we need an accurate med list. Previous to the EHR, we would call the community pharmacy to fax us a current list. And these lists are often difficult to interpret. The med list on the portal is wonderful!”

Oncology Clinic, Moncton:

“As a Health Care professional, I used it especially when a patient calls who lives out of the city. I can have easy access to their most recent lab/diagnostic imaging to better understand and be able to help provide guidance for the patient.

The Health Portal has provided timely access to patient information that provides us with a full picture of the medications and procedures that the patient has received in our province. I really notice a huge void when I have a patient from another province and I don't have the same access. I feel the timeliness of this information is beneficial for both the health care professional as well as the patient.

I recently used the Health Portal when one of our patients was experiencing some new symptoms. Using the Health Portal, I was able to look up the activities that a patient had with visits to the hospital, diagnostic images and recent laboratory results. This provided me with a “bigger picture” of what was going on with the patient.

The Health Portal is the BEST solution to having access to One patient—One Record! It takes the detective work out of tracking down appropriate person to find the information you need to take care of the patient.”

Surgical Suite, Hôpital Régional de Campbellton:

“Access to the provincial EHR is wonderful. We have a lot of patients from other parts of the province that come here for surgery therefore it saves precious time being able to see result and not having to call and wait for faxes that never come, the repeated calls etc. It is also useful for the medication profile even though not completely reliable it helps, when pharmacies are closed.”

POSITIVE TESTIMONIALS ON THE EHR

Surgery, Dr. Everett Chalmers Regional Hospital:

“Having the EHR accessible has made getting admissions so much easier! I make it part of the admission process, so my patients can be back on their home medications so much faster and don't have their therapy interrupted. It has made a huge difference in the care plan for patients; as well as, it is easily accessible to staff which helps significantly with time management on a busy, acute surgical floor!”

Psychiatry, Miramichi Regional Hospital:

“The EHR (mainly the medication profile) has been extremely helpful for our nurses on 1 West at the Miramichi Hospital! This allows us to access very valid and up to date information. It is so helpful for us especially during the admission process. It is often used as a secondary source for Medication Reconciliation during Community Pharmacy working hours, with the medication profile from the community pharmacy being the first source of the information. During off hours the EHR is used as a primary source of information along with the patient/family input and verification. During off hours, it also can help us to have an “idea” as to the patient's current medication regime (even though we do need two sources for Medication Reconciliation).

Over all, I would say the EHR is very important/crucial to our day to day functioning and overall best outcomes in patient care.”

Renal Protection Clinic & Peritoneal Dialysis Clinic, Hôpital Régional Bathurst

“EHR has really been a time saver for our clinic. The patient information required in our clinic is much easier to obtain than in Meditech. We no longer have to wait for faxes and every test results are available. Another component we use a lot is the cumulative graph. It gives a clear view of progressive renal failure over one year; this tool comes in very useful. The search button is also a great access for specific tests. I rarely use Meditech for test results. The medication summary profile is also used regularly for medication list, refills status and community pharmacy contact info. EHR is a quick access to determine testing due dates, which helps the flow of updating charts in the clinic. I am hopeful that EHR will make available patients' appointments and dictated letters from physicians. This would certainly improve patients' services in our clinic.”

Emergency Department, Centre Hospitalier Universitaire Dr-Georges-L.-Dumont, Moncton

“Nurses use EHR extensively as a source for the medication list (especially at night.) Emergency physicians are very fond of EHR, especially for patients who frequent emergency departments and those with chronic health problems. The EHR is a very useful working tool.”

Emergency Department, Hôpital Régional Edmundston, Edmundston

“On a daily basis, we use the EHR to compare and validate medication reconciliations on medications taken by our patients. Also, a quick and secure reference, on lab results and diagnostic tests performed on our patients from other facilities outside of our Hospital Center across the Province of New Brunswick.”

Cancer Screening Program Coordinators

“It really simplifies the process to review polyp histology when the information is one click away. Our staff consult the EHR daily and I believe it contributes to the high quality of service we provide.”

Cancer Screening Access Coordinators

“Having access to past colonoscopy procedures helps us to plan care such as determining whether participants should proceed for colonoscopy booking now or if a referral to the Endoscopist is required to make that decision. We would never be able to complete telephone assessments with any degree of certainty if we did not have access to EHR.”

NANB ELECTIONS 2020

Region 1 Votes! Meet Your Candidates

VOTING BEGINS
Wednesday, April 15
at 9:00 am

VOTING ENDS
Thursday, April 30
at 5:00 pm



Gale Allen
Region 1 Candidate



Julie Boudreau
Region 1 Candidate



Joseph Gallant
Region 1 Candidate

Your Vote Helps Determine Nurses Voice!

Members in Region 1 (Moncton) will be able to cast their vote for Regional Director. Region 3 (York Sunbury) has been acclaimed.

Voting takes two (2) minutes and is completely confidential! The process is easier than before, all you need to vote is your NANB registration number (6-digit # beginning with 0): www.nanb-aiinb.isivote.com

For voting assistance or more information, contact NANB's Communications Department via nanb@nanb.nb.ca during business hours Monday through Friday 8:30 am to 4:30 pm.



Gale Allen
Region 1 Candidate

R1

Education

- 2007: Bachelor of Nursing, University of New Brunswick
- 1996: Diploma—Miss A. J. MacMaster School of Nursing

Additional Education

- 2020: Completion of two courses towards Nurse Practitioner (Athabasca University)
- 2009, 2014, 2019: Canadian Nurses Association Certification, Emergency Nursing
- 2003, 2008, 2013, 2018: Canadian Nurses Association Certification, Cardiovascular Nursing

Present Position

- Registered Nurse Gastrointestinal Clinic and Emergency Department, Moncton Hospital

Professional Activities

- NBNU Moncton Local, Constitutions and Bylaws Committee
- Treasurer of Parents Committee: 560 Army Cadets, Moncton Division
- Health and Safety Committee
- Grievance Committee

Nominated By

Joan Cormier and Kelly Evers

Reason for Accepting Nomination

It is with great pleasure that I accept my nomination to the position of local Director of the Moncton District for the Nurses Association of New Brunswick. Through our frontline role, nurses offer a unique, expert perspective on every aspect of the health care system. We have a key voice in influencing health policies. Collaboratively, I wish to help continue to lead and influence health policies for the betterment of our patients. Thanks, and good luck to everyone.



Julie Boudreau
Region 1 Candidate

R1

Education

- 2012: Post-graduate Degree, Nurse Practitioner (adult stream), University of Calgary
- 2012: Masters of Nursing, University of Calgary
- 2007: Baccalaureate of Science in Nursing, University of Moncton

Additional Education

- 2010 to present: Certification in nephrology, Canadian Nurses Association (CNA)
- 2018: Certification as nurse educator (CCNE), Canadian Association of Schools of Nursing (CASN)

Present Position

- August 2012 to present: Clinical Instructor, École de science infirmière (ÉSI)—UdeM, Moncton Campus

Professional Activities

- November 2015 to present: ÉSI Board Committee
- April 2013 to present: Student preparatory committee for the nursing registration exam
- April 2019–April 2020: Mentor in the certification program, Canadian Nurses Association (CNA).
- October 2012–October 2021: Participating in continuing education activities and professional development activities, Canadian Association of Nephrology Nurses and Technologies (CANNT)
- May 2019–May 2020: Participating in continuing education activities and professional development activities, Canadian Association of Schools of Nursing—Atlantic Region (CASN-AR)

- September 2016–June 2020: active member, Complaints Committee, Nurses Association of New Brunswick (NANB).

Nominated By

Anik Dubé and Suzanne Harrison

Reason for Accepting Nomination

I submit my candidacy for the position of Region 1 Director for the 2020 NANB Board of Directors Elections because I think it would be a very rewarding learning experience at a professional and personal level. Furthermore, my work experience would allow me to properly represent the nurses of my region and bring their needs and concerns to the table. I would like to be able to take on those responsibilities and serve my community.



Joseph Gallant
Region 1 Candidate

Education

- 2009: Bachelor of Science in Nursing, University of Prince Edward Island

Additional Education

- 2020: Moving Business Forward Workshop Series
- 2020: Evaluating Refugee Programs Workshop
- 2019: Root Cause Analysis Workshop
- 2018: Community Development for Practitioners
- 2017: Foundational Community Building
- 2016: LEADS in a Caring Environment Workshops, Horizon Health Network
- 2015: CNA Certification in Community Health Nursing
- 2013: Nursing Clinical Leadership Program, Horizon Health Network

Present Position

- 2019-present- Primary Health Care Manager, Moncton, Petitcodiac and Salisbury, Horizon Health Network

Professional Activities

- January 2020 – Present-BFI Collaboration Zone 1, Member
- May 2019 – Present-Horizon Health Network Moncton Area Joint Occupational Health and Safety Committee

- May 2019 – Present -Horizon Health Network Moncton Area NP Network, Member
- May 2019 – Present -Petitcodiac, Salisbury and Area Community Advisory Committee, Member
- May 2019 – Present -YOU Turns, Member
- 2018 – Present -Riverview & Coverdale Area Community Health Needs Assessment Community Advisory Committee, Member
- 2018 – 2019-NANB Policy Advisory Working Group, Member
- 2018 – 2019-Horizon Health Network Regional Point of Care Committee
- 2017 – Present -Albert County Area Safe Affordable Housing Committee
- 2017 – 2019-Canadian Vascular Access Association, Member
- 2016 – 2019-Horizon Health Network Nursing Standards and Policy Committee, Member
- 2015 – Present-Community Health Nurses of Canada, Member
- 2015 – 2019-Albert County Area Community Health Needs Assessment Community Advisory Committee, Member
- 2014 – 2019-Horizon Health Network Regional Clinical Documentation Committee, Member
- 2014 – 2018-Horizon Health Network Primary Health Care Clinical Documentation Committee, Chair

- 2014 – Present -Connecting Albert County Board of Directors, President
- 2013 – Present-Horizon Health Network Primary Health Care Nursing Standards and Policy Committee, Chair
- 2013 – 2019-Westmorland-Albert Action Board of Directors, Vice-President
- 2012 – 2019- Horizon Health Network Regional Immunization Quality Improvement Committee, Member
- 2012 – 2019-Horizon Health Network Community Developers Network, Member

Nominated By

Earlyne Weaver and Megan Thorne

Reason for Accepting Nomination

It is an honour to be nominated to serve as the Director for Region 1 on the NANB Board of Directors for a second term. I am passionate about nursing practice and advancing the roles of RNs and NPs. I believe that my experience working with policy and supporting nursing practice in the health system, as well as my recent experience on the NANB Board of Directors will enable me to continue NANB's work in regulating the profession in the interest of the public.



Nathaniel Wickett
Region 3 Candidate (Acclaimed)

R3

Education

- 2002: Bachelor of Nursing, University of New Brunswick

Additional Education

- 2016: Master of Health Studies, Athabasca University
- 2016: LEADS, Horizon Health Network
- 2013: Lean Six Sigma Black Belt, Government of New Brunswick

Present Position

- Administrative Director Family Medicine Fredericton Area

Professional Activities

- 2018-Present-NANB Region 3 Board Member

- 2016-2018: NANB Discipline Committee
- 2011, 2013: Camp Rotary Nurse
- 2007: Medical Mission to Sierra Leone Team Member
- 2006: Professional Advisory Committee
- 2005-2007: Nursing Council Clinical Representative
- 2011: DECH Medical Staff Award
- 2006: Nursing Excellence Award
- 2002: UNB Nursing President's Award

Reason for Accepting Nomination

Public opinion continues to indicate that nurses are one of the most trusted groups of professionals. My first term allowed me to develop a better understanding of NANB, and the important role board members play in maintaining public safety and the high public perception of nursing as a profession. Offering a second term would allow me to apply the knowledge gained to date and bring continuity to open files which are moving the association and profession forward. If re-elected I hope to help the association embrace innovation and build member engagement. Promotion of the role and use of nurse practitioners to support access to healthcare for New Brunswick residents is one of my top priorities.

Nominated By

Natalie King and Jacqueline Gordon

NANB Proxy Voting Form

(please print)

I, _____, a practising nurse member of the Nurses Association of New Brunswick, hereby appoint _____, registration number _____, as my proxy to act and vote on my behalf, at the annual meeting of the Nurses Association of New Brunswick to be held (TBA), 2020 and any adjournment thereof.

Signed this day _____ of _____ 2020.
Registration number _____

Signature _____

Original signed proxy forms must be received before (TBA), 2020 at 1300 hrs.
Forms sent by email or fax will be accepted.

NANB
165 Regent Street
Fredericton NB E3B 7B4
E-mail: nanb@nanb.nb.ca
Fax : 506-459-2838



Nurses Association
OF NEW BRUNSWICK

Association des infirmières et infirmiers
DU NOUVEAU-BRUNSWICK

PROXY VOTING

Anyone who does not plan to attend the 2020 annual meeting can make their views known through a process called proxy voting. Simply put, it is a way of voting at annual meetings by authorizing another person to vote on your behalf. Please read the following information carefully to make sure that your opinions are counted.

What is a proxy?

A proxy is a written statement authorizing a person to vote on behalf of another person at a meeting. NANB By-law 12.07 states that practising members can vote on resolutions either in person or by proxy at the annual meeting on **(TBA), 2020** in Fredericton.

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

What You Need to Know Before You Authorize Someone to Vote on Your Behalf

Before filling out a proxy to authorize another member to vote for you, you should: (a) know the person you are authorizing to cast your vote, (b) share your instructions on how you wish that person to vote for you, (c) keep in mind that discussions may occur at the meeting that could shed a different light on an issue (so discuss the flexibility of your vote with the person you authorize to vote for you), (d) fill out the proxy form accurately (the blank form may be reproduced if necessary), and (e) send the form to the NANB office.

Information for Nurses Who Carry Proxies at the Meeting

If you are carrying a proxy/proxies for other practicing members, keep in mind that:

- Only practising members of NANB may carry proxies for other members.



- You may bring a maximum of four proxies to the annual meeting.
- You should know the person(s) whose votes you carry and discuss with them how they want to vote on issues.
- At the annual meeting, pick up your proxy votes at Registration.
- Sign your name on the proxy card.
- Proxy votes are non-transferable. They cannot be given to someone else in attendance at the meeting.
- During the meeting, participate in discussions. If information is presented that could change the opinion of nurses whose votes you carry, you may either get in touch with them, vote according to your own opinion (if authorized by the member whose vote you carry) or withhold your proxy vote.
- Always carry your proxies with you. If they are lost, you may not be able to retrieve them to vote.

Validity of Proxy Forms

In order for a proxy form to be valid and effective, it must be filled out completely. Both the person completing the proxy and the person authorized to carry the proxy must be practising members of NANB, and the registration numbers of both parties must be included on the form. Forms must be signed by the person completing the proxy.

All proxy forms must be received at the office by or before **(TBA), 2020 at 1:00pm Atlantic time**. If more than four proxies are received for one proxy holder, only the first four forms that are received will be valid. Incomplete and/or late proxy forms will not be accepted.

Clarification

Anyone wishing clarification on proxy voting is welcome to call the Association at (506)458-8731 or toll free 1 800 442-4417 ext. 851. ■



Continuing Competence Program



By KATE SHEPPARD

The regulator protects the public by ensuring that their members are safe, competent and ethical in their practice. How does the regulator do this? One method is to require that all members engage in a CCP. CCP may be called something different, for example a quality assurance program, but a similar program exists for nurses in every Canadian jurisdiction. CCP is not new, it has been a registration requirement in New Brunswick since 2008. Can public safety be ensured through a required continuing competence program? No, if this was the case no one would be engaged in the professional conduct review process. However, CCP frameworks are the best tool available to provide assurance to the regulator and the public that the nurse is competent.

In light of the importance of CCP, NANB, with the help of an advisory committee, reviewed the existing program and made some changes. The revised 2021 NANB CCP has four steps:

- self-assessment;
- learning plan;
- mandatory learning module; and
- record of learning activities.

The self-assessment step is the same as in previous years and is based on the NANB standards of practice for RNs or NPs. Standards are broad based statements that serve to identify the level of professional practice expected of all RNs/NPs and as a benchmark against which performance can be measured (NANB, 2019). The learning plan also remained the same and involves identifying your learning goals based on selected indicators and developing and evaluating the impact of learning activities on your practice (see Learning Activities for a list of potential activities).

The next two steps are new. Completion of a mandatory learning module has been added. This is intended to ensure that all nurses

Your Continuing Competence Program

CCP is based on the principle that lifelong learning is essential to continuing competence. Nurses in every practice setting demonstrate their commitment to continually improving their nursing practice by engaging in self-reflection and by setting and achieving learning goals. College of Nurses of Ontario

CCP Facts

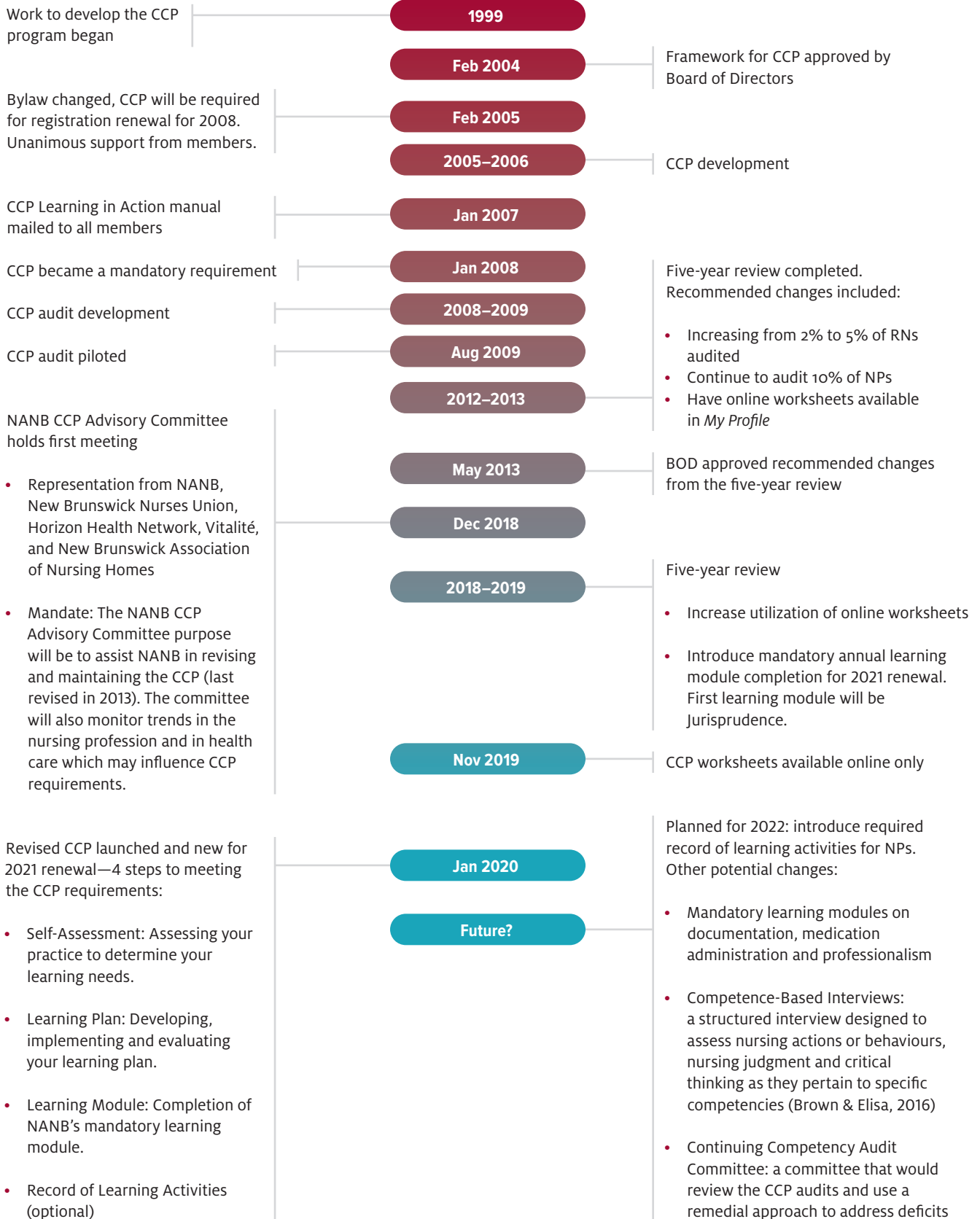
<p>All Canadian nursing regulators have a CCP type program which includes a self-assessment against their standards of practice and development of a learning plan.</p>	<p>Most regulated health professionals in Canada have a CCP (e.g. licensed practical nurses, pharmacists, respiratory therapists, physicians).</p>
<p>Some jurisdictions (for example, Newfoundland and Quebec) have annual mandatory learning hours.</p>	<p>All Canadian nursing regulators have an annual CCP auditing process.</p>
<p>There are several continuing competence tools such as: education credits, exams, portfolios, multi-feedback, competence-based interviews. The best CCP approach is multifaceted using different tools (Brown & Elisa, 2016).</p>	<p>A CCP cannot guarantee public protection or that all nurses are safe to practice in every circumstance. It does assure the public that all nurses participate in a continuing competence program in efforts to mitigate the potential risk to public safety that is presented by nurses who do not continue to be competent throughout their careers (Veron, Chiarella, Papps & Lark, 2018).</p>

Learning Activities May Include...

Wondering if an activity qualifies? Ask us.

- Attending NANB Board of Directors meeting as an observer
- Attending workshops, seminars and conferences
- Attending In-services and rounds
- Attending workplace presentations
- Participation in specialty practice groups
- Achieving or maintaining CNA specialty certification
- Taking college or university courses
- Independent internet research
- Reviewing policies, standards of practice & practice guidelines
- Reading texts, journal articles, or participating in journal clubs
- Webinars (see NANB's available webinars)
- Self-directed learning modules (see NANB's Professional Development section)
- Consulting with practice experts
- Seeking peer feedback
- Shadowing an expert nurse
- Precepting a student
- Mentoring a peer
- Join a professional committee (CNA Committee, Professional Practice Councils, NANB Committees)
- Employer provided education (Employer Orientation Programs, ACLS, Safety Education, etc.)
- Conducting research, publishing an article in a professional journal
- Giving a presentation or lecture
- Developing and/or implementing best practice guidelines
- Being a champion for a change project
- Volunteer activities (presentations on health-related topics outside employment such as to seniors groups on medication use; cancer screening, organizing health promotion activities)

CCP



receive information on legislation, regulation, standards or guidelines that affect their practice. The first learning module is Jurisprudence (see “What is Jurisprudence?” for more information). The final step is a record of learning activities. To support keeping record of your activities you can now do this online through your “My Profile”. This step can be compared to a “portfolio” to record professional learning activities. Portfolios are a common tool used in continuing competence frameworks (Brown & Elias, 2016). NANB doesn’t require proof that you’ve completed a learning activity, but we do encourage you to record completed learning activities. Activities can be either formal or informal and related or unrelated to your learning plan, this

step is currently optional.

The NANB CCP is available online in your “My Profile”. For information, helpful tips, and example CCP worksheets please visit the NANB website. Having an effective CCP program will require on-going review and adjustment. We appreciate your patience and your input as NANB continues this work. If you have any questions or suggestions, please contact us. We will keep you posted on changes and implementation dates.

Reference

Brown, S., & Elias, D. (2016). Creating a comprehensive, robust continuing competence program in Manitoba. *Journal of Nursing Regulation*, 7(2), 1-11.

What is Jurisprudence?

Jurisprudence is a legal term that refers to “wisdom of the law”. For our purpose, jurisprudence is about ensuring that you are aware of legislation, regulations standards and guidelines that affect your nursing practice. Still have questions? Visit the NANB webpage to read the Jurisprudence FAQs.

CCP Audit Results

By CAROLYN LORDON

Under NANB’s By-laws, the CCP program must include an audit process. The purpose of the audit is to ensure that members comply with the CCP requirements.

Each year, NANB randomly selects 5% of registered nurses and 10% of nurse practitioners for the CCP Audit. These members are required to complete a questionnaire which asks members to provide information about their CCP submission from the previous year, including:

- What activities they have implemented during the past year,
- How those activities relate to their self-assessment, and
- how the learning activities informed and influenced their professional practice.

In August of 2019, 410 members were randomly selected to participate in the CCP Audit. These members were required to respond to the CCP audit questionnaire before they could complete their annual renewal for 2020.

In addition to ensuring that members have completed their CCP requirements, the audit process provided valuable information to help improve the CCP process. For example, many members appeared to be unclear about the expectation that the CCP should be an ongoing process, where members assess their learning needs, create and implement a learning plan to address those needs, and then assess the impact of the learning on their practice. In addition, the learning plans submit-

ted by some members were not clearly related to their self assessment or their current practice.

This information will be used to improve NANB’s communications and resources related to the CCP. In addition to updating the information on our website, and *Info Nursing*/bulletins, NANB has developed educational posters which will be distributed to major employers of RNs in New Brunswick.

With the introduction of the new online CPP form, the audit process will also be revised to eliminate the need for members to submit a questionnaire. Moving forward, NANB will review the members’ CCP submissions directly as they have been submitted online.

	RN	NP	TOTAL
Members randomly selected	397	13	410
Exempted—member did not renew	8	0	8
Exempted—other reasons (e.g. illness or recent participation in the audit)	13	0	13
Total members participating in Audit	376	13	389

MY ROLE AS AN RN



Understanding and Communicating My Role as a Registered Nurse

By SUSANNE PRIEST

FROM RESEARCH DISCOVERIES OF DISEASES AND DRUGS, TO THE TECHNOLOGICAL ADVANCES IN EQUIPMENT AND DOCUMENTATION SYSTEMS, TO CHANGING GOVERNMENT LEGISLATION AND EMPLOYER POLICIES—THE ROLE OF THE REGISTERED NURSE (RN) IS IN A STATE OF CHANGE. HOWEVER, SINCE FLORENCE NIGHTINGALE, ONE FACT REMAINS CONSTANT: RNS ARE TRUSTED, KNOWLEDGEABLE AND ETHICAL CAREGIVERS.

With the shrinking numbers of RNs in New Brunswick and the increase in the number of other nursing care providers (both regulated and unregulated), nursing activities that were once done solely by RNs are now being done by other nursing care team members. This may be perceived by some as role evolution and by others as a role identity crisis. Regardless of how it is perceived, RNs have an integral and valued role in the health care system. RNs carry out many activities such as: creating nursing knowledge, directing plans of care, determining and assigning the best nursing care provider to meet client needs, facilitating communication between healthcare providers, and transferring or coordinating client-care (Allen, 2015).

Creating Nursing Knowledge

Nursing care has always included activities that do not require direct client contact. Research reveals that up to 70% of what RNs do, is considered 'organizing work'—invisible work that is behind the scenes, but that requires critical thinking and professional skills (Allen, 2015). Decisions regarding the client's care are often made from the information and knowledge that the RN generated. RNs use critical inquiry to assess, plan, intervene and evaluate client care and related services (see the *Standards of Practice for RNs*, indicator 2.1).

Knowledge is generated and questions are answered through collaborative discussions and nursing interventions such as: nursing assessments; scanning medical records and

lab results; medication reconciliation; critically thinking about the evidence; and capturing all of this in documentation. For example, an RN must decide what information is pertinent, what information to communicate with others and how to react to changing client health conditions, while prioritizing each known situation and the required interventions.

Directing Plans of Care

The creation and modification of individual plans of care for clients is a key aspect of RN care. Please review the document *Care Planning: An Essential Element of RN Practice* (NANB, 2020) for more information and considerations regarding care plans. Care planning supports the delivery of healthcare and involves developing the care plan, care coordination, and evaluation of client responses to healthcare interventions. The RN also engages in interprofessional, intraprofessional and intersectoral collaboration to promote comprehensive client care (see the *Standards of Practice for RNs*, indicator 3.7).

Determining and Assigning the Best Nursing Care Provider to Client Needs

Allen (2015) wrote that the holy grail of healthcare is ensuring the right person is providing care to the right client at the right time and in a time effective and cost sensitive manner. RNs evaluate unit processes and care delivery practices to ensure the best use of human resources for positive client outcomes (see the *Standards of Practice for RNs*, indicator 4.2). Assessment must always come before the assignment. The RN is responsible for knowing the status of the clients and the scopes of practice of the nursing care providers, when creating a shift assignment (see the *Standards of Practice for RNs*, indicator 2.7) and to work collaboratively with the healthcare team (see the *Standards of Practice for RNs*, indicator 4.7).

The NANB and the Association of New Brunswick Licensed Practical Nurses have developed joint documents

to support RNs and licensed practical nurses (LPNs) to work collaboratively in providing nursing care. *Practice Guideline: A Collaborative Approach to Assigning, Delegating and Teaching in Health Care* (2019) and *Guidelines for Intraprofessional Collaboration: Registered Nurses and Licensed Practical Nurses Working Together* (2015) outline important concepts for the RN to consider when creating and modifying the nursing shift assignment, based on the following elements:

- the scope of practice and job description of the healthcare provider;
- the employer's policies;
- the individual healthcare provider's competency level;
- the client's condition (predictability, risk for negative outcome and complexity); and
- the practice environment.

Facilitating Communication Between Healthcare Providers

RNs facilitate communication between healthcare providers. This may include activities such as: attending rounds, facilitating client-family meetings, formulating and modifying a plan of care, making or modifying the nursing assignment and supervising the nursing care team. The RN coordinates resources within their control and communicates effectively with other team members to achieve safe, competent, compassionate and ethical care (see *Standards of Practice for RNs*, indicators 4.2 and 4.3).

Transferring Care

From admission through to discharge and beyond, clients will receive care from multiple healthcare professionals. While the coordination of care provision is a shared responsibility, RNs are often responsible of care coordination

for a transfer into or out of a unit/facility. Discussion with other healthcare providers, including within the nursing care team, is another aspect of RN role. This is sometimes referred to as 'patient handover' and this can occur at change of shift, or when transferring a client from one unit to another. It can also be considered 'discharge planning', if the client is going home. For more information on handover see Fact Sheet: Handover of Care.

RNs must look backwards to summarize the care that was provided; must look to the present to see what are the current care needs; and must look forward in collaboration with the client, to plan what healthcare services are required or anticipated for optimal health (Allen, 2015) (see *Standards of Practice for RNs*, indicator 3.6). These activities require knowledge of the determinants of health, the available resources and the ability to coordinate effectively.

Articulating the Importance of the RN Role

RNs make important contributions to client care and the healthcare system. RNs must understand and communicate their role to healthcare colleagues, clients and the public (see *Standards of Practice for RNs*, indicator 4.8). Being prepared to articulate the role of the RN will educate key decision makers, other health members of the healthcare team and the public regarding the role and the impact RNs have in healthcare.

The *Nurses Act* (2002) describes nursing as: "...the practice of nursing and includes the nursing assessment and treatment of human responses to actual or potential health problems and the nursing supervision thereof" (p. 3). The perceived negative is that there are no lists or concise parameters in which an RN can say this is where my scope of practice and nursing role, starts and stops. This is a broad definition with key elements such as: assessment, treatment, and supervision. From this

¹ Scope of practice describes the actions and processes that a healthcare professional is authorized, educated and competent to perform, while he/she practises within legislation, regulatory standards and employer policies

² Determinants of health: The health of individuals is determined by a person's social and economic factors, the physical environment, and the person's individual characteristics and behaviour. The determinants are income and social status; social support networks; education and literacy; employment/working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; biology and genetic endowment; health services; gender; and culture (PHAC, 2018).

Note: In October 2019, the NANB Board of Directors approved a Rule change to refer to the Review Committee as the Fitness to Practice Committee, in order to better reflect the role of the Committee and to improve clarity on the Committee's mandate.

PRACTICING REGISTRATION SUSPENDED AND CONDITIONS IMPOSED

In a decision dated September 9, 2019, the NANB Fitness to Practice (Review) Committee found that Lise St-Coeur (former name LeBreton) registration number 028600, demonstrated incompetence, a lack of judgement, conduct demonstrating that she was incapable of practicing nursing and conduct showing a disregard for the welfare of patients. The Committee ordered the suspension of the member's practicing registration, and that she be eligible for a non-practicing membership for the sole purpose of undertaking a specified list of courses. She shall not be eligible to apply for a conditional registration until the courses are complete and other registration criteria are met. Upon return to the active practice of nursing, her registration shall be subject to conditions.

REGISTRATION SUSPENDED

On September 25, 2019, the NANB Complaints Committee suspended the registration of Sarah MacKenzie Allen, registration number 028633, pending the outcome of a hearing before the Discipline Committee.

SUSPENSION LIFTED AND CONDITIONS IMPOSED

In a decision dated November 29, 2019, the NANB Fitness to Practice (Review)

Committee ordered that the suspension imposed on the registration of Line Landry, registration number 026247, on May 10, 2019 be lifted. The Committee further ordered that certain conditions be continued on the member's registration that were originally imposed by order dated November 8, 2018.

SUSPENSION LIFTED AND CONDITIONS IMPOSED

In a decision dated December 13, 2019, the NANB Discipline Committee accepted the Alternate Complaint Resolution Proposal ("ACRP") submitted by Jasmine Elizabeth Murchison-Perley, registration number 030211. As a result of the admissions made in the ACRP, the Committee found that the member's actions constituted incompetence and a failure to adhere to NANB Standards for Medication Administration and Documentation. The Committee ordered that the suspension imposed on the member's registration by the Complaints Committee in a decision dated May 2, 2019, be lifted and conditions be imposed on the member's registration.

REPRIMAND ISSUED AND CONDITIONS IMPOSED

In a decision dated December 13, 2019, the NANB Discipline Committee accepted the Alternate Complaint Resolution Proposal ("ACRP") submitted by Maryann Elizabeth Stears (former name Anderson), registration number 028375. As a result of the admissions made in the ACRP, the Committee reprimanded the member for her professional misconduct and conduct unbecoming a member of NANB, and ordered that conditions be imposed on the member's registration.

REPRIMAND ISSUED AND CONDITIONS IMPOSED

In a decision dated December 16, 2019, the NANB Discipline Committee accepted the Alternate Complaint Resolution Proposal ("ACRP") submitted by Amie Louise Martinson, registration number 026368. As a result of the admissions made in the ACRP, the Committee reprimanded the member for her professional misconduct, dishonesty and conduct unbecoming a member of NANB, and ordered that conditions be imposed on the member's registration.

REGISTRATION SUSPENDED

On February 26, 2020, the NANB Complaints Committee suspended the registration of Kimberly Ann Lankisch (former name Sampson), registration number 021307, pending the outcome of a hearing before the Fitness to Practice (Review) Committee.

Plan ahead. Register for Supplementary Protection.

As a nurse, you hope to never receive a complaint about your care. When it happens, you can turn to **CNPS**.

NANB members can register for **Supplementary Protection** for a fee of \$85 plus taxes.

This protection generally includes assistance with:

- ✓ Regulatory matters regarding your nursing care (complaints)
- ✓ Disciplinary and fitness-to-practise hearings

Call us: **1-844-4MY-CNPS** (1-844-469-2677)

Visit: **cnps.ca/complaints**

Follow Us:  /CNPS.SPIIC  @CNPS_SPIIC



Boardroom Notes

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of a learning plan, completion of a learning module, and recording learning activities from the past year of practice.

Piloting Nursing Program Approval Processes

NANB is piloting two new program approval processes in 2020; one with the Canadian Association of Schools of Nursing and the UNB baccalaureate program; one with the College of Nurses of Ontario and the UdeM nurse practitioner program.

Nursing Resource Strategy

LPN to RN Bridging

The University of New Brunswick (UNB) has approached NANB for program approval for their LPN to RN bridging program (modelled after the Saint John campus program) and the Université de Moncton (UdeM) has been approved for funding for a bridging program.

Feasibility Study on the Role of RPNs

NANB was approached by the

Registered Psychiatric Nurse Regulators of Canada (RPNRC), and by the nursing regulatory body in Nova Scotia to determine interest in participating in a request for funding proposal that has potential for the conduct of a feasibility study regarding the role of RPNs in both New Brunswick and Nova Scotia. If funded, a provincial committee is required for oversight. NANB has reached out to potential participants for interest and availability. The proposal will be submitted in February and an update will be provided to the Board.

Entry to Practice Examination

The Board of Directors held a confidential session to discuss challenges in achieving an expert independent review of the new (CASN): Canadian Exam for Baccalaureate Nurses. Further work is scheduled on this important file.

My Role as an RN

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definition the RN role is versatile and encompassing, allowing for RNs and the profession of nursing to evolve and not dissolve, in order to meet the changing demands in healthcare.

References

- Allen, D. (2015). Making visible the unseen elements of nursing. *Nursing Times*, 111(46), 17-20.
- Nurses Association of New Brunswick. (2019a). *Standards of Practice for Registered Nurses*. Fredericton: Author.
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**JUNE 16, 2020
(CANCELLED - DATE TBA)**

NANB AGM

- Fredericton, NB

**MAY 25–27, 2020
(POSTPONED)**

CHNC2020: Community Health
Nursing NOW!

- Vancouver, BC

**MAY 26–28, 2020
(CANCELLED)**

Canadian Association of
Orthopaedic Nurses 43rd Annual
National CONA Conference

- Edmonton, AB

JUNE 9, 2020

NANB BoD Meeting

- NANB Headquarters, Fredericton,
NB

JUNE 11–13, 2020

Canadian Hospice Palliative Care
Association: CHPCA's Learning
Institute

- Ottawa, ON

**JUNE 23–24, 2020
(CANCELLED)**

2020 CNA Biennial Convention:
*Take Care of Nurses to Take Charge of
Health*

- Ottawa, ON

AUG 30–SEP 2, 2020

11th International Council of Nurses'
NP/APN Nursing Network
Conference: *Envisioning advanced
nursing practice beyond 2020: Wider
reach, bigger impact*

- Halifax, NS

SEPTEMBER 21, 2020

NANB BoD Meeting

- NANB Headquarters, Fredericton,
NB

OCTOBER 14–16, 2020

13th Annual Nurse Practitioners of
New Brunswick Conference

- Saint John, NB

National Nursing Week May 11–17, 2020

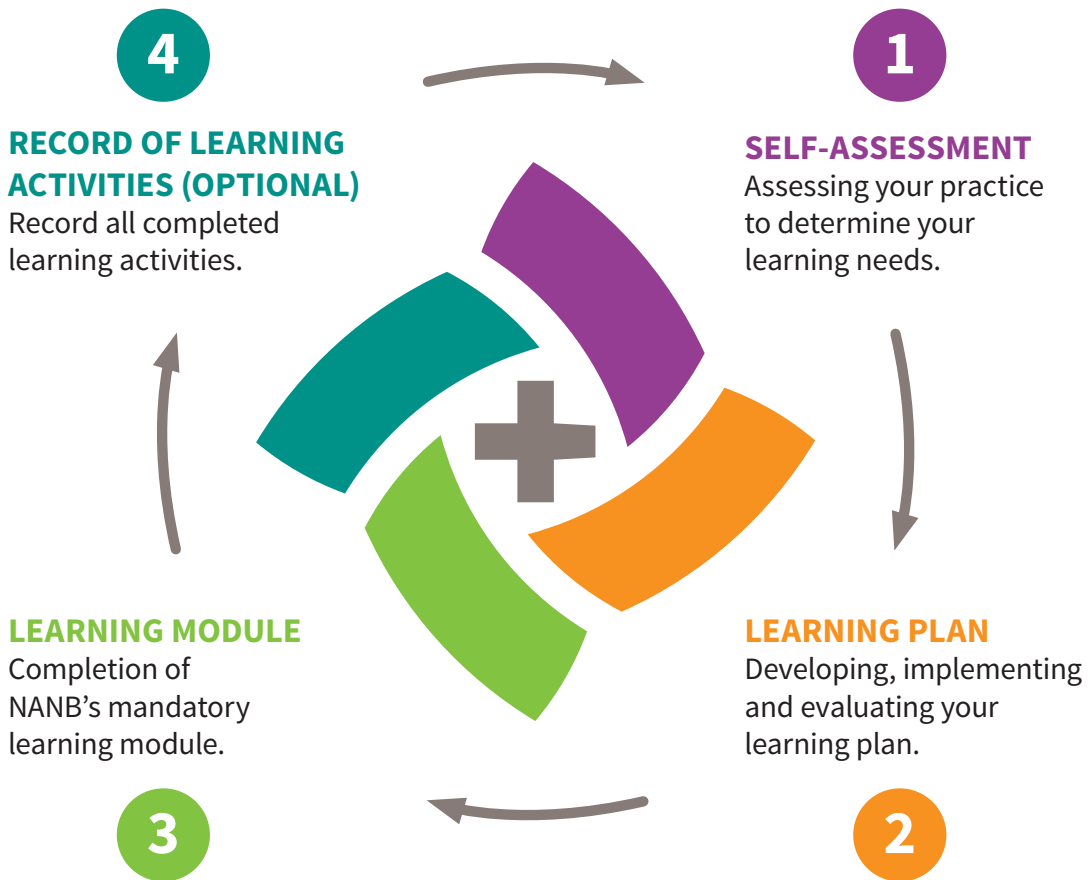
The theme this year is *Nurses: A Voice to
Lead—Nursing the World to Health*.

For more information on this year's theme,
posters and ideas for celebrating, visit
CNA's website at www.cna-aiic.ca.



Continuing Competence Program

THE FOUR STEPS TO MEETING THE CCP REQUIREMENTS:



The CCP is an ongoing process that extends throughout the year. This includes periodic assessment of your practice to ensure that you are meeting your identified learning goals. Outlined below is a suggested timeline to help you with planning your annual CCP activities.

DECEMBER	JUNE
<ul style="list-style-type: none"> • Complete your self-assessment and choose indicators that you would like to focus on in the coming year. • You must choose at least one indicator. 	<ul style="list-style-type: none"> • Revisit and update your learning plan. • Record any completed learning activities. • Remember that your learning goals can change throughout the year.
DECEMBER/JANUARY	OCTOBER
<ul style="list-style-type: none"> • Prepare a learning plan for the coming year. 	<ul style="list-style-type: none"> • Record all completed learning activities. • Evaluate the impact of the learning plan on your practice.
JANUARY	OCTOBER/NOVEMBER
<ul style="list-style-type: none"> • Begin implementing your learning plan by starting those activities that will allow you to meet your learning goals. 	<ul style="list-style-type: none"> • Renew your registration for the coming year. • Begin planning for your continuing competence by preparing to complete a new self- assessment and learning plan.
MARCH	
<ul style="list-style-type: none"> • Revisit and update your learning plan. • Record any completed learning activities. 	

#YoN&M 2020

