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TAKE YOUR SEAT AT THE TABLE

Run for ARNNL Council

Positions:

- President-Elect
- Practice Councillor
- Advanced Practice Councillor

**ARNNL COUNCIL NOMINATION
DEADLINE – FEB. 8**

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ARNNL COUNCIL

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Lynn Power	<i>Executive Director</i>	
Representatives from nursing student societies (observers)		

Advertise in the next issue of ACCESS
Contact Jennifer Barry at jbarry@arnnl.ca or call 709-753-6198

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MESSAGE FROM THE PRESIDENT



Regina Coady, RN, BN, MN
president@arnnl.ca

As we usher in 2016, it's easy to feel a sense of renewal. With both provincial and federal elections this past fall, we now have two new four-year mandates. We encourage you to stay informed and seek ways to have your voice heard through forums such as unit councils, professional practice committees and improvement teams in your workplace and to participate in public forums on health and social issues. Health care funding accounts for almost 38% of program spending in our province; as registered nurses we have great insight and expertise into the most effective use of health care dollars.

The fall of 2015 had great opportunities to engage with registered nurses. A Town Hall Forum was held in St. John's in October with almost all Council members present. While the turnout of RNs and NPs was low, the discussion was rich and varied, covering topics from scope of practice and visibility of nursing, to the role of nursing in the future.

A WIDE RANGE OF TOPICS WERE DISCUSSED, INCLUDING STAFFING, NURSING MODELS OF CARE, FUTURE RETIREMENTS, CHANGING COMMUNITY HEALTH NEEDS, CONTINUING EDUCATION NEEDS AND MANY MORE

November began with myself and Lynn Power, ARNNL Executive Director, taking a fantastic three-day tour through sites in rural areas of Central Health. Brookfield Health Centre and Bonnews Lodge were our first stops, followed by a meeting at Fogo Island Health Centre, then on to Notre Dame Bay Memorial Health Centre in Twillingate and wrapping up the tour in Lewisporte at North Haven Manor. In total we met with approximately 35 registered nurses from all sectors. Again a wide range of topics were discussed, including staffing, nursing models of care, future retirements, changing community health needs, continuing education needs and many more. I would like to take this opportunity to thank everyone who took the time to share their views.

Our new graduates of the BN Collaborative and BN Fast Track Program wrote the new NCLEX-RN® exam in 2015. Council worked with the

Department of Health and Community Services in September to revise regulations to allow graduates who needed to complete a second writing to continue to practice under an interim license.

The October Council meeting was a busy one as always. Highlights included the regulatory responsibility of granting seven-year approval to the BN Collaborative Program, as well as approval of the revised Continuing Competence Program Framework.

Looking forward, it is time to think about nominations for Council vacancies and nominations for Honorary Membership. There are many fantastic nurses across this province and I encourage you to take the time to consider these opportunities to get involved in your Association and recognise your colleagues. 

Regina Coady

FROM THE EXECUTIVE DIRECTOR'S DESK



Lynn Power, RN, MN
lpower@arnnl.ca

NCLEX-RN®: Looking Back, Moving Forward

I approach this column with thoughtful reflection. As you know, last year marked the introduction of the NCLEX-RN® as the entry-to-practice nursing exam required for licensure across Canada. With the launch of anything new, it is always prudent to step back and evaluate.

There has been diverse discussion on the impact of the new exam in the public domain through both the media and amongst the membership. The dialogue generally fell into two themes: the exam results, and the processes used to determine the applicability of the exam in Canada.

Between Jan. 1 and Sept. 30, 2015, ARNNL granted exam eligibility to 225 writers of the NCLEX-RN®. Nursing school graduates and others moving into Canada have the choice to write at any centre in the world authorized to offer the exam; consequently, aggregate data will not necessarily align to the number of graduates from NL schools of nursing or the number of new practicing licenses issued in a year. However, the overall pass rate for all first-time writers from an NL program at the end of the third quarter was 77.6% (excluding internationally-educated nurses and second-time writers). When the results of the first and second-time writers are

combined, 90.5% of the NL graduates granted exam eligibility by ARNNL have passed the exam. This equates to 190 new RNs who are eligible to join the workforce. By comparison, 186 graduates from the class of 2014 were eligible to join the workforce at the same point last year and by year end, 200 were employed in the provincial workforce. Although we will not know the full picture until the end of this year, results in terms of RN supply are on par with last year. Exam results up to the end of the fourth quarter will be available later this month. Full data on the national results which includes a provincial comparison are posted at the Canadian Council of Registered Nurse Regulators' website, www.ccrnr.ca.

With regards to the dialogue around the exam's applicability in Canada, it is important to reflect upon the fundamental connection the exam has to the regulatory process and the rigor that is applied when all regulatory decisions are made. The NCLEX-RN® was chosen by ARNNL Council and every regulator's jurisdictional board across the country (except Quebec) after a review of competencies and practices in the U.S. and Canada. The exam asks about the application of fundamental nursing care not health systems. If you break your arm in Florida, have an allergic reaction in Wyoming, or are seeking information about healthy eating in Washington, nurses draw on the same basic body of knowledge and provide the same fundamental care as you would here in NL. There is a range of information available on the exam and analysis (see p. 26 for an excerpt from the 2015 fact sheet, *NCLEX-RN: One Step in Ensuring Safe Care*). An entry-to-practice exam is an integral regulatory component that is required in

legislation. The research was done and is available for you to review.

The attention the exam has received, and the dialogue that has ensued, is important, as I firmly believe we all learn from such discussions. However, I do ponder the potential impact of some of the current discourse on the public's overall perception of our profession. As stakeholders, we have confidence in the strength of our graduates and our schools of nursing. ARNNL is committed to working with all stakeholders to ensure the success of nursing students, schools and employers. I therefore encourage the dialogue to move forward with a focus on how all stakeholders can contribute effectively to ensuring we continue to have safe, competent and professional RNs. The *Standards of Practice for Registered Nurses* (2013) prompt us to evaluate the evidence; use critical inquiry; and participate in endeavours that inform and advance the profession. The value of espousing this approach goes beyond client care, extending to how we approach policy, research and education - all domains of practice. Thus, I encourage everyone to get fully informed about the NCLEX-RN®. A licensure exam is one of the final regulatory means of validating that a graduate can apply the knowledge and skills they obtained before being granted a license to practice – the privilege to practice. This is what public protection means, what is required in all regulatory processes and, therefore, what ARNNL is entrusted to do in provincial legislation through the *Registered Nurses Act*.

All stakeholders learned a great deal during the transition to the NCLEX-RN® exam. As a profession, the greatest value now lies in a collaborative evidence-based plan that takes us forward.



ARNNL COUNCIL MATTERS

Call for Nominations for ARNNL Council

Would you like to contribute to the decisions that govern your professional association and learn more about our regulatory and policy roles? Run for a position on Council, or nominate an RN you feel has the potential to make a valuable contribution to the profession.

Available positions in 2016:

- President-Elect
- Practice Councillor
- Advanced Practice Councillor

To be a candidate for election you must:

- Hold an ARNNL practicing license in good standing.
- Be interested in advancing the professional standards of nursing.
- Be willing to serve a three-year term (2016-19). NOTE: The President-Elect will serve a two-year term (2016-18), followed by a two-year term as President (2018-20).

A detailed Call for Nominations and criteria, along with nomination forms, may be obtained at www.arnnl.ca or by contacting Christine Fitzgerald at (709) 753-6183 or cfitzgerald@arnnl.ca. Deadline for receipt of nominations: **4:30 p.m., Feb. 8, 2016**.

Call for Resolutions to ARNNL's 62nd Annual Meeting

Deadline for submission of resolutions: **March 7, 2016**. See p.19 for more information on the value of submitting resolutions.

Nursing Programs Receive Council Approval

ARNNL approval has been granted for seven years to the BN (Collaborative) Program offered at Memorial University School of Nursing, Centre for Nursing Studies and Western Regional School of Nursing; the BN Fast Track Option and the BN LPN Bridging Option. In addition, the BN (Collaborative) Program received a seven-year accreditation from the Canadian Association of Schools of Nursing in June 2015. These achievements are indicators of the quality of our schools of nursing. Congratulations to all.

Honorary Membership: Call for Nominations

Honorary Membership, which has been conferred to 51 nurses since 1954, is bestowed upon individuals who have helped advance the nursing profession and improve the quality of care provided to the people of the province. In June, in conjunction with ARNNL's Awards for Excellence in Nursing, ARNNL will bestow its Honorary Membership(s). Nominees may be members of the nursing profession or the public. Posthumous nominations are welcome. Visit www.arnnl.ca/honorary-membership for more information. Nomination Deadline: Feb. 28, 2016.

President's Tour in Central Region



In November, ARNNL President Regina Coady and ARNNL Executive Director Lynn Power met with RNs in the communities of Brookfield, Fogo Island, Twillingate and Lewisporte as part of ARNNL's President's Tour. Thanks to everyone who took the time to share their views.

Council and Member Dialogue at President's Town Hall

On Oct. 21, ARNNL President Regina Coady and ARNNL Council met with members at the Health Sciences Centre in St. John's. Members shared their thoughts on where the nursing profession should be directing its attention in the future. Council appreciated the opportunity for an informal and candid discussion. Would you like an ARNNL Town Hall in your region? Let us know by emailing jwells@arnnl.ca. Your input is important!

Special Meeting Requires a Special Thank You to Members

ARNNL held a special meeting of the membership on Oct. 22, 2015. Members were invited to attend the teleconference meeting via email in early October to appoint Auditors for the years ending March 31st, 2016, 2017 and 2018. KPMG LLP was appointed. This resolution is typically made at the time of ARNNL's Annual General Meeting. In accordance with *ARNNL Bylaws* (2015), a special meeting may be called by ARNNL Council in circumstances whereby direction from members is required to facilitate Association business in a timely manner. Over 30 members participated in the meeting and took advantage of the opportunity to engage in and impact the work of the Association. Thank you for taking part.

Mark Your
Calendars!

Join us in Corner Brook for ARNNL's 62nd Annual General Meeting in June. See inside back cover for more details.

Attend an ARNNL Council meeting. The next in-house Council meeting takes place Feb. 18-19, 2016 at ARNNL House in St. John's. Contact Christine Fitzgerald at (709) 753-6183 or cfitzgerald@arnnl.ca for details.

*More details about ARNNL Council, as well as ARNNL news and events, are available in *UPDATE*, ARNNL's e-newsletter. Email jlynch@arnnl.ca to subscribe today!

REGISTRATION UPDATE

Renewal 2016-17: What's New and What You Need to Know

By: Bradley Walsh, RN, MN, Regulatory Officer

Launch Date

ARNNL licensure renewal will open the week of January 11-15, 2016. Members will receive an email confirming the date the renewal website is open. Ensure your email address on file with ARNNL is up-to-date. Reminder emails will be sent throughout the renewal period to members who have not finalized their renewal application.

Administrative Deadline

All members seeking to renew a practicing license for 2016-17 **must** submit their licensure renewal applications to ARNNL by **March 1**. The practicing license expiry date of March 31 remains unchanged. Members renewing a practicing license who fail to submit their application by March 1 will automatically be subject to a late fee (\$50 plus HST). The March 1 deadline does not apply to members renewing a non-practicing membership.

Licensure Fees: RN, NP & Non-Practicing

In 2015, the provincial government proposed a HST increase scheduled to take effect on Jan. 1, 2016. At press time, the increase of HST from 13% to 15% had not been confirmed. Please visit www.arnnl.ca to see current licensure, membership and ARNNL service fees.

New Features to MyARNNL for 2016-17 Renewal

- Members will have the ability to create their own password. Passwords must meet industry standard conditions to be accepted.
- Nurse Practitioners will have the ability to edit NP employment and declaration information during the licensure year through the 'Edit Your ARNNL Profile' feature.

CNPS Process

- On Sept. 17, 2015, ARNNL notified all members via email of a change in process for accessing professional liability protection. When you complete your practicing RN or NP application for 2016-17, you will be automatically redirected to the Canadian Nurses Protective Society (CNPS) website to submit and make direct payment for professional liability protection. For this year only, if ARNNL has received the full licensure fee from your employer payroll deduction program, you will not be required to make payment directly to CNPS. However, if ARNNL has not received your licensure renewal fee from your employer, you will be required to complete two separate payment transactions (ARNNL and CNPS).
- Upon completion of the CNPS registration and payment process, all members will be automatically directed back to the MyARNNL website to finalize the licensure renewal process.
- See the ARNNL event calendar for information on upcoming education sessions with CNPS.

Practice Hours Submission

- ARNNL receives electronic hours submissions from the four Regional Health Authorities, Canadian Blood Services, Fonemed, NLCHI and Presentation Convent. Members employed with other employers and

self-employed nurses must provide official documentation to ARNNL confirming the number of practice hours during the April 1, 2015 - March 31, 2016 licensure year. Failure to ensure your practice hours are up-to-date may result in delays in renewing your license.

Electronic Receipt

- Income tax receipts will be sent electronically to the email address on file with ARNNL. Members can retrieve current and previous licensure year receipts through MyARNNL.

Important Reminders:

- If you were registered/licensed (*permitted to practice nursing*) in another province, territory or country within the last 12 months, you will be required to provide a verification of registration to ARNNL. Your practicing license **will not** be processed until the verification is received by ARNNL.
- If you do not plan to renew your license or membership for 2016-17, you should resign as a member in good standing. Members can complete this process at MyARNNL by completing the 'Resign your current ARNNL Membership' declaration.
- If you answer "no" to the question on completion of Continuing Competence Program (CCP) requirements, ARNNL will hold the processing of your practicing license until the end of March. You must send electronic confirmation of CCP completion before March 30. If confirmation of completion is not received, ARNNL will issue a 90-day conditional license.
- Under the *RN Regulations (2013)* all members must notify ARNNL within 30 days of a change in name, address or employment information.

INTERIM LICENSE CONSULTATIONS

Seeking Feedback on Potential Conditions and Restrictions for Graduate Nurse Practice

By: Julie Wells, BSc, MSc, Research & Policy Officer

Graduate nurses (GN) are new graduates or internationally-educated nurses (IENs) who have met the education requirements for registration but have not yet passed the national exam (NCLEX-RN®). The level of knowledge and skill GNs acquire through their education programs enable them to meet entry-level competencies. As such, GNs are eligible to obtain an interim license so that they can begin to practice while waiting to write the exam. If the GN passes the exam, they can apply for a practicing license. If the GN fails the exam, their initial interim license is revoked and they must stop working. Until recently, GNs in this situation could not return to practice until they had passed the exam. On Aug. 31, 2015, ARNNL Council approved amendments to the *Registered Nurses Regulations (2013)* to provide a further interim license (“Interim License-II”, “IL-II”) for GNs who fail their first writing of the exam. These amendments were approved by the Minister of Health and Community Services and enacted on Sept. 9, 2015.

GNs who fail their first writing of the exam can now apply for an IL-II. Once the application is approved by ARNNL, the GN is authorized to continue nursing employment for a specified period until his/her next writing of the exam. GNs practicing on IL-II licenses are subject to specific conditions and restrictions approved by Council. For example, they cannot practice without the supervision of an RN, they cannot practice outside their area of initial orientation or change employers, and they must successfully complete any remedial courses as required by their employer. While these restrictions are consistent with those in place in other jurisdictions, they were approved by Council with limited consultation because of time restraints associated with the amendments to the *RN Regulations*.

Consequently, in the coming months, Council will be revisiting the issue of conditions and restrictions on the practice of GNs. In addition to those currently in place on the IL-II, Council will be considering whether any conditions or restrictions should be considered for all GNs. Before any decisions are made, it is important to understand the potential impact of any such changes. ARNNL is inviting members to complete a survey to provide feedback on the conditions or restrictions that are utilized in various areas across the country. The survey link is included below and is also available on the homepage of the ARNNL website.

There are additional resources available on the ARNNL website that may be useful for those interested in completing the survey and learning more about this type of license.

- An education session with managers, professional practice and clinical educators was held on Nov. 18 to review the registration process for graduate nurses and highlight the potential conditions/restrictions. This session was recorded and is available for review at: www.arnnl.ca/education-session-interim-license-consultation.
- Fact Sheets on Provisional Registration, NCLEX-RN®, and Interim Licensure are available online in the ARNNL Document Library (www.arnnl.ca/document-library).

Here is the link to the survey: www.surveymonkey.com/r/InterimLicenseConsultation.

The deadline to respond is Jan. 29, 2016. We look forward to hearing from you.

CCP UPDATE

By: Staff Advisory Committee on Continuing Competence



Become Engaged With ARNNL Call for Continuing Competence Program (CCP) Auditors for 2016

ARNNL is seeking RNs and NPs in good standing interested in being CCP auditors for the 2016 audit. Auditors will review CCP documents submitted from members.

Criteria: Auditors must be licensed RNs/NPs whose licenses are not under review/investigation or subject to an allegation. If you were an auditor last year and you wish to participate in the 2016 audit, you will need to resubmit your application.

Time Commitment: Auditors will be required to attend one full day at ARNNL House in late May 2016 to review CCP documents.

How to Apply: Send one to two paragraphs explaining why you are interested in being a CCP auditor to registration@arnnl.ca. Deadline to apply is March 1. If you have any questions, please contact Michelle Carpenter, Nursing Consultant at mcarpenter@arnnl.ca.

Information on the Upcoming Continuing Competency Program 2016 Audit

- A total of 200 practicing members (RNs and NPs) will be randomly selected to participate in the audit process.
- A registered letter will be sent to the selected members in April 2016 indicating they are required to submit CCP documentation for the 2015-16 licensure year (Professional Development Learning Plan, Professional Development Evaluation Form and evidence for verification of formal learning hours, e.g., CCP tracking forms, certificates, etc.).
- Members will be given 45 days to submit the required CCP documentation. Upon receipt of the CCP documents, all documents will be de-identified for the audit.
- The audit will be conducted by RNs and NPs of the ARNNL Advisory Committee on Continuing Competence and volunteer RN/NP auditors in late May 2016.
- The audit process monitors: evidence of participation in the continuing competence program for the 2015-16 practice year (14 hours,

including verification of at least seven formal hours); linkages between the standards/indicators, learning plan goal(s) and learning hours; and evidence of completion of all sections of the CCP documents, Professional Development Learning Plan and Professional Development Evaluation Form. To learn more about the 2016 audit process, please visit www.arnnl.ca.



In October 2015, Council approved the Revised Continuing Competence Program Framework. Please visit www.arnnl.ca/document-library to view this document.

Overall Audit Results (2014-15 Licensure Year) – Congratulations to RNs and NPs!

- 100% of audited members submitted CCP material for the audit process.
- 91% of audited members met initial audit requirements.
- Only 8% of audited members required follow-up to obtain clarification of the information that was submitted, request resubmission of incomplete or omitted documentation, and/or provide education.
- As of November 2015, 99% of audited members met CCP requirements. Follow-up is ongoing with one audited member.

Have questions about the CCP?

Please connect with ARNNL's Nursing Consultant, Michelle Carpenter, at 753-6174 or mcarpenter@arnnl.ca.

Stay Tuned ... To learn more about the CCP and the upcoming audit, please join the teleconference on Tuesday, Jan. 19 at 2 p.m. Register for the teleconference at www.arnnl.ca/events-calendar.

ARNNL CONTINUING EDUCATION TELECONFERENCE SESSIONS



Winter 2016, Tuesdays 1400-1500h (Island Time)

*JANUARY 19

Continuing Competency

- Pam King-Jesso** RN, BN, MN, Nursing Consultant – Policy & Practice, ARNNL
Michelle Carpenter RN, BN, MEd., Nursing Consultant – Policy & Practice, ARNNL
Joanne Baird RN, BN, CNCC(C), Clinical Educator, ICU/ED
Patricia Grainger RN, BN, MN, Faculty Member & Research Office Coordinator, Centre for Nursing Studies

*FEBRUARY 2

Adverse Blood Transfusion Reactions

- Daphne Osborne** RN, MN, PANC(C), Interim Manager/Transfusion Nurse Educator, Newfoundland and Labrador Provincial Blood Coordination Program

FEBRUARY 16 (WEBINAR)

“For Their Own Good”: Aging & Paternalism In Practice

- Henry Kielley** MSW, RSW, Consultant, Seniors and Aging Division, Department of Seniors, Wellness, and Social Development;
Carey Majid BA, LL.B., Executive Director, Newfoundland and Labrador Human Rights Commission;
Annette Morgan RN, BN, MN, Administrator, Agnes Pratt Home; and
Darryl Pullman MA, PhD, BEd, Professor of Medical Ethics, Director, Health Research Unit Division of Community Health and Humanities, Faculty of Medicine

This session has specific sign-in instructions, is held from 1400-1600 at the Health Sciences Centre Auditorium and is also available via web! See www.arnnl.ca for further information.

*MARCH 1

Taking it to the Street: Drugs and Other Paraphernalia

- Sgt. Steve Knight** Team Leader, Combined Forces Special Enforcement Unit-Newfoundland and Labrador (CFSEU-NL)

*MARCH 15

Substance Use in Nursing: Identification and Regulatory Management

- Michelle Osmond** RN, MS(N), Director of Regulatory Services, ARNNL
Trudy Button Legal Counsel, ARNNL

*MARCH 29

Are You a Manager? Manage Your Professional Responsibilities

- Siobhainn Lewis** RN, BN, MN, Nursing Consultant – Policy & Practice, ARNNL
Michelle Carpenter RN BN, MEd., Nursing Consultant – Policy & Practice, ARNNL

*MAY 3

Provincial Round Up: A Presentation by the RHA Chief Nurses - Let's Talk “Lean”

- Katherine Chubbs** RN, BN, MHS, CHE, Vice-President and Chief Nursing Officer, Eastern Health
Catherine McDonald RN, MN, Vice-President, Professional Practice/Chief Nursing Officer, Western Health
Donnie Sampson RN, BN, NP-PHC, MN, MHST(C) Vice-President Nursing and Chief Nurse, Labrador-Grenfell Health
Trudy Stuckless RN, Vice-President, Professional Standards & Chief Nursing Officer, Central Health



*These sessions will be audio recorded and available online after the event. To access archived sessions, visit: www.arnnl.ca/archived-education-sessions.

HOW TO ATTEND A LIVE TELECONFERENCE SESSION

1. Access is provided five minutes prior to start time.
2. Dial 1-888-875-1833.
3. When prompted, enter the Participant Passcode 304371659 #
4. If you experience technical difficulties, press *0 (star-zero).
5. All participant lines will be muted during the presentation. To mute your line during Q & A, press *4 to mute and *4 to turn off mute.

REGISTRATION

- To register go to www.arnnl.ca/events-calendar
- If you need assistance with registration, contact Jennifer Lynch at jllynch@arnnl.ca, 709-753-6075 or 1-800-563-3200.

“FOR THEIR OWN GOOD”: AGING & PATERNALISM IN PRACTICE

What Health Professionals Need to Consider

- *In what ways might your personal biases and attitudes impact your professional practice?*
- *What is the impact of paternalism on service delivery?*
- *What are some of the ethical, professional and practice considerations?*
- *How are systems responding to the aging demographic?*
- *How do we support human rights within paternalistic systems?*

TUESDAY, FEBRUARY 16, 2016

2 p.m. - 4 p.m.

In-person: Health Sciences Centre, Main Auditorium **OR**

Webcast: <http://www.arnnl.ca> or <https://www.nlasw.ca>

No registration required. This event is offered free-of-charge.

RNs requiring CCP Certificates can register at www.arnnl.ca.

Panel Presenters:

Henry Kielley MSW, RSW, *Consultant, Seniors and Aging Division, Department of Seniors, Wellness, and Social Development;*
Carey Majid BA, LL.B., *Executive Director, Newfoundland and Labrador Human Rights Commission;*
Annette Morgan RN, BN, MN, *Administrator, Agnes Pratt Home;* and
Daryl Pullman MA, PhD, BEd, *Professor of Medical Ethics, Director, Health Research Unit, Division of Community Health and Humanities, Faculty of Medicine.*

Moderators:

Pam King-Jesso RN, BN, MN, *Nursing Consultant, Policy & Practice, Association of Registered Nurses Newfoundland and Labrador*
Annette Johns MSW, RSW, *Associate Director of Policy and Practice, Newfoundland and Labrador Association of Social Workers*



Newfoundland & Labrador Association of
Social Workers



Q & A: YOU ASKED

By: Michelle Carpenter, BNRN, MEd., Pamela King-Jesso, RN, BN, MN and Siobhainn Lewis, RN, BN, MN, Nursing Consultants – Policy and Practice

Q: *How can the Nursing Practice Consultants at ARNNL assist me with my nursing practice?*

A: ARNNL Practice Consultants offer a variety of services to assist RNs and NPs in providing safe, competent, compassionate and ethical nursing care.

Here are some ways that we can assist you:

- Provide you with confidential consultations related to nursing professional practice issues. Last year we provided individual consultation to over 360 RNs, NPs and others.
- Provide you with education on many topics. Last year we provided face-to-face education to over 1,600 RNs and students on various topics, including self-regulation, standards of practice, advanced nursing practice, scope of practice, professionalism, social media, therapeutic nurse-client relationships, assignment of care and continuing competence.
- Aid you in understanding how legislation, regulations, standards and other ARNNL documents apply to your practice.
- Provide you with constructive and supportive feedback focused on improvements related to patient safety and quality professional practice environments.
- Support you to identify your nursing practice questions, consider a range of variable options, use evidence to support practice and select actions to resolve your questions or concerns.
- Develop resources that you can utilize to support your practice (e.g., Documentation and Medication Standards).
- Facilitate your engagement with ARNNL. Practice Consultants lead a number of committees and welcome RNs and NPs to become involved in committee work, such as the Workplace Representative Program, Nursing Practice Committee, Staff Advisory Committee on Continuing Competence and the Nursing Student Representative Program.
- Support you to articulate your practice concerns through use of your standards of practice.



Contact us via email, phone or in-person.

Michelle Carpenter
mcarpenter@arnnl.ca
Phone: 709-753-6174

Siobhainn Lewis
slewis@arnnl.ca
Phone: 709-753-0124

Pamela King-Jesso
pkingjesso@arnnl.ca
Phone: 709-753-6193

**Pictured, left to right*

ASK A CNPS LAWYER



Canadian Nurses
Protective Society

I'm a nurse and I recently received a "friend" request on Facebook from someone with a familiar-sounding name. The picture accompanying the request was of a lakeside sunset, so I couldn't tell who sent the request. Because the name sounded familiar, I accepted the request. After going through the requestor's profile, I realized the "friend" is a patient. The next day, I received a message from the patient commenting on photos from my trip to Mexico with friends. What should I do?

Professional practice standards regarding confidentiality, therapeutic boundaries and professional image are engaged when nurses use social media in connection with their professional activities. Many institutions and health authorities have policies regarding social media and patient privacy and the failure to abide by these governing standards and policies can lead to serious legal consequences.

Even where there is no clear policy prohibiting the practice, nurses should consider declining "friend" requests from current or former patients as communicating with clients through social media sites may extend the scope of professional responsibility. The fact that information in electronic form is easily distributed, archived, and downloaded leaves little control over who sees the information posted on social media sites. In addition, accepting a "friend" request from a patient can adversely affect the nurse-patient therapeutic relationship. Nurses who allow patients to access their entire profile allow them to access information beyond what would normally be shared in a professional nurse-patient relationship.

With respect to the content posted on your personal social media page, nurses are reminded that postings to social media sites are generally permanent records that cannot easily be deleted. There exists anecdotal evidence that an increasing number of employers check social networking profiles of current and prospective employees looking for information that could be interpreted as reflecting negatively on the organization or as misconduct or inappropriate behaviour on the part of employees.

If a patient does send you a "friend" request on a social networking site, a polite message responding that it is not your practice to establish online relationships with patients is appropriate. In this case, you could simply send a similar message to the patient indicating that the "friend" request was accepted in error and "unfriend" the patient.

For more information, see the CNPS InfoLAW® on social media available on the CNPS website. CNPS legal advisors are also available to provide advice to CNPS beneficiaries, including all ARNNL members. Call us toll free at 1-844-4MY-CNPS (1-844-469-2677).

Beginning in January, there is a new process for obtaining CNPS liability protection through ARNNL registration/renewal (see p. 6 for details). What are the benefits of ARNNL and CNPS creating a new process?

More Transparency Separate fees for licensing and professional liability protection will be clearly indicated during the registration and renewal process.

Improved Access

Nurses will have the option to receive timely updates from CNPS about professional liability considerations, legal risk management, educational webinars and new publications and articles of interest.

To learn more about the CNPS and the services we provide to our nurse beneficiaries, register for the "CNPS - What you Need to Know" webinar, taking place on Jan. 20 from 3 p.m. – 4 p.m. (Newfoundland Standard Time). Visit http://cnps.adobeconnect.com/arnnl2/event/event_info.html to register.

About the CNPS

The Canadian Nurses Protective Society (CNPS®) is a not-for-profit society that offers legal advice, risk-management services, legal assistance and professional liability protection related to nursing practice in Canada to eligible registered nurses and nurse practitioners. For more information about CNPS services and benefits, contact CNPS at 1-844-4MY-CNPS (1-844-469-2677) or visit www.cnps.ca.



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NURSE OF NOTE

Jackie Williams-Connolly, RN, Coordinator, High Fidelity Simulation Program Janeway Children's & Women's Health

By: Jennifer Barry, BA, Communications Officer



Jackie Williams-Connolly's innate desire to help others started at an early age. "My poor brothers – I would pin them down when we were children and draw stitches and put bandages on them," she recalls with a laugh. "I can't remember ever wanting to be anything but a nurse."

From childhood, to graduation from St. Clare's in 1989, to her current role, Williams-Connolly has always been driven. Her nursing journey has led to numerous volunteer roles, including nurse lead in Haiti with Team Broken Earth and Chair of the Kids Rock Conference. "I love to help people and advocate for those who can't advocate for themselves."

The Petty Harbour native began her career in general surgery at St. Clare's and transitioned to intensive care. She moved to Janeway Emergency in 2009 and, in 2014, started the newly-created simulation program position.

Simulation re-enacts events that could happen. As coordinator, Williams-Connolly works with departments to develop needs assessments and tailors simulation to meet department objectives. Multidisciplinary simulation involves the use of high fidelity mannequins that display real-life actions. "They can appear as though they have an increase in intracranial pressure, so teams

can assess the mannequin for brain injuries, check for broken bones and assess the pupils," she says.

One initiative that Williams-Connolly developed in collaboration with Dr. Jill Barter in the Pediatric Intensive Care Unit is the mock code program. The simulation program develops scenarios that are applicable for each region of the hospital. The hospital's code team responds to a mock code, providing an opportunity to practice, ensure competencies and reveal any systemic errors so that they can be addressed.

Williams-Connolly says simulation is an interactive way of teaching and engaging health care professionals in a safe environment that replicates clinical emergencies and conditions, but it's not new. "We've been simulating since nursing school when we gave diabetic needles to an orange," she says. "It's just delivered differently today. Simulation advancements have become more high tech."

Enabling others to learn by doing is at the core of her work with Team Broken Earth.

The volunteer task force, composed of physicians, nurses and physiotherapists from across Canada, is committed to delivering and improving health care in Haiti. Williams-Connolly's first mission to Port au Prince with Newfoundland and Labrador's team was in 2011. Having completed 11 missions, she says teaching is a legacy that the team is leaving the staff at Bernard Mevs Hospital. She has helped bring simulation and education to the hospital, and the 13 to 15 nurses who participate in each mission peer teach within their areas. On one trip, Williams-Connolly and Laila Brown, an RN colleague at the Janeway, taught CPR to 104

people, including nurses, physicians, janitors and kitchen staff. Their enthusiasm to learn a life-saving technique was strong. "Some of them even came back a second day because they were afraid they missed something," she says.

In 2013, Williams-Connolly assumed the role of Chair of the annual Kids Rock Conference. The popular event disseminates information and increases accessibility to pediatric-specific education for health care professionals around the province. Through webinar, the conference has been attended by staff in Haiti, Bangladesh and other sites in Canada.

Volunteering is second nature to Williams-Connolly. She is committee chair of Tidy Towns in Petty Harbour-Maddox Cove, and for 16 years she served as President of the local chapter of the Multiple Sclerosis Society of Canada. In the latter role, she advocated for individuals living with MS – including her father – and lobbied for drug coverage in the province. As insurmountable as something may appear, she says she always figures out a way to get where she needs to be.

"I don't see anything as an obstacle," she says. "I find a way to make it better."

This year, educators at the Janeway are working with the simulation program to develop a competency program for nurses. Williams-Connolly will develop skills stations and education sessions to provide staff with the most recent research and best practices.

"I'm still in awe of the role nursing has taken in my personal, community and career life. I can't wait to see what's in store for my future."

If you would like to nominate an RN or NP for Nurse of Note, please email jbarry@arnnl.ca

GOINGS ON

Attention Self-Employed RNs!

The Personal Health Information Act (PHIA) in Newfoundland and Labrador governs the collection, use and disclosure of health information. It is important that self-employed RNs and NPs understand all of their obligations as custodians of health information, and all other requirements under PHIA. Self-employed RNs and NPs should refer to the Government of Newfoundland and Labrador website for information related to PHIA and available online learning modules (health.gov.nl.ca/health/phia/).

ARNNL Welcomes New Nursing Practice Consultant



Michelle Carpenter BNRN, MEd., joined ARNNL in September to assume the role of Nursing Consultant – Policy and Practice. Michelle earned her Bachelor of Nursing Degree in 1991 from Memorial University and a Masters of Education – Postsecondary Studies in 2011 from Memorial University. Prior to assuming her current position, Michelle was a Division Manager – Pediatric

Inpatient Services with the Children and Women's Health Program at Eastern Health. Michelle has over 24 years' experience with Eastern Health and its Legacy Organization – Peninsula's Health Care Corporation in a variety of roles, including Division Manager, Model Facilitator, Patient Care Coordinator (Nurse Manager), Regional Education Consultant, Nurse II Team Leader and Staff Nurse. Michelle has over 10 years' experience in clinical management positions in both secondary and tertiary care settings. Welcome, Michelle!

Give It A Shot! Flu Vaccination Clinic at ARNNL House



Lynn Power, ARNNL Executive Director, receives a flu shot during a vaccination clinic organized by the Victorian Order of Nurses (St. John's) in October. ARNNL offers staff the opportunity to get vaccinated each fall. To learn more about influenza management in your community, as well as other resources for health care professionals, visit http://www.health.gov.nl.ca/health/publichealth/cdc/infoprof_edu.html.

Did You Know?

The *Gunshot and Stab Wound Reporting Act* came into force in Newfoundland and Labrador in March 2015. The *Act* and its *Regulations* outline reporting requirements (what and to whom) and timelines (by when) for a health care facility, ambulance service, medical practitioner or registered nurse who treats a person for a gunshot or stab wound. It is imperative that you know both the legislation and your employer policies in relation to the legislation where it involves your practice.

Local RNs Form Provincial Chapter of Canadian Association of Critical Care Nurses



Left to right: PICU RNs and NL CACCN Chapter Executive members Starlene Lundrigan and Ashley Hunt at the Janeway Kids Rock Conference in October.

In September, several RNs working in intensive care areas throughout the Janeway Children's Hospital and the Health Sciences Centre founded the Newfoundland and Labrador Chapter of the Canadian Association of Critical Care Nurses (CACCN). CACCN is a non-profit, specialty organization that operates as the voice for excellence in Canadian critical care nursing. The benefits of membership include, but are not limited to: educational and networking opportunities, subscription to the CACCN Journal, access to awards and scholarship funds and reduced conference fees. If you or someone you know are interested in becoming a member of CACCN, please email newfoundland@caccn.ca or visit www.caccn.ca for more information.

Team Spirit



Fourth-year Practical Nursing students and fourth-year Bachelor of Nursing students at the Centre for Nursing Studies' 2nd Annual Collaborative Practice session on Nov. 3, 2015.

Government Launches New Primary Health Care Framework

The Provincial Government released *Healthy People, Healthy Families, Healthy Communities: A Primary Health Care Framework for Newfoundland and Labrador* in October. To mark first steps under the new framework, Government announced the establishment of the Downtown Health Care Collaborative and resources to support its implementation. The Collaborative consists of representatives from the Department of Health and Community Services, Eastern Health, Memorial University and various community organizations that will work to enhance access to primary health care services and supports in the downtown St. John's area, particularly for at-risk groups including those living with mental illness and addiction.

ARNNL Visits Coastal Labrador

Siobhainn Lewis, ARNNL Nursing Consultant, completed coastal Labrador site visits in October. Face-to-face meetings were held in four sites: Nain, Natuashish, Port Hope Simpson and Forteau. Each session used the teleconference system, so all sites could attend and discuss topics regarding professional practice. Topics reviewed included professional practice responsibilities, standards of practice, duty to report, documentation, CCP and resources available to all members. Thanks to all staff that attended and took the time to welcome Siobhainn to their community. These informative sessions were valued and solidify our nursing profession. The Department of Community Clinics and Health Centres would like to thank ARNNL for supporting Labrador-Grenfell Health and regional nurses who work in an expanded scope of practice by visiting our coastal communities.



Nain (left to right): Kathy Elson, Vida Edgar, Jane Broomfield, Shannon Murphy, Sallie Ann McKay, Siobhainn Lewis and Lori Barbour. Participating via Teleconference: Michelle Burt.



Port Hope Simpson (left to right): Joanne Bridle, Siobhainn Lewis, Claudine Foster, Marilyn Kippenhuck, Cherie Lee Campbell-Oram and Brenda Ash.

Memorial University Nursing Professors Recognized

During fall convocations eight Memorial University professors were accorded the distinction professor *emeritus*, an honour reserved for highly distinguished faculty members. Two recipients are School of Nursing faculty: Dr. Sandra LeFort and Dr. Shirley M. Solberg. A professor emeritus is a retired member of the faculty who has served at least 10 years as a regular full-time faculty member and held the rank of professor upon retirement. The prime criterion for nomination is a sustained and superlative record as a scholar, as a teacher, as an academic administrator or any combination of these. Kudos!



Timothy Kavanagh, BBraun of Canada Representative and Joanne Baird, RN (photo credit: CACCN).

Central Health RN Receives National Award In Winnipeg

In September, Joanne Baird, Clinical Educator for ICU and emergency in Grand Falls-Windsor, received an award at "Dynamics 2015," the annual conference of the Canadian Association of Critical Care Nurses (CACCN). Baird received the BBraun *Sharing Expertise*

Award – a peer-nominated award for an individual who exhibits stellar leadership and mentoring abilities in critical care. Congratulations, Joanne!



Jeremy Storry, Regional Vice President, RBC and Sue (photo credit: Dennis Flynn).

Urology Nurse a 'Local Hero'

Sue Hammond, a urology nurse in St. John's, received the "Local Hero Award" at Prostate Cancer Canada Atlantic's "Wake Up Call Breakfast" in St. John's in October. The event raised over \$150,000 to support prostate cancer research, education and support service initiatives. Congratulations, Sue!

Conferences and Workshops

ARNNL 62nd Annual Meeting, Education and Awards
June 6-7, 2016
Corner Brook, NL
www.arnnl.ca

Atlantic Region Canadian Association of Schools of Nursing (ARCASN)
Conference
June 10-12, 2016
Memorial University of Newfoundland School of Nursing
<http://arcasn.ca/>

REGULATORY NOTES

Non-Practicing Membership: Is it a Good Fit for Me?

By: Michelle Osmond, RN, MS(N), Director of Regulatory Services and Professional Conduct Review

Each year during annual licensure/membership renewal ARNNL receives a number of inquiries regarding non-practicing membership. Members retiring from Regional Health Authorities (RHAs) or those who have identified employment opportunities where RN licensure is not a job requirement have a number of questions. Some of the most frequently asked questions include:

Who is eligible for non-practicing membership?

Article 1 of the *Bylaws* set out ARNNL membership categories. Section 2 of this article states that non-practicing membership may be granted to “applicants who have discontinued the practice of nursing in Newfoundland and Labrador, and who have paid the required fee.” The keywords to note are “discontinued the practice of nursing.” Non-practicing is a membership, not a license, and there are benefits to this membership (e.g., eligible to nominate for and to vote in Council elections, eligible to receive ARNNL communications, such as *ACCESS Magazine*), however, it does not provide the privilege to practice or to hold oneself out as a registered nurse or nurse practitioner. The distinction is important and supports ARNNL’s mandate of public protection. The public expects that persons using the title of RN or NP are current in their nursing knowledge and have met competency and licensing requirements under the *Registered Nurses Act* (2008). Non-practicing members are not required to meet licensing requirements such as minimum practice hours, continuing competence program completion or to validate that any registration/licensure held in another jurisdiction is in good standing (i.e. not undergoing discipline procedures).

I am retiring from my RHA position and will begin working in the same role with another employer who does not require RN licensure – can I renew to non-practicing?

Where a member received recognition of his or her employment as nursing practice (i.e. annually used the hours worked in the role for the purposes of ARNNL licensure renewal) and he/she is planning on commencing the same or similar role description and responsibilities with another employer or as self-employment, practicing membership/licensure is required.

If an employer/employment does not require nursing licensure because the position is also open to other professionals (e.g. social workers, dietitians and other health professionals) and you decide to renew as non-practicing, at no point in the future will the hours worked in this position be eligible to meet practice hour requirements for licensure renewal. Depending on the number of nursing practice hours you have on file at ARNNL and when you worked these hours, you may be

required to complete the RN Re-Entry Program if you decide to reapply for licensure. As you work with your new employer you will need to be clear with colleagues and persons you interact with that you are no longer licensed to avoid perceptions that you are a registered nurse. Members may contact ARNNL regarding positions where nursing experience and education are recognized as employment qualifications but licensure is not required.

Does my non-practicing membership include liability protection?

No. Non-practicing membership is granted to persons who have *discontinued the practice of nursing*; therefore liability protection is not included as it is not required. The *Registered Nurses Regulations* (2013) requires *licensed* (i.e. practicing) members to maintain liability protection and this is paid annually with the renewal of a practicing membership/license (see p. 6 for changes to the payment process for liability protection commencing this year).

DISCIPLINE DECISIONS¹

Colleen Weeks

Newfoundland and Labrador Registration No. 17575

In the matter of a Complaint against Colleen Weeks (Stamp), Association of Registered Nurses of Newfoundland and Labrador, Registration # 17575 (the “Registrant”), an Adjudication Tribunal, accepted an Agreed Statement of Facts and found the Registrant guilty of 142 allegations of conduct deserving of sanction under the Registered Nurses Act (2008) summarized as follows: (i) inappropriately accessed medical information for patients for whom she had no job related reason to access; (ii) breached patient privacy and confidentiality in that she referenced health information for patients in a public interview; (iii) was dishonest in a public interview in that she gave incorrect information regarding events that took place with respect to the alleged breaches of privacy and in regards to the status of her nursing license; (iv) demonstrated lack of knowledge and understanding with respect to her scope of practice in a public interview.

The Adjudication Tribunal accepted a Joint Submission on Penalty and, recognizing that the Registrant had not practiced in the nursing field since July 2012, ordered:

1. The Registrant’s license to practice nursing shall be suspended pending her successful completion of the following:
 - a. Courses/modules:
 - i. Health Ethics Course at Memorial University of Newfoundland and Labrador;
 - ii. Ethics for Registered Nurses online learning modules through Canadian Nurses Association/CoursePark;
 - iii. Direct Contact with Personal Health Information: PHIA 2011;
 - iv. Jurisprudence Module: The Legislation and Rules Governing the Practice of Nursing in Newfoundland and Labrador through Practice NL; and
 - b. Following successful completion of the courses/modules in 1(a) (i)-(iv), meet with a Nursing Consultant – Policy and Practice, ARNNL to reflect on privacy, confidentiality and accountability.
2. The Registrant shall pay ARNNL 25% of costs incurred in the investigation and hearing of the Complaint.

The conduct deserving of sanction occurred on or about July 16, 2010 to 9 July 2012 while the Registrant practiced as a registered nurse at the Health Sciences Centre, St. John’s, Newfoundland and Labrador and on or about July 25, 2012 in St. John’s, Newfoundland. The Complainant was Eastern Health and the Director of Professional Conduct Review.

Judy Freake

Newfoundland and Labrador Registration No. 15453

In the matter of a Complaint against Judy Freake, Association of Registered Nurses of Newfoundland and Labrador, Registration # 15453 (the “Registrant”), an Adjudication Tribunal, in a Decision dated March 27, 2015, found the Registrant guilty of conduct deserving of sanction under the Registered Nurses Act (2008), sections 18(c)(i) professional misconduct; and 18(c)(v) acting in breach of the Code of Ethics in that the Registrant:

- intentionally struck a patient’s face in an inappropriate manner without the patient’s consent; and
- did not follow ethical standards set out in the Code of Ethics.

Pursuant to section 28(3) of the Registered Nurses Act (2008) the Adjudication Tribunal accepted a Joint Submission on Penalty and in a Decision dated September 1, 2015, ordered:

1. The Registrant’s license to practice nursing shall be suspended pending her successful completion of the following:
 - a. Learning Modules:
 - i. Health Care Interactive Dementia Care Course;
 - ii. Canadian Nurses Association Code of Ethics for Registered Nurses; and
 - iii. College of Nurses Of Ontario “One is One too Many.”
 - b. A meeting with a Nursing Consultant – Policy and Practice, ARNNL to reflect on her conduct and learning.
2. The Registrant shall pay ARNNL 50% of costs incurred in the investigation and hearing of the Complaint.

The conduct deserving of sanction occurred on or about September 4, 2013 while the Registrant practiced as a registered nurse at the Central Newfoundland Regional Health Centre, Grand Falls–Windsor, Newfoundland and Labrador. The Complainant was Central Health.

Disciplinary Updates

Judy Freake

Newfoundland and Labrador Registration No. 15453

On September 25, 2015, Judy Freake, Registration No. 15453, met the terms and conditions of the Order of the Adjudication Tribunal dated September 1, 2015 such that her practicing license has been returned.

¹ Summaries of a Decision or Order of an Adjudication Tribunal of the Disciplinary Panel are published as required by Sections 29(3) and 29(6) of the *Registered Nurses Act* (2008).

ADVANCED PRACTICE VIEW

Member Reflections

By: Kirk Dawe, MN, NP, Eastern Health

My name is Kirk Dawe and I am a nurse practitioner in the medical/surgical and cardiovascular intensive care units at the Health Science Centre (HSC) in St. John's. In this article I briefly express some of my views on the complexities of nursing with reflection on my own practice and self-regulation of the profession in Newfoundland and Labrador.

At the epicentre of nursing is the care we deliver to our patients; however, sometimes the complexity of that care is difficult to articulate. It is often overshadowed by rhetoric that diminishes the image of the nurse from scientist, scholar and expert to that of angel or mother whose gentle kindness cures. I chose nursing because I wanted to ease pain, nurture wounds and heal the sick, but achieving this requires much more than kindness and a caring touch.

My provision of nursing care includes highly-skilled technical procedures such as surgical chest tubes, endotracheal intubation, transvenous cardiac pacing and central vein catheterization. These skills, which many do not typically associate with nursing practice, are essential parts of my caring repertoire. I must be armed with these skills to support my patients through life-threatening illness so they may also benefit from the primary and preventative care measures that we registered nurses so expertly provide, even in settings like the Intensive Care Unit (ICU).

KEY TO RESTORING AND MAINTAINING THE HEALTH OF OUR PATIENTS IS THE NURSE'S KEEN ABILITY TO NEGOTIATE INTERDISCIPLINARY COLLABORATION WITHIN A TEAM OF MANY HEALTH CARE PROVIDERS.

Also key to restoring and maintaining the health of our patients is the nurse's keen ability to negotiate interdisciplinary collaboration within a team of many health care providers. This ability is a practice standard for nurse practitioners in NL, which states that NPs must collaborate with the client, family and care team to provide optimal care. Appreciably, the intensive care unit is a hallmark of interdisciplinary collaboration. At the HSC, our ICU team includes nurses, physicians, respiratory therapists, pharmacists, an occupational therapist, physical therapist, dietitian and social worker. Patient health clearly benefits from

the unique perspective each discipline has to offer and the effects of that collaborative effort extend well beyond the sum of its parts. My role often involves weaving the complex tapestry of information that each discipline provides into a care plan that will best serve our patients' needs.

Here in Newfoundland and Labrador, registered nurses are privileged to be part of a self-regulated profession. With such privilege, of course, comes a great deal of responsibility. In 2013, ARNNL released new standards for nurse practitioners which dramatically changed the way we practice in this province. Under these new competency-based standards our commitment to safe, ethical care remains the same, but there is an even higher sense of accountability. It is because of these new standards that our patients fully benefit from the expert care of nurse practitioners who are now practicing to their full scope.

Thank you for reading these brief reflections. I believe it is important that nurses take time to reflect on their practice and develop skill in articulating what we do and the valuable contributions we provide. Describing the complexity of our job can be difficult, but recognizing and communicating this complexity expands our patients, colleagues and our own understanding of all that we do.



A RESOLUTION IN ACTION:

Exercising Your Role as a Regulated Professional

By: Michelle Carpenter, BNRN, MEd. and Pamela King-Jesso, RN, BN, MN, Nursing Consultants – Policy and Practice

As a member of an association and regulatory body, submitting Resolutions provides an important opportunity to raise issues for discussion at Annual General Meetings. Each year, ARNNL encourages individual members and special interest groups to submit Resolutions consistent with ARNNL's mandate and role. Take advantage of this valuable opportunity as a member of a regulated profession and call your elected ARNNL Council to action.

Below is an example of how a Resolution brought to ARNNL's 61st Annual General Meeting in June 2015 was discussed by the membership, and subsequently researched by ARNNL staff and deliberated by ARNNL Council.

At the ARNNL Annual General Meeting in June 2015, a Resolution was passed by membership that resolved ARNNL to work with the Government of Newfoundland and Labrador to ensure standards of resident care be maintained with the planned private development of 360 long term care beds. Concern was expressed by membership that some seniors' needs may not be met in a privatized system and it was part of ARNNL's role to support that seniors receive quality care. In response, Council committed to addressing this Resolution and determining what actions may be required.

To address this Resolution, staff conducted a scan of the literature related to seniors/long term care, including ARNNL's and Government's current resources and publications. The review revealed:

- ARNNL has resources and publications that would inform Long Term Care (LTC) RN practice;
- ARNNL is very active in healthy public policy and advocacy in regards to seniors; and
- ARNNL and Government have a collaborative relationship, particularly in relation to seniors, long term care and healthy aging, with the vast majority of ARNNL's positions being incorporated into government policies and publications.

A meeting was also held with ARNNL's Executive Director, Lynn Power, Nursing Consultant - Policy and Practice, Michelle Carpenter and government officials to discuss how the current request for proposals for development of private LTC facilities would ensure standards of care are maintained. Government indicated that the proposal required that current LTC standards and hours of care be upheld in this new model. In addition, it would expect similar educational and staff hiring requirements currently followed by public and private facilities, and, likewise, monitoring criteria would be created to monitor these private facilities.

Council reviewed these findings during its meeting in October 2015. Council felt that ARNNL's current resources provide direction to support

seniors and nursing staff in this model but will continue to monitor the implementation to ensure that standards of care are maintained over the long term.



Nancy Healey-Dove, RN, presents the Resolution in 2015.

Look ahead to the 62nd Annual General Meeting in June. Is there an area you wish to highlight for your Council? Resolutions can be submitted by mail, fax or email. For guidelines on submission of Resolutions, visit www.arannl.ca or contact Michelle Osmond at (709) 753-6181 or mosmond@arannl.ca. Deadline for submission of Resolutions: March 7, 2016.

PHYSICIAN-ASSISTED DYING

Carter v. Canada (Attorney General)

By: Trudy L. Button – Legal Counsel, ARNNL

Section 241 of the *Criminal Code* provides that everyone who “counsels,” “aids” or “abets” a person in committing suicide commits an indictable offence, and section 14 provides that no person may consent to death being inflicted on them. Together, these sections prohibit assisted dying in Canada.

The impetus for changes to the *Criminal Code* arose in 2009 when Gloria Taylor was diagnosed with the fatal, neurodegenerative disease amyotrophic lateral sclerosis (ALS). Ms. Taylor did not want to “live in a bedridden state, stripped of dignity and independence,” she did not want her life to end violently and wanted “the legal right to die peacefully, at the time of [her] own choosing, in the embrace of [her] family and friends.” The *Criminal Code* provisions prevented Ms. Taylor from choosing the manner in which she wished to die. As a result, Ms. Taylor brought a claim before the British Columbia Supreme Court challenging the constitutionality of the *Criminal Code* provisions that prohibit assistance in dying. She was joined in her claim by others, including Lee Carter, who, to achieve her mother’s goal to die with dignity, took her mother to Switzerland where assisted dying is permitted.

In a decision cited as *Carter v. Canada (Attorney General)*, the British Columbia Supreme Court determined that the prohibition against physician-assisted dying (PAD) violated Ms. Taylor’s constitutional rights. The British Columbia Court of Appeal overturned this decision.

In February 2015, six years after Ms. Taylor was diagnosed, the Supreme Court of Canada (Canada’s highest court) struck down the section of the *Criminal Code* prohibiting PAD. The decision applies to a competent adult who:

- (i) Clearly consents to the termination of life; and
- (ii) Has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition.

Outside of the factual circumstances of the case before the court, the Supreme Court of Canada made no determination regarding other situations where PAD may be sought, and suspended the application of its ruling for one year to give governments the opportunity to develop new laws and practices for PAD. The ruling does not compel physicians to provide assistance in dying.

In response to the ruling, the federal government established an external panel (External Panel) to provide advice on amendments to the *Criminal Code of Canada*. The provinces and territories established an advisory group (Advisory Group) to provide advice on the development of laws, policies and practices related to the delivery of PAD.

While the court ruling is specific to physicians, registered nurses and nurse practitioners play an integral role in providing care to patients at the end of life and will inevitably be involved in the care of patients who request PAD. Regulatory bodies, including ARNNL, and nursing organizations, such as the Canadian Nurses Protective Society, have been active in submissions to the External Panel and the Advisory Group, advocating that new laws protecting physicians who provide assistance in dying must be extended to nurses. It is important that the law provide clear protection from criminal prosecution for nurses who assist in PAD and who discuss end-of-life considerations with their patients.

Commencing February 2016, if amendments to the *Criminal Code* have not been made, the effect of the constitutional exception in the Supreme Court of Canada ruling would allow physicians to assist with dying provided that the conditions specified by the court are met. This constitutional exception does not extend to nurses or other health care providers who may assist in PAD unless there are amendments to the *Criminal Code* prior to February 2016.

ARNNL will keep members apprised of any amendments to the law and the *Standards of Practice for Registered Nurses (2013)* regarding the role of registered nurses in PAD.

PHYSICIAN-ASSISTED DEATH AND THE NURSING PROFESSION

By: Andrea Crowe

Physician-assisted death (PAD) is an ethical, legal and professional issue for registered nurses and nursing students. On Feb. 6, 2015 the Supreme Court of Canada ruled in favour of PAD stating that a blanket veto of PAD unjustifiably infringes on section seven of the Canadian Charter of Rights and Freedoms. PAD occurs when a physician supplies the means for a patient to end their own life. Access to PAD will require many changes in nursing education and practice. If PAD is accepted as a publicly funded health care service, nurses may experience “ethical distress” because PAD seems to contradict our fundamental belief in promoting healing (Arnold, Boggs, 2011).

How can nurses support patients choosing PAD? The CNA Code of Ethics, which guides nursing practice in Newfoundland and Labrador, states that end of life care should promote healing and well-being as well as respect the patient’s informed autonomy and preserve their dignity (CNA, 2008). Harry Sullivan’s theory of therapeutic relationships states that “human connection heals” (Arnold, Boggs, 2011) and Rogers and Traux note that a therapeutic relationship consists of genuineness, empathy and positive regard (Halter, 2014). Developing a therapeutic relationship means that we have a human connection that heals, including healing in death. Applying these theories with an open and honest mind can help nurses to see the world through their patients’ eyes.

In the case of Carter vs. Canada, the patient stated “my greatest fear is to have to rely on others for all my needs. I do not want to live in a bedridden state, stripped of my dignity and independence. I have decided I want to die when I no longer have quality of life” (Dying with Dignity, 2014). Nursing theorist Jean Watson once said, “health refers to unity and harmony within the mind, body and soul.”



PAD could help our patients to achieve that harmony of mind, body and soul. It allows competent, terminally ill people to take control of their final days.

If PAD becomes an accepted practice across Canada, registered nurses will need special education. The CNA Code of Ethics states that registered nurses should support the patient and the patient’s family through each phase of advanced terminal illness and the bereavement process. If PAD becomes legal, the essence of these guidelines will remain the same; however, more undergraduate and continuing education will be required to help nurses care for these patients.

How can the nurse grieve and work through the personal weight of PAD? Nurses grieve for patients in many ways and it is often difficult to achieve closure and “let go.” Familiar ways of coping can help, such as writing letters to the family, attending the funeral or using reflection (Arnold, Boggs, 2011). Organizational supports are also needed, including counselors specializing in grief therapy, weekly to monthly moral and quality

of life meetings and debriefing sessions (Halter, 2014). In the words of Jean Watson, “the ability to care for others is dependent upon ones ability to care for self” (1985).

As nurses struggle with the challenge of PAD, it is important to recognize that we do not need to adopt a black or white opinion and we may feel ethical distress. We must continue to practice in a way that reflects our own beliefs while supporting our patients in their decisions. Our personal opinion on PAD doesn’t matter. All that matters is that we care, support and advocate for our patients in an unbiased manner. Working together to support our patients and their families is crucial. Nursing care is patient-centered and PAD is one patient-centered decision that requires our special attention.

Andrea Crowe is a 4th year student in the BN (Collaborative) Program at Memorial University School of Nursing. She is proud to be completing her degree through the Canadian Armed Forces Regular Officer Training Program. This piece is an excerpt from Andrea’s winning submission in the national student essay competition of The Justice Emmett Hall Memorial Foundation. The Foundation runs an annual student essay competition to foster Canadian health economics and health policy research among undergraduate and graduate students.

Acknowledgements: *The author would like to acknowledge and thank both Dr. Sandra MacDonald, BN, MN, PhD, and Marcia Porter with Memorial University School of Nursing for their tremendous support in the development of this manuscript.*

References available upon request.

VOLUNTEER SPOTLIGHT: THE 'SELF' IN SELF-REGULATION

Workplace Representatives (WPRs) volunteer to represent ARNNL by supporting professional nursing practice and communicating information in their workplaces. WPRs complete an orientation and a workshop on Leadership in Professional Practice to prepare for the role. Ongoing support and development is provided through regular meetings and education sessions. Our WPRs are introduced in *ACCESS* so you can get to know these important volunteers.



Anastasia (Stacey) Knudsen, RN, BScN

Stacey Knudsen practices as a Clinical Nurse Educator with Labrador-Grenfell Health at the Charles S. Curtis Memorial Hospital and the John M. Gray Centre in St. Anthony, a role she has held for the past two years. A graduate of St. Clare's School of Nursing in 1998 and Ryerson University in 2000, Stacey provides education support to RNs, LPNs and PCAs in both a 50-bed Acute Care and a 48-bed Long Term Care facility. She says her favourite part of the role is that "it is always a challenge and that I have an opportunity to make a difference in someone's life." Stacey is involved in a number of workplace initiatives, such as Ethics, Telehealth and Audit Committees. She is also a volunteer with the Firettes in St. Lunaire-Griquet, where she lives. Stacey joined the ARNNL Workplace Representative Program in February 2015.



Eileen Fahey, RN, BN

Eileen Fahey is a graduate of the Centre for Nursing Studies (2007) in St. John's. She began her practice on 7 West, St. Clare's, a 25-bed Acute Medicine and Stroke Care Unit, where she remains today. "We typically have 10 patients on the unit at a time who have had a stroke," she says. "I love the everyday interaction with my patients, and seeing how direct nursing care positively impacts their recovery." Eileen is a member of the 7 West Stroke Committee. She also completed an advanced foot care course in 2009 and carries out this aspect of her practice in a community setting. Eileen became an ARNNL Workplace Representative in March 2015.



Jessica Robar, RN, BSCN, MN

Jessica Robar is a graduate of St. Francis Xavier University (BSCN) and completed a Masters of Nursing degree at MUN in 2015. Having moved to St. John's from Halifax, she has practiced in the Endoscopy units at the Health Sciences Centre (HSC) and St. Clare's since 2013. "At both HSC and St. Clare's we perform outpatient and inpatient procedures including colonoscopies, upper endoscopies and ERCPs with procedural sedation." Jessica is a member of the Canadian Society of Gastroenterology Nurses and Associates (CSGNA) and is secretary of the NL Chapter. She has been a member of the ARNNL Workplace Representative Program since June 2015.

THE SISTERHOOD OF NEWFOUNDLAND GRADUATE NURSES IN WW1

By: Sandra MacDonald, April Manuel and Marcia Porter, Memorial University of Newfoundland School of Nursing

World War I, also known as the Great War began on July 28, 1914 and lasted until November 11, 1918. There were more than 9 million combatant and 7 million civilian deaths in that war and it was considered one of the deadliest conflicts in the history of mankind. At the outbreak of the war, Newfoundland was a Dominion of Britain and as such during WW1 the Royal Newfoundland Regiment was the only North American unit to fight in the Gallipoli campaign of 1915. As every Newfoundlander knows the regiment was decimated at Beaumont Hamel on July 1, 1916. Every year volunteer registered nurses from the ARNNL march in the Memorial Day parade to honour the fallen, lest we forget.

The First World War centenary started in 2014 and will continue until 2018. To mark this anniversary, Memorial University of Newfoundland,

School of Nursing (MUNSON) will commemorate the NL graduates who served overseas in WW1 with a ceremony in the Fall of 2016 to coincide with the 50th anniversary celebrations of the opening of MUNSON. NL nurses served in both the Canadian Army Military Corp (CAMC) and the British forces in the Queen Alexandra Imperial Military Nurse Service (QAIMNS).

Beginning in May and concluding in January 2017, ARNNL will feature a series of articles in ACCESS prepared by MUNSON that will explore the military service of 10 General Hospital School of Nursing graduate nurses.

This project has been supported by a grant from the Memorial University of Newfoundland WW100 Living Memorial Commemorative Fund.

CONGRATULATIONS, NURSING GRADUATES *of the Bachelor of Nursing (Collaborative) Program Fast-Track (October 2015)*

Adesanya, Olusola Adeyemi
Aitken, Leah Austine
Anstey Wiseman, Cynthia Margaret
Baikie, Marilyn
Bailey, Jessica
Barrett, Crystal Vera
Baxter, Jenna Leigh
Bemister, Selina Rose
Butt, David Frederick
Cooper, Jessica Rose
Dickinson, Alice Jean Grace
Dunn, Casey Alexandra
Eastman, Amy
Garnier-Bush, Nicolette
Gibeault, Julie
Hall, Kendra Royaline
Halley, Grace Matilda
Hewitt-Barney, Neil
Hiscock, Jennifer
Hyson, Jennifer Alanna

St. John's
St. John's
Twillingate
Rigolet
St. Anthony
St. John's
Clifton Royal, N.B.
Mount Pearl
New Harbour
Paradise
Lillooet, B.C.
St. John's
George's Point
St. Georges
Corner Brook
Rothesay, N.B.
St. John's
Deer Lake
Gander
Dartmouth, N.S.

Kasimos, Constantinos
Lewis, Gillian Sharon
Linloff, Sherry Rachael
Loder, Dion
McCarthy, Deanne
Pardy, Kathryn Anne
Power, Ursula
Renderos, Eugenia Maria
Ricketts, Shawna Marjorie Anne
Rockwood, Allison Elizabeth Belle
Shears, Stephen Garland
Sheppard, Shelby Nicole
Sheppard, Stephanie Jill
Smith, Jonathan Haskell
Southwell, Rebecca Lynn
Steele, Natalie Elizabeth
Tobin, Kayla Leigh
Waye, Brandi Lyn
Wideman, Anna Rebecca

St. John's
St. John's
Baie Verte
St. Anthony
Steady Brook
Yellowknife, N.W.T
St. John's
Kentville, N.S.
Royalton, N.B.
Heart's Content
Rocky Harbour
Conception Bay South
Paradise
Grand Falls-Windsor
Carbonear
Paradise
St. John's
Amherst, N.S.
Stoney Creek, O.N.

TRUST NEWS



By: Julie Wells, BSc, MSc, Trust Coordinator

Congratulations Award Recipients!

In December, the ARNNL Education & Research Trust held ceremonies in St. John's and Corner Brook to present recipients with their awards. To date, a total of 68 scholarships and bursaries have been awarded for the 2015-16 competition year, including:

- 11 scholarships to basic nursing students;
- 3 scholarships to RNs studying in Post Basic Bachelor of Nursing programs;
- 16 scholarships to RNs studying in Master's and Doctoral programs;
- 1 award to RNs conducting nursing research; and
- 37 awards and bursaries to RNs participating in continuing education events

Thank you to ARNNL members for their \$10 membership fee and to our generous supporters - Health Archives and Museum Board of NL, the Young and Llewellyn families, the Penney and McCallum families, the Hillyard family, Newfoundland and Labrador Gerontological Nurses Association, St. Clare's Mercy Hospital Nursing School Alumni Association, Bay St. George Chapter and two past presidents of the Trust - Violet Ruelokke and Marcella Linehan!



Corner Brook Ceremony – Dec. 4



St. John's Ceremony – Dec. 11

Call for Applications

The Trust is holding a special funding competition for scholarships and bursaries that were not awarded in the Fall 2015 competition. Applications will be accepted for the following:

- Nursing Research Award
- Florrie Penney Continuing Education Bursary
- NL Gerontological Nurses Association Bursary
- Bay St. George Chapter Scholarship
- RN Re-Entry Scholarship

The deadline for receipt of applications for the Special Funding Competition is Feb. 15, 2016.

Spring Funding Competition

The Trust will be holding a spring competition for Continuing Education Bursaries. Applications will be accepted for conferences held between Jan. 1 and June 30 and for CNA Certification in 2016.

The deadline for receipt of applications is April 15, 2016.

Information and applications for the Special Competition and the Spring Competition are available at www.arnnl.ca/trust.

News

Plans to make changes to the exchange of funds and services between ARNNL and the Trust were outlined to the membership at the Trust Annual Meeting in June 2015. In October 2015 a motion was passed by ARNNL Council to move funds from an ARNNL-held internally-restricted "Scholarship/Bursaries Endowment Fund" (which is no longer required) to an internally-restricted "Building Contingency" fund. A key principle noted by Council was to ensure that the Trust remains financially stable and steps will be taken by ARNNL to ensure that the Trust is not jeopardized by the change. For more information about the decision, please visit www.arnnl.ca/trust.

Proton Pump Inhibitors: Are We Doing No Harm?

By: Dr. Janice Mann, Knowledge Mobilization Officer, Canadian Agency for Drugs and Technologies in Health (CADTH)

Ongoing digestive problems can be miserable for patients – and are a common reason for health care visits. Patients are often looking for a medication to help ease their symptoms and we want to help them. But what if the medication prescribed puts patients at risk?

Proton pump inhibitors (PPIs) are some of the most commonly prescribed medications in Canada. They suppress stomach acid and are highly effective in treating common gastrointestinal conditions with few side effects. And now, with generic versions available, PPIs are less costly. So, what's the harm?

ONGOING DIGESTIVE PROBLEMS CAN BE MISERABLE FOR PATIENTS – AND ARE A COMMON REASON FOR HEALTH CARE VISITS

As we've gained more experience with these drugs, we've found that pneumonia, hypomagnesemia, fractures and *Clostridium difficile* infection are linked with PPI use.

Clostridium difficile (or "C. diff"), a bacteria transmitted through stool or spores, is a constant concern in hospitals. Hospitalization and antibiotics are well-known risk factors, but others include long term care, advanced age, immunosuppression, surgical procedures, comorbidities – and acid-suppressing drugs. In fact, in 2012 Health Canada issued an advisory about the possible association of C. diff and PPI use, and now PPI product monographs carry warnings about the increased risk of gastrointestinal infections including C. diff.

CADTH, an independent agency that finds and assesses the evidence on drugs and devices, recently completed three reviews of PPIs and C. diff.

The first review looked at the evidence for the risk of developing a C. diff infection in adults taking PPIs.¹ The review showed that there is a link between C. diff infection and the use of PPIs – but there isn't enough evidence to prove that PPI use causes the development of a C. diff infection.

The second review looked at whether probiotics could help prevent C. diff infections in hospitalized patients taking PPIs.² A previous CADTH review had found that probiotics may reduce the risk of recurrent C. diff infections in patients taking antibiotics. However, it's unclear if probiotics help to prevent C. diff infection in patients taking PPIs – the CADTH review found no evidence.

The final review looked at cessation programs to reduce the use of PPIs.³ It is estimated that a significant proportion of patients taking PPIs don't really require ongoing treatment or they may be taking PPIs at the wrong dose or for too long. This review showed that cessation programs may be effective in reducing PPI use but it's unknown whether this leads to fewer C. diff infections.

So what does all this mean for patients taking PPIs? Given the link between PPI use and C. diff, careful use of PPIs is warranted. Using PPIs at the lowest dose and for the shortest duration possible may help. On demand treatment, rather than continuous treatment, could be tried. Careful medication reviews can help prevent PPIs started in hospital from being taken long term.

This article originally appeared in the November 2014 edition of Hospital News and has been edited for length.

To learn more about CADTH, visit www.cadth.ca, follow us on Twitter: @CADTH_ACMTS, or contact your Liaison Officer in Newfoundland and Labrador, Sheila Tucker: SheilaT@cadth.ca.

¹ Proton Pump Inhibitors and C. Difficile: A Review of the Clinical Evidence (2014) CADTH Rapid Response Report: Summary with Critical Appraisal.

² Natural Health Products for the Prevention of C. Difficile Infection in Patients Administered Proton Pump Inhibitors: A Review of the Clinical and Cost-effectiveness (2014) CADTH Rapid Response Report: Summary with Critical Appraisal.

³ Proton Pump Inhibitors Cessation Programs: A Review of Clinical Effectiveness, Cost-effectiveness and Guidelines (2014) CADTH Rapid Response Report: Summary with Critical Appraisal.



FACT SHEET

NCLEX-RN: One Step in Ensuring Safe Care (2015)

What is the NCLEX-RN?

The National Council Licensure Examination (NCLEX-RN) is an examination for the registration of nurses. It tests the competencies nurses need at the beginning of their careers.

Who has to take it?

Anyone applying to practise as a registered nurse in NL must pass the NCLEX-RN exam as well as meet additional requirements to become a member of ARNNL.

Why do we need it?

Ultimately, we need it for patient safety. As the regulator of the nursing profession in NL, ARNNL is accountable for ensuring that registrations are granted to only those who demonstrate the ability to apply nursing knowledge and provide safe care. The exam is one of the requirements specified in legislation.

What is it testing?

The exam tests whether an applicant to the nursing profession has the knowledge, skill and judgment needed to provide safe care to the public. For example, the exam tests whether an applicant is able to: assess and respond to changes in vital signs; perform comprehensive health assessments; assess a client's need for pain management; perform calculations needed to safely administer medications; and maintain client confidentiality and privacy.

How was it developed?

The National Council of State Boards of Nursing (NCSBN) developed the NCLEX-RN test to be a psychometrically sound and legally defensible examination consistent with current nursing practice. Canadian nurses from the 10 provinces/territories using the test participated in the development of the version of the NCLEX-RN currently in use. They will continue to participate in its review to ensure it meets the needs of regulators. The exam portal is administered by computer-based testing provider Pearson VUE.

Is it an American test?

The same NCLEX-RN exam is used for Canadian and U.S. entry to nursing practice. While the exam was originally developed by the NCSBN, it is a test of the competencies deemed necessary for a nurse — starting in the profession — to provide safe care. It does not test the writer's knowledge of a particular health care system, history or legislation. The exam's continuous, multi-layered review processes include Canadian representatives at each stage. All new items are administered as pretest items to NCLEX-RN writers. This rigorous

process ensures that the NCLEX-RN is free from biases that would impede a Canadian writer's success.

How were applicants tested before this?

Applicants were tested using the Canadian Registered Nurses Exam (CRNE), a paper-based exam administered three times a year by Assessment Strategies Inc.

Why did we change?

Regulators regularly review processes for assessing knowledge in order to determine which assessment approach is most accessible, fair and efficient. The NCLEX-RN met our requirement for being a valid, secure and psychometrically sound exam that also met the needs of writers, such as year-round access to the exam and faster issuing of exam results.

What is being done to ensure students have what they need to take the test?

A Canadian nursing education should prepare a student to write the NCLEX-RN since the exam is testing the competencies agreed upon and set by the regulatory bodies of Canada, and upon which nursing schools base their curriculum. Resources for students are referenced on ARNNL's website and available through NCSBN, including Test Plans and information about computer-adaptive testing (CAT), which is the format of the exam.

What happens if a student fails?

Provincial legislation determines the frequency of writes allowed in a jurisdiction. Currently, writers in NL can attempt the exam three times. If a writer fails, they receive information about how they performed in each test area of the exam. They can use this information to create study plans that focus on the areas of the exam on which they underperformed. They can also consult the exam resources on the NCSBN's website (www.ncsbn.org). Writers in NL can appeal to ARNNL Council for a fourth writing in accordance with regulations.

What information was provided to educators and schools?

Canadian regulators announced the change to the NCLEX-RN in 2011, allowing three years to prepare for the exam's launch on January 1, 2015. Throughout that time, students and educators had access to several resources through ARNNL and NCSBN to prepare for the exam. These resources included: webinars, regularly updated FAQs, a quarterly NCLEX-RN newsletter, a series of conferences organized by NCSBN, and NCSBN links to resources, such as Test Plans, information about CAT, and an online course, *Understanding the NCLEX*.

This is excerpt of NCLEX-RN: One Step in Ensuring Safe Care (2015), available at www.arntl.ca/document-library.

*Adapted with permission from the College of Nurses of Ontario, 2015.



Nunatsiavut Government
Department of Health and Social Development
Home Care Nurse
Permanent Full-time
Nain, NL

Under the administrative supervision of the Team Leader and the professional support of the Community Health Nursing Coordinator, the Home Care Nurse is responsible for the planning, implementation and evaluation of nursing care, Diabetes follow-up and Home and Community Care programs to clients in the community based on assessed need.

Qualifications:

- Bachelor of Nursing Degree or Nursing Diploma and willing to actively work towards a Bachelor of Nursing Degree. Will consider experience in Acute Care, Diabetes Care and Community Health Nursing.
- Be CPR certified and have Immunization Certification or willing to complete.
- Currently registered with the Association of Registered Nurses of Newfoundland and Labrador (ARNNL) or able to obtain registration.

Requirements:

- Code of Good Conduct from RCMP
- CPR registration

Asset:

- Bilingual in Inuktitut and English

Preference will be given to beneficiaries of the Labrador Inuit Land Claims Agreement. Applicants are asked to clearly state their beneficiary status on their cover letter or resume when applying. Failure to do so may result in the screening out of applicants.

Salary:

In accordance with the NG Employee salary scale, plus applicable Labrador Allowance and Hard to Recruit Benefits (which include free housing, recruitment/retention bonuses, living allowances, etc.).

Closing date:

Open until position is filled

Finance & Human Resources

Nunatsiavut Government
25 Ikajukauvik Road
P.O. Box 70, Nain, NL A0P 1L0
Fax: (709) 922-2931

E-mail: melissa_webb@nunatsiavut.com

SAVE THE DATE ...

June 6-7, 2016
Corner Brook, NL

Join ARNNL to engage with your colleagues and participate in:

- ARNNL's 62nd Annual General Meeting
- Education sessions
- Awards for Excellence in Nursing & presentation of Honorary Membership
- ... and more!

Details will be posted to www.arnnl.ca
Stay tuned!



CALL FOR NOMINATIONS

Honorary Membership

In conjunction with ARNNL's Awards for Excellence ceremony in June, Honorary Membership is bestowed upon individuals who have helped advance the nursing profession and improve the quality of care provided to the people of the province.

Nominees may be members of the nursing profession or the public. Posthumous nominations are welcome.

Visit www.arnnl.ca/honorary-membership for details and to submit a nomination. For questions, email Pamela-King Jesso at pkingjesso@arnnl.ca.

Nomination Deadline: Feb. 28, 2016



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The Association of Registered Nurses of Newfoundland and Labrador (ARNNL) is the regulatory body and professional organization representing all registered nurses and nurse practitioners in the province. In pursuit of its mission, 'Nursing Excellence for the Health of the Population,' ARNNL exists so there will be accountability for self-regulation, professionalism, quality professional practice environments, and healthy public policy.