Association of Registered Nurses of Newfoundland and Labrador

ACCESS

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Pat Pilgrim, RN, BN, MEd, MBA

It has been an honor and a pleasure to serve as the President of the ARNNL and to represent the nurses of this province over the past almost 20 months. Indeed it has been one of the highlights of my nursing career. During my time as President, I have been given the honor of participating in many events, either through my provincial role as President of the ARNNL, or as the Newfoundland and Labrador representative at the CNA Board of Directors. In my final message to you I, would like to reflect on a few of these experiences and look to the future of nursing in this province.

In 2006, I represented you all in Ottawa at the launch of the Nursing Portal; an electronic "colleague" which supports nurses with evidence based practices, professional development and connects us with each other. In 2007, the Portal marked its first full year of operation. The potential of the tool to strengthen nursing practice is tremendous. If you have not already "logged on", I encourage you, as part of National Nursing Week 2008, to make a commitment to get a demonstration set up in your workplace. Show other disciplines what a great thing "nurses have done for nurses".

I also participated in (and continue to participate in) discussions and debates surrounding the document Toward 2020: Vision for Nursing published by the CNA in 2006. I hope, by now, nurses everywhere have read this document. It has certainly stimulated much discussion, sometimes heated, among nurses and other stakeholders, on what nursing and health care could look like in just over ten years from now. But this is the strength of the document. It causes us to think, not just about nursing, but about the entire 'health care' system. And who better to start discussion about what health care should look like than nurses who are enmeshed in it every day? Nursing can, and is, taking a leadership role nationally and provincially with this.

Additionally, during my tenure, I had the opportunity to engage in a review of the Mission, Vision and Goals of ARNNL. The Board of Directors had some great discussion on the role of our association and our current goals. In the end, we validated our commitment to these goals, and agreed the Board should place more emphasis on being visible, linking with the membership and promoting nursing publicly.

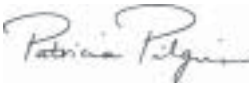
We also had a productive meeting with the President and Executive Director of the NLNU to discuss issues facing our profession and to identify opportunities to collaborate as we work to strengthen our profession and our health care system. While the ARNNL and the NLNU are unique entities with individual roles and identities, I believe it is important that we work together to improve nursing in the province. There is no doubt that we are facing major challenges in nursing and healthcare, and while change and upheaval is nothing new for our profession or system, the challenges we are now facing with the nursing shortage will be very significant.

Within our province, we hope the fundamental need for an improved contract for nurses will be recognized during the collective bargaining process. This is essential if we are to attract and retain nurses in our healthcare system. The association, union, employers, and nurses must also work together to make concrete changes in the quality of work life for nurses.

But the reality is that even if we have success in all of these areas, there will *still* not be enough nurses or other professionals to meet the demands of the current health care system. So, what is the solution? The system itself must change. We must renew our focus on primary health care in this province. Strong primary health care, with interdisciplinary teams working in collaborative teams, is the key to transforming our system to a wellness focus with the client a full partner in his or her own "health".

Nursing of the future will be permanently affected by our success now! We must take a leadership role and engage nurses to address scope of practice, shared accountabilities, collaborative, interdisciplinary practice. Within nursing we must also ensure we implement an effective model and process for Continuing Competence. At ARNNL, staff has already started the consultation process to determine the approach we will adopt.

Again, I encourage you to get involved, make it your business to understand the issues in nursing, what they are about and to have your say! Let us ensure we are engaged, that we go in the right direction and that we ensure we retain and attract nurses who are given the opportunity to work in supportive and stimulating workplaces.



It Is In Difficult Times That Leadership Shines Through

Margaret (Pegi) Earle, RN, MScN

The predicted shortage of health professionals has begun. It is wide–spread across many disciplines and international in scope. In our province, all regional health authorities have vacancies for Registered Nurses and many do not have enough nurses available to provide adequate relief coverage. ARNNL is concerned that a continued shortage of nurses will jeopardize the smooth functioning of our health care system and negatively impact the delivery of patient, resident, and client care. Research shows that 'as goes nursing, goes the system'. We know adequate RN staff is essential for producing good patient outcomes. We also know there is a direct relationship between adequate RN staffing and organizational outcomes such as patient satisfaction and access to services. It is no surprise then that ARNNL believes the nursing shortage requires immediate and sustained attention.

Nothing can replace the therapeutic relationship between nurse and patient.

ARNNL is pleased that the Department of Health and Community Services (DHCS) recently established a Provincial Workforce Planning Steering Committee to coordinate a comprehensive health workforce action plan. The nursing component for this plan is being developed by the Provincial Nursing Network (PNN) which is composed of key stakeholders in the preparation and employment of RNs and LPNs in the province (including ARNNL and NLNU). The PNN is working to create responsive and creative approaches to the issues impacting the shortage including the quality of workplaces, effective use of nurses, recruitment of new nurses, and system management. While this workforce action plan is being developed for the future, system level planning is presently underway to address many of the complex issues associated with the shortage. For example, we anticipate an increase of 36 seats in the BN program this fall, some regional health authorities are offering financial bonuses for rural and remote practice, nurses are being hired to lead recruitment initiatives, and there are several projects addressing the quality of nurses' work life at selected sites throughout the province (ARNNL's Quality Professional Practice Environment Program and NLNU's Healthy Workplace and 80:20 Pilot Projects).

At the direct care level, the majority of you have begun to work through the nursing shortage. ARNNL is hearing that members are experiencing increased workload and unpredictable and inflexible scheduling. We understand how stressful this decrease in control over your work life can be and recognize the associated challenges with providing high quality care. That is why ARNNL has developed resources to assist you as you prioritize your day to day nursing practice. For example, ARNNL provides:

- Standards and guidelines to determine your role and accountabilities,
- Access to current information and best practices on www.nurseone.ca and www.arnnl.nf.ca,
- Advice and consultation on questions you have about your practice,
- Confidential support to assist you in the resolution of professional practice issues, and
- Almost 100 Workplace Rep volunteers who can direct you to appropriate ARNNL resources.

Our *Code of Ethics for RNs* (2002) states that RNs must "…strive for the highest quality of care achievable" and "if working short staffed, we must set priorities reflecting the allocation of resources…" As the shortage escalates and the public is deluged with stories about the demands of the health care system, nurses as the professionals at the point of care need to reassure our patients[1] and the public that we have not lost sight of them, that patients remain at the center of our care.

Nurses are in a unique position to foster patient centered care and demonstrate commitment to our patients' health and well being. It is our actions and practices that create an unforgettable impression on patients, families, and communities. Nothing can replace the therapeutic relationship between nurse and patient. So when faced with setting priorities about the allocation of resources and actions to take, our focus must continue to be on putting our patients first and responding to them in a meaningful way. I believe this is what the public trusts nurses to do! Furthermore, because we put the patient first, public opinion polls continue to show the public trusts RNs more than any other health professional group.

I recently attended the DHCS' nursing leadership conference where nursing leadership guru Tim Porter-O'Grady challenged almost 300 RNs and LPNs to "conspire to make things better." He reminded us that clinical leadership is every nurse's responsibility and that "it is in difficult times that leadership shines through". As we work to deal with the impact of the shortage of health professionals on our patients' health care experiences, it is important to stay true to our professional values and conspire to be present for our patients. The public trusts us to do no less!

[1]Patient refers to the recipient of nursing services.

When Two Become One: Changes in Nurse Practitioner Education in NL

Donna Best, RN, MN, NP-S, Marcy Greene RN, MSc, NP – PHC, & Sandra LeFort, RN,PhD, Dip Outpost Nursing & Nurse Midwifery

In 1970, the nurse practitioner (NP) role began in Canada with the development of 10 university pilot projects in Schools of Nursing across the country. Memorial University was an early leader in implementation of the NP program when, in 1973, the Family Practice Nurse Program, a nationally funded 2-year pilot, was developed collaboratively between the School of Nursing and the Family Practice Unit, Faculty of Medicine. For eleven years, beginning in 1978, Memorial offered the Outpost Nursing Program (later called the Community and Primary Health Care program) through the School of Nursing in partnership with the Family Practice Unit. The program was funded by Grenfell Regional Health Services. Until 1988, all the programs at Memorial were diploma programs with credit towards a BN degree. During this time, NPs were still only able to work in what were then termed 'nursing stations' in the northern parts of the province (Northern Peninsula and coastal Labrador).

During the 1990's, there was a change in thinking about how the province and the country were going to address health human resource needs in order to reduce wait times, improve access to quality care, and meet the needs of an aging population. It became clear that the nurse practitioner role was under utilized and could be integrated into the general health services delivery system in all parts of the country - in urban and rural areas, not just in the north. Because there was a body of evidence that the NP role was effective, efficient, and acceptable to the public, provincial governments across the country, including Newfoundland and Labrador, began to develop NP legislation and nursing regulatory bodies developed licensing mechanisms for NPs.

As a result, since 1997, a Nurse Practitioner - Primary Health Care (NP-PHC) diploma program, funded by the provincial department of health, has been offered, primarily to diploma-prepared nurses, by the Centre for Nursing Studies (CNS) in St. John's. The program was approved by the Association of Registered Nurses of Newfoundland and Labrador (ARNNL), which has the provincial mandate to approve nursing programs and licenses nurse practitioners in the province. This diploma/certificate program does not lead to a degree; however some of courses are credited toward a degree. There have been 100 graduates from the program to date.

Changes in NP education and practice were also occurring nationally. The federal government funded a number of initiatives to develop health professional collaborative practice models including the Canadian Nurse Practitioner Initiative (CNPI). This was a pan-Canadian group representing nursing regulatory bodies, professional associations, provincial and territorial governments and educators. The objective of the CNPI was to identify the most effective mechanisms for integrating and sustaining the NP role in primary health care in Canada. One such mechanism was education.

> *"Nurse practitioners (NPs) are experienced registered nurses with additional education who possess and demonstrate the competencies required for nurse practitioner registration or licensure in a province or territory. Using an evidence-based, holistic approach that emphasizes health promotion and partnership development, nurse practitioners complement, rather than replace, other health-care providers. Nurse practitioners, as advanced practice nurses, blend their in-depth knowledge of nursing theory and practice with their legal authority and autonomy to order and interpret diagnostic tests, prescribe pharmaceuticals, medical devices and other therapies, and perform procedures" (CNPI, 2006).*

The most recent CNPI (2006) report has a number of recommendations on NP education. These include recommending: "the master's degree (MN/MScN) as the required exit credential - ideally by 2010 but no later than 2015" and "institute" bridging mechanisms to support program transition to a graduate degree (MN/MScN) as the standard exit credential" (p. 42). The Association of Registered Nurses of Newfoundland and Labrador have developed a position statement based on these recommendations (ARNNL, 2007).

As a result of these discussions, it has been decided that over the next few years the NP Program in the province will continue to change and evolve. Admission to the program at the baccalaureate level will be offered in the years 2008 and 2009 for 16 students per intake. This Nurse Practitioner Primary Health Care (NP-PHC) option of the BN (Post-RN) program is a time-limited transitional program with two intakes planned. The program consists of a 6-semester full-time or 11- semester part time program. It is comprised of three non-nursing courses (English, statistics and philosophy), nine nursing courses currently offered in the BN (Post-RN) program, and eight new NP-PHC courses.

In 2010, we plan a smooth transition of this program to the Master of Nursing program. Memorial's School of Nursing already has an approved Nurse Practitioner - Acute Care route in the MN program. This educational standard is in keeping with new national recommendations on nurse practitioner education entry level qualifications (CNPI, 2006) and with the Association of Registered Nurses of Newfoundland and Labrador (ARNNL) policy statement on nurse practitioner education (ARNNL, 2007).

References available upon request

For Curriculum Map, please see page 16

nurse

OF NOTE

Joanne Simms, RN, NM, NP

Joanne Simms, RN, MN, NP receives her Canadian Nurses Association (CNA) Centennial Achievement Award from Prime Minister Stephen Harper, Minister of Health Tony Clement and CNA President Marlene Smadu on Feb 1, 2008.

On February 1, 2008, Joanne Simms, RN, MN, NP was recognized by Prime Minister Stephen Harper and Health Minister Tony Clement as one of 14 extraordinary and diverse nurse leaders from across Canada who have made significant contributions to the health system and the health of Canadians In recognition of her accomplishments, Joanne was presented with a Canadian Nurses Association Nurse to Know Centennial Achievement Award.

Joanne's story, and those of the other 13 recipients, reveals a spectrum of courage, leadership, conviction and passion that serve as inspiring examples for the current and next generation of nurses.

Joanne says receiving the reward was “a very proud moment and a humbling experience,” and has been overwhelmed by the response to the announcement. Since receiving the award Joanne, who says one of the most rewarding parts of her job is being able to help young people who are in distress, has received numerous phone calls, e-mails, letters and cards from a wide variety of people and groups, including Premier Danny Williams, the Minister of Health and Community Services, Ross Wiseman, the CEO of Eastern Health, Louise Jones, ARNNL, both Schools of Nursing, former leaders, the medical communities, and many colleagues, family, and friends.

As a nurse practitioner specializing in adolescent medicine, Simms says she feels ‘very proud to be a nurse and to be able to promote the contributions of nurses and nursing the health care system.”

Joanne is looking forward to continuing to care for young people — many, but not all, with eating disorders — as part of an interdisciplinary team at the Janeway Children’s Health and Rehabilitation Centre in St. John’s, Newfoundland. She hopes to use the occasion of her award as an opportunity to further educate health professionals and communities about eating disorders and to promote educational resources to show how to prevent, recognize, manage, and follow-up on eating disorders.

Joanne Simms began as a pediatric nurse in the ‘80s, and completed the University of Toronto’s nurse practitioner program in the ‘90s. Upon graduation, she was seconded to develop the primary health care nurse practitioner program at the Centre of Nursing Studies in St. John’s, where she taught for four years.

In 2001, Simms became a licensed nurse practitioner and began her current job with the Janeway Children's Health and Rehabilitation Centre in St. John's. Her days are full of the challenges: she works in an outpatient medical clinic, counsels patients, does follow-up on lab and diagnostic reports, prepares presentations, and works on projects. On top of that, she takes part in team rounds and care plan meetings for her hospitalized clients.

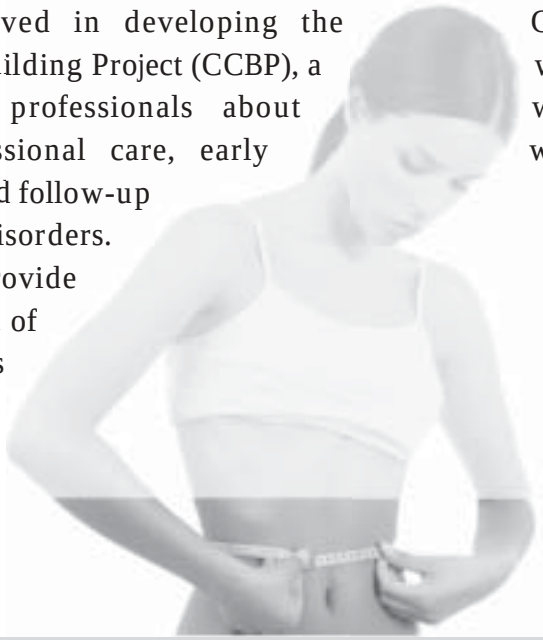
Simms has many other commitments including a cross-appointment as a teacher in the nurse practitioner program at the Centre for Nursing Studies and a professional associate appointment teaching at Memorial University. She represents her fellow Newfoundland nurse practitioners in the Canadian Association of Advanced Practice Nurses, is a member of a transgender working group, and she does committee work with her professional nursing association.

RNs and NPs Needed for Eating Disorder Community Capacity Building Project

An Intensive Day Treatment Program for clients aged 15 years an older in the province is currently under development. A number of staff has been hired and many services are being offered for both clients and their families. We are very excited about this newly funded service, but fully recognize that this day treatment program is not going to be able to meet the needs of all clients with eating disorders in our province. Clients with early stages of an eating disorder, or uncomplicated eating disorders, can be effectively and appropriately treated in their home community by professionals already involved in their care.

RNs and NPs who are not specialized in eating disorders, but are seeing these clients in their practices, may feel at a loss for how to assess the severity of the problem and work effectively with patients, families and other professionals involved in their care.

The Eating Disorder Working Group, which originated from Eastern Health, includes a number of professionals from various disciplines representing a wide range of programs within Eastern Health as well as external professional stakeholders including the Body Image Network, Memorial University Counseling Centre, and the Centre for Nursing Studies. This group has been involved in developing the Community Capacity Building Project (CCBP), a program to educate professionals about prevention, interprofessional care, early intervention, referral, and follow-up of patients with eating disorders. The program will also provide clinicians with a toolbox of evidence-based materials designed to be useful in daily practice.



Education in eating disorders is only one part of the equation for professionals who work with this population – there is a need for ongoing support and consultation. The CCBP has built in the opportunity for consultation with professionals, both within and outside of one's own profession, who specialize in the management of patients with eating disorders. In addition, those involved in the CCBP program have access to an email distribution list that makes relevant information in the area available through several avenues. Professionals on the distribution list also have access to an Eating Disorder Resource Centre from which they can borrow materials ranging from text and reference books to patient workbooks, guides, and videos.

Each Regional Health and School Authority in the province will have the opportunity to be involved in this project and we plan to invite involvement from health care professionals in private practice as well.

The involvement of RNs and NPs is extremely important given the serious medical complications associated with eating disorders. We are hoping to involve nurses and nurse practitioners from as many communities across the province as possible. If you are seeing patients with these disorders, joining the CCBP will offer you education and support as well as the opportunity to develop connections with others in your community interested in working with this group of patients.

If you are interested in more information about the CCBP, call or email Dr. Olga Heath, Psychologist, Eating Disorder CCBP Team Chair at 709-737-3493 or oheath@mun.ca or Joanne Simms, Nurse Practitioner, Eating Disorder CCBP Team at 709-777-4567 or joanne.simms@easternhealth.ca

Family Nursing: The Dilemma

By Michelle Osmond, RN, MSN, CNS and Lynn Power, RN, MN, ARNNL Consultants

As a Registered Nurse, there will be times when your family calls upon your help. There may also be occasions when, as an employee, you will provide care to a family member. Some nurses may even work alongside another family member. In this article, the professional implications of caring for, or working with, family are identified. Like most issues, the circumstances influence the situation; however, there are consistent principles against which the professional basis for nursing practice can be evaluated. Caring for, or working with family is not a one person decision, everyone involved has a role; the client, the family, the nurse, the team, and the employer.

What is family?

One of the first challenges is to define the term. There are many definitions of family. It has been defined by blood, marriage, legal authority such as adoption or foster care, and by living arrangements. Some definitions of family are narrow i.e. immediate members only, whilst others are extremely broad to include any individual who one considers to be 'close'. An important consideration when defining family is the personal or emotional connection between individuals. It is this component that can impact the quality of care and what often distinguishes a family relationship from a professional or social connection. Consequently, determining who 'family' is requires personal reflection and must be evaluated on an individual basis. For example, an aunt who has always lived with her niece and family will have a different relationship from the aunt who has always lived away.

Decision-Making Principles

The principles that influence decision-making when caring for or working with family are grounded in the definition and interpretation of the nurse client relationship. Establishing this relationship is an expected standard for practice.

Each RN:

…Maintains appropriate professional boundaries, distinguishes between therapeutic interactions and personal interactions… (ARNNL, 2007).

The nurse client relationship is the foundation of nursing practice across all populations and in all settings. A therapeutic relationship is focused on the needs of the client. It is based upon trust, respect, and professional accountability. The CNA *Code of Ethics* identifies the potential power imbalance and subsequent need for RNs to create this relationship.

…Nurses must recognize the vulnerability of persons and must not exploit their vulnerabilities for the nurse's own interest or in a way that might compromise the therapeutic relationship… (CNA, 2002).

Principle – Accountability and Liability

RNs are accountable at all times for their actions. Accountability means responsibility for care provided or omitted. This fundamental premise helps neutralize the power balance between the care giver and receiver. The nurse has the knowledge and skills needed, yet the client has the opportunity for recourse if they have a concern. This relationship is not always evident when the client is a family member. Do you think your mother or your cousin would lodge a complaint if you were not competently prepared to care for them?

Principle – Duty to care

RNs also have a duty to care, so if you are the only RN working in a rural site then you must provide the 'best care you can in the circumstances'. Urgent and emergent situations will always be an exception to the rule. However, there are situations when there is a choice; for example, your brother is a client on your unit which has 10 RNs on staff. In this situation, you can declare your relationship with the client to your manager and the other members of the team, provide any required immediate care, and seek an alternate assignment as soon as possible.

Principle – Choice

RNs have an ethical obligation to provide clients choices and to respect their choices. You may not be embarrassed to look at an exposed part of your cousin but she may be, and yet won't tell you. Have you thus breached the client's dignity or privacy? Will you be challenged at home to breach confidentiality? Will the family member think you talked if information does get around the family rumor circle?

Principle – Well Being

You also need to think about yourself. Standard 1.6 states that you are expected to …Maintain a standard of personal health and safety such that the ability to practice is not compromised… (ARNNL, 2007). Could you respond professionally in a crisis? For example could you calculate medications if one of your

loved one arrested in your care? Can you safely practice each day if you stay all night to care for your husband? Are you able to concentrate on your client assignment if your child is having a procedure done by another colleague?

Principle – Team Interactions

Caring for family can blur the lines of responsibility which could increase the risk of miscommunication and errors of omission. If your grandmother is a client on your team's case load, are the roles and responsibilities for the team clearly delineated? Do your colleagues know who's responsible for what? While you are 'visiting' are you also providing care? Who's documenting what?

Working with Family

NL is a small place and a career in nursing often runs in families. So there will be situations where, for example, a brother and sister or husband and wife may be employed in the same setting. ARNNL does not forbid this however; there is likewise no reduction in accountability. In fact the challenge to meet the accountability principle may be higher. For example, would you be able to meet your professional duty to report and/or address witnessed incompetence or breaches of policy. If there was an investigation into an event involving your sister would you be a credible witness. What if narcotics went missing or client belongings, would you be suspect? Therefore, it is wise to try and avoid this situation. Nurse managers have a responsibility to work with you and help evaluate the risks and determine alternatives. This may mean not sharing client assignments, relieving each other for breaks, or working on the same team. If unavoidable, then try to limit joint participation in more risky situations, e.g., counting narcotics, witnessing or obtaining consent, cosigning orders, or participating in client education.

Family Care

As a nurse you have knowledge and skills that your family will require. Providing informal sporadic interventions for a family member has not been interpreted as practicing nursing. Nursing involves the use of the nursing process from assessment through to evaluation and documentation. It means collaborating with colleagues, adhering to standards and having established lines of accountability … it is much more then the competent completion of a task (ARNNL, 2006). This does not mean that you can't take out your uncle's sutures, give your grandmother her Vitamin B12 injection, or help your aunt breastfeed. If you have the necessary knowledge and skill to competently perform these interventions, can address any adverse events, and have explained your role and obligations to the family member, then you and your family member can make that choice.

Summary

Providing nursing care for, or working with, family can place the nurse in a compromising situation where she/he is expected to balance both a personal/emotional and a professional relationship. This can lead to conflict with the client, family members and other team members. The potential impacts are summarized in Table 1.

Table1

Potential Impact of Caring for, or Working with Family
Nurse
Blurred Accountability
Altered Clinical Objectivity
Potential Breach of Privacy and Confidentiality
Risk of Unethical Practice – seek/gain information beyond what is required for practice.
Risk of Incompetent Practice – personal knowledge of relevant information may limit documentation and communication
Clouded Professional Judgment – due to "emotions"
Altered Family Relationships – trust and respect
Increased Anxiety – feeling 'responsible' for family members, and need to 'be there' for family and team
Family Member
Altered Care – Family member may not give all relevant information or assumes the nurse family member knows relevant history, or won't allow adequate assessment (i.e. if assessment require discussion of sensitive issues or direct assessment when family member is disrobed). Could lead to inappropriate decisions
Limited Choice – Family member may not disagree with intervention or may hold back from suggesting alternatives
Team
Altered Team Relationships – relationships may be jeopardized if actions are based on emotion not objectivity
Workload Management – perception of disproportionate time spent with family member

Providing professional nursing services to family members or working with family raises many concerns. Consultation with insurers, nursing jurisdictions and other professional organizations such as, medicine and allied health, revealed similar concerns about ethics, optics, quality of care, relationships, and professional accountability. Where possible it is recommended to avoid this situation. If this is not an option, openly declare the relationship and seek re-assignment as soon as possible.

Leaders in Professional Practice

ARNNL's Workplace Representatives

Workplace Representatives (WPR) volunteer to represent ARNNL by supporting professional nursing practice and communicating information in their workplaces. Reps 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, for example, iin the past our Reps have attended the regular representative meetings and the Nursing Leadership Conference. Our Reps are introduced in *ACCESS* so you will get to know these important volunteers!

Daphne Andrews is the workplace representative at Carbonear General Hospital where she works in the 8 bed emergency department. Daphne, who has worked as a nurse for 17 years, is proud of her profession and of nurses' ability to keep pace with the rapid and ever changing technological advances of the profession. Daphne, a graduate of the St. Clare's School of Nursing (1990), has continued to partake in many professional development courses during her career including, Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), Trauma Nursing Core Course (TNCC), and Course in Advanced Trauma Nursing (CATN-II). Daphne has also served as team leader of the ER/Trauma quality management team, as a member of the regional emergency/pre hospital care accreditation team, and as a team leader for QPPE at the Carbonear General Hospital.

Gerrianne Sullivan is the workplace representative for the Glenbrook Lodge in St. John's. Gerrianne began her education with a nursing diploma from St. Lawrence College in Cornwall, Ontario followed by a BBA program in health and physical assessment at University College of Cape Breton. Gerrianne enjoys working as a nurse because it constantly "provides opportunities to learn and experience something new". Gerianne has been a nurse for 4 years and has taken courses in advanced foot care and leadership in long term care and she recently became a member of a committee working to establish a palliative care team in the St. John's region.

Mary Jane Bennett is the workplace representative for the St. Patrick's Mercy Home in St. John's. A 28 year nursing veteran, Mary Jane works with clients with Alzheimer's & other dementias on an all female floor where the average age is 85 years. She enjoys the challenges of "caring for people with dementia …" and "loves working with families and other disciplines to implement effective plans of care for [her] clients." Mary Jane is a graduate of St. Clare's School of Nursing (1979). She has completed a nursing assessment course, has a Canadian Nurses Association certification in gerontology, and is a member of the ARNNL professional practice committee. When she isn't devoting her time to her career or family, Mary Jane can be found singing as a member of the 'Cloudberries' community choir.

Doreen Oliver is the workplace representative for the 6 bed ICU at the Carbonear General Hospital. A graduate of the Grace School of Nursing (1980), Doreen has 20 years experience on her unit where she deals mostly with cardiac, respiratory, and surgical patients. Doreen, a member of the accreditation committee at her workplace, feels that "keeping up with all the technological, and other changes in our scope of practice is an accomplishment for all nurses." Doreen still feels, with 25 years of practice under her belt, that nurses need to focus on the heart and the soul of nursing and never lose the element of caring and compassion which can be as much a healer for patients as actual medicine. For Doreen, the greatest satisfaction at the end of the day is "knowing the care, compassion and treatment I have given my patient has made a difference to their personal well-being."

For more information visit www.arnnl.nf.ca →About ARNNL → Workplace Program or call Lynn Power.

Association of Registered Nurses of Newfoundland and Labrador

Think You Know Nursing? Take a Closer Look

National Nursing Week 2008

National Nursing Week is our annual opportunity to recognize and celebrate our contributions and achievements as Registered Nurses and to emphasize the wide scope of nursing activities throughout the province. It is also an opportunity to educate the public about the role of Registered Nurses in the well being of the citizens of our province.

Every day, nurses are improving clinical care, leading advocacy work and advancing technological innovation in all practice settings. Every day, we offer solutions to the challenges facing health care in our province.

We at ARNNL are pleased to present a series of articles that offer some insight into the wide variety of roles nurses play in health care. From student nurses analyzing the recruitment of men into the profession, to an examination of nursing and our environment, to the introduction of new models of nursing care, these articles challenge us all to look at the role of nursing in health care in a new light.

Health, Environment and Nursing

By Sandra Gear, RN, MN, Eastern Region Councilor

It seems as if everybody is talking about the environment and climate change these days. As nurses, we play a key role in protecting our environment. The Canadian Nurses Association and the Canadian Medical Association have issued a Joint Position Statement on Environmentally Responsible Activity in the Health Sector (2005). This document notes that "As decision makers, caregivers, and role models for healthy behaviour, nurses and physicians should encourage and implement measures to achieve environmental responsibility in the settings where they practice and the health care system in general." The Canadian Nurses Association has chosen environmental health as one of the three themes to celebrate its centennial this year.

Nursing has a long history of focusing on environmental health. In 1860, Florence Nightingale wrote, in *Notes on Nursing*, that nursing "ought to signify the proper use of fresh air, light, warmth, cleanliness, quiet, and the proper selection and administration of diet – all at the least expense of vital power to the patient" (p.8).

What is nursing's role in environmental health in the 21st century? Nurses can focus attention on the environment within health care and play a major part in greening the health care system. Many nurses have been involved with the implementation of "Green Teams" in health care facilities. These teams try to ensure that products and services are eco-friendly as well as inspire and educate staff in green initiatives.

Teams are encouraging hospitals to reduce energy use, close doors to the outside to reduce heat loss, use energy efficient bulbs in the work setting, and turn off lights and equipment when not in use.

Reducing waste (including medical waste for incineration) is another area where nurses can contribute to a better environment. Nurses should ensure that only waste that must be incinerated is placed in bins or containers for incineration and that all other waste, such as wraps, paper etc., is placed in regular waste bins or in recycling bins. Nurses need to have a good understanding of the criteria for biomedical waste that must be incinerated. Nurses should encourage and use recycling programs at work for waste including cans, bottles, and paper.

There is a wealth of information available for nurses who want to learn more about how the environment impacts health and how the health care system is impacting the environment. The CNA is developing a series of information papers on environmental health topics. The first of these papers -"The Environment and Health: An Introduction for Nurses"- is available on the website at www.cna-nurses.ca. As nurses, we need to become better informed about environmental health and take a leadership role in promoting a healthy environment.

References available on request.

Recruitment & Retention

By: Marie Antle, Sarah Dwyer, Kelly Kean, Shawna Lee, Melanie Oldford, Geri Cashin, R.N., M.N. & Denise English, R.N., M.N.

Literature Review

In light of today's nursing shortage it is vital to ensure that strong recruitment initiatives are implemented. To highlight the importance of this issue to the nursing profession, and to meet the requirements of the course, *Issues in Nursing and Health Care (N4103)*, a group of students facilitated a seminar on the recruitment and retention of men in nursing. To gain a greater understanding of the topic, they also conducted a survey of 30 male nursing students enrolled in all four years of a nursing program within the province of Newfoundland and Labrador.

Historically, nursing was a profession that attracted both men and women (Davis & Bartfay, 2001; Evans, 2004; Jinks & Bradley, 2004; Mackintosh, 1997; Villeneuve, 1994). Florence Nightingale, who viewed nursing as an extension of the female domestic role, 'feminized' and promoted nursing as a profession best suited to women (Meadus, 2000; Miracle, 2008). Further, many past images of nurses have lead to the stereotypical perception of a nurse as female (i.e., handmaiden, sex symbol, angel). Additionally, the media continues to portray nursing as a female career (Jinks & Bradley).

Sexual stereotypes have deterred men from entering the nursing profession. Male nurses are often portrayed as effeminate or gay (Jinks & Bradley, 2004). Additional deterring factors include patients' preference for a female nurse, inadequate recruiting initiatives, and limited coverage of male nurses in the media (Davis & Bartfay, 2001; Evans, 2004; Jinks & Bradley; Meadus, 2000; Meadus & Twomey, 2007). Currently, Canada has no formal plan to recruit or retain men in nursing.

Discussion

According to survey results, 80% of the participants identified career opportunities as the leading motivational factor for entering the nursing profession. In addition, 70% of the participants chose job security, the desire to help other people, and the ability to work in a variety of locations as other reasons for choosing nursing as a career. As well, family influence (30%), salary (47%), and other (10%) were also identified as motivational factors (see Figure 1). Similarly, Meadus and Twomey (2007) identified career opportunities and job security as the most common factors that motivated men to choose nursing as a career. Those authors and others (Boughn, 1994; Okrainec, 1994; Sherrod et al., 2005) also identified salary, the opportunity to travel, and having family members in the profession as additional motivational factors.

With respect to recruitment strategies, 83% of the participants reported that they did not receive information about nursing from high school guidance counsellors or career fairs. Moreover, 85% of the participants rated Memorial University's recruitment strategies for male nurses as poor. Similarly, limited recruitment initiatives for men in nursing have been highlighted by other researchers (Meadus, 2000; Meadus & Twomey, 2007; O'Lynn, 2004; Villeneuve, 1994).

Gender-based discrimination has been identified as a barrier for men in nursing (Anthony, 2004; Davis & Bartfay, 2001; Jinks & Bradley, 2004; Meadus, 2000; Stott, 2003). Similarly, the participants in this study identified that they had experienced gender-based discrimination from a number of sources including patients (84%), instructors (42%), colleagues (32%), friends (32%), physicians (21%), and managers (11%) (see Figure 2). It should be noted that first year students were not included in this survey question due to their lack of clinical experience at the time the survey was conducted.

The majority (77%) of the participants identified the emergency department as the area of nursing in which they were most interested. This contrasted with findings from

Marie Antle, Sarah Dwyer, Kelly Kean, Shawna Lee, and Melanie Oldford are Year 4 students in the BN (Collaborative) Program at the Centre for Nursing Studies. They will graduate on May 30, 2008.

Geri Cashin and Denise English are Nurse Educators in the BN (Collaborative) Program at the Centre for Nursing Studies.

# of Men in Nursing

Figure 1:
What factor(s) motivated you to enter the nursing profession?

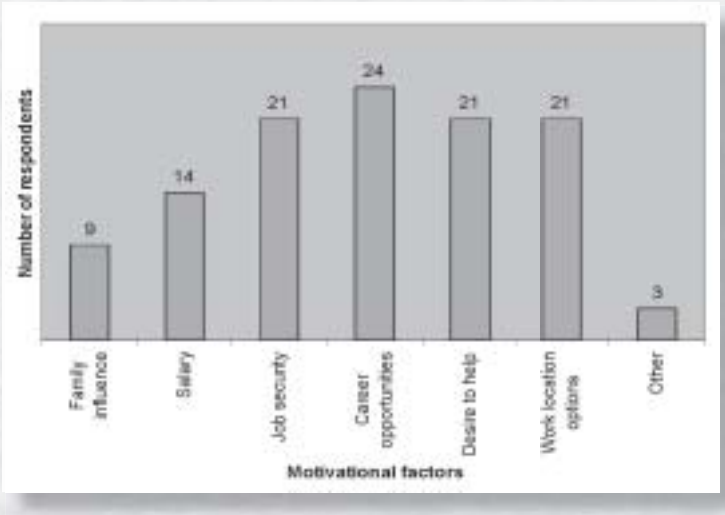
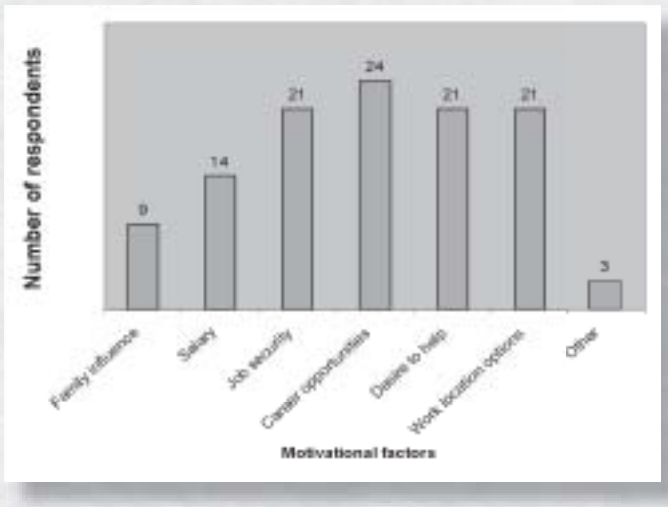


Figure 2:
From whom have you experienced gender-based discrimination?



Meadus and Twomey's (2007) study in which the majority of male nurses within the province of Newfoundland and Labrador work in medical-surgical units. However, the response from the survey is congruent with that of others (Boughn, 2001; Brady & Sherrod, 2003; Whittock, & Leonard, 2003). Other leading areas of interest in descending order included surgery (70%), operating room (60%), and administration (57%). All areas of interest that were identified by the participants are illustrated in Figure 3.

Nursing Implications: Education and Research

Clearly, campaigns to recruit male high school and college students into nursing schools should become a priority. The campaigns should focus on dispelling the stereotypes and highlighting the leading factors that appeal to potential male applicants (i.e., job security, career opportunities). As well, nurse educators should foster a learning environment that is gender neutral. In particular, nurse educators need to be aware that they are potential sources of gender-based discrimination, given that 42% of the participants reported instructors as a source of discrimination (see Figure 2).

Further research is warranted to explore how male nursing students have encountered gender-based discrimination with identified populations. In addition, men should continue to be research minded and maintain their willingness to participate in nursing research. While numerous strategies were identified to benefit recruitment efforts for men, there is a literature gap regarding the evaluation of these strategies. As well, research on retention of men in nursing is notably absent.

Summary

With the nursing shortage imminent, it is necessary to increase recruitment efforts with a stronger emphasis on recruiting men into nursing. However, effective retention efforts must follow to ensure a more balanced representation of men in the nursing profession.

Figure 3:
What areas of nursing interest you?

Western Health to Introduce New Model of Nursing Care in Long Term Care

By Anne Doyle, RN, BScN, GNC(C), Regional Director Long Term Care, Western Health

In response to challenges created by the increasing complexity of care of the clients we serve, the shortages of nursing staff and the appropriate utilization of staff, staffing mix and scopes of practice, Western Health will introduce a new model of care delivery in the region. The model was developed by a team comprised of Long Term Care Nursing Managers and Directors and other managers from Professional Practice, Organizational Development and Human Resources. It is in keeping with current national trends, will help ensure continuity of care and delivery of a high quality of nursing care to residents, and fits within an interdisciplinary approach to care.

The new model will see the introduction of Resident Care Coordinators and Personal Care Attendants into what has historically been a RN and LPN only skill mix. By doing so, the model further supports Registered Nurses and Licensed Practical Nurses working to their full scope of practice.

The new model, known as Modular Nursing, is a geographic assignment of residents which encourages continuity of care by organizing a group of staff to work with a group of residents. Modular Nursing emphasizes a total care focus for LPNs and PCAs as well as leadership and coordination roles for RNs within their scope of practice.

In Modular Nursing, Resident Care Coordinators will provide the unit clinical leadership and overall coordination of resident care within an interdisciplinary approach to care. To ensure a holistic approach to care is maintained, the Resident Care Coordinator will also evaluate the effectiveness of nursing care through resident assessment, chart review, conferences, and ongoing reports from nursing staff.

Paul Briffett, RN
Margaret Critchley, RN *Karen MacDonald-White, RN*

The RN will function as the Modular Leader and will assume the leadership role within the unit modules. There will be increased time to perform comprehensive assessments and facilitate the delivery of quality resident care by encouraging the use of the nursing process and effectively utilizing the skills of all the modular members. The RN will organize resident care activities within the modules, continuously re-evaluate the resident care load of all of the modular members, and coordinate the provision of care by matching resident care needs with appropriate nursing skill level.

Modules will have two staff assigned, one LPN and one PCA, and will have 10 to 14 residents for a minimum of two to four weeks. After this period, nursing staff will rotate to another group of residents. Overall, this will improve the continuity of care for residents and the accountability of staff. In Modular Nursing, the Nursing Assessment, Braden Pressure Ulcer Risk Assessment, and Foot and Fall Assessments etc., must be completed by the modular leader (RN) on admission and at regular intervals. Modular members (LPN & PCA) contribute to the assessments by providing updated clinical signs and general conditions of residents to the RN.

Continued on pg.16

Think You Know Nursing? Take a Closer Look

The Clinical Nurse Specialist: Contributing to Quality Nursing Career and Improved Health Outcomes

Annette Morgan RN MN GNC(C)
Clinical Nurse Specialist
Eastern Health Long Term Care St. John's

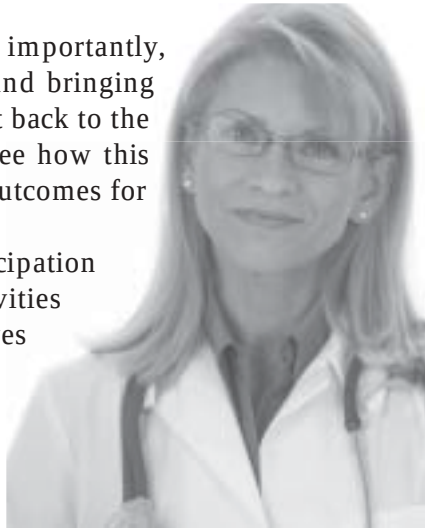
There are many benefits of having a Clinical Nurse Specialist employed in a practice area. However there are still many working in the health care field who do not clearly understand the role of the Clinical Nurse Specialist (CNS).

The ARNNL, 2007, defines a Clinical Nurse Specialist as "a registered nurse with graduate preparation and experience in a clinical nursing specialty such as women's health, gerontology, cardiology and mental health." The Clinical Nurse Specialist advances the nursing profession by contributing to the development of nursing knowledge and evidence-based practice as well as promoting excellence in clinical practice (Canadian Nurses Association, 2003).

A CNS practices within five sub-roles *leader, practitioner, researcher, consultant,* and *educator.* These roles all relate directly to supporting nursing practice.

Leadership is required to advance nursing practice as well as to promote quality client care. As a clinical leader, the CNS is involved with the development of policies, procedures, and standards of practice that are evidence based. The CNS is a leader in clinical practice and promotes new ideas as well as reviewing and evaluating existing practices. The role of change agent is also very evident. The CNS utilizes current research to introduce practice changes that increase positive outcomes for the populations served. The role assists staff to see the benefits of evidence based practice changes and to incorporate the changes into their practice.

As a CNS in the long term care setting, I have assisted with the implementation of many practice changes such as the implementation of the Braden Skin Risk Assessment Scale. By providing staff with related research information to show how this tool impacts resident care, and by assisting them with the use of the tool and choosing and implementing interventions, I was able to positively affect this change. More importantly, by evaluating the practice change and bringing the evidence of the beneficial impact back to the front line staff, I enabled staff to see how this practice change provided positive outcomes for the residents they cared for.



The practitioner role involves participation in direct and indirect care activities (Armstrong, 1998). Direct care involves assessment, planning, delivery, and evaluation of care. Indirect care involves activities that influence others in the provision of care such as providing education, setting clinical standards and policies, and providing advice and expert opinion to professional colleagues.

As a direct practitioner, the CNS functions as a role model to other staff, demonstrating knowledge, skill, and abilities at an advanced level. Research demonstrates the contribution of the CNS to improvements in individual client care outcomes. These outcomes can include clinical, psychosocial, functional, fiscal and satisfaction (Urden, 1999).

The research role of the CNS is very prominent in the literature. Strong research abilities are foundational and pivotal to enabling the CNS to improve resident or client care and to advance nursing practice. When working in the role of researcher, the CNS also applies research findings and may develop and implement or participate in research projects (RNAO CNSSIG, 2006). Research is part of all sub roles of my practice. I am responsible to establish and review clinical practice guidelines and develop, implement, coordinate, and evaluate clinical care.

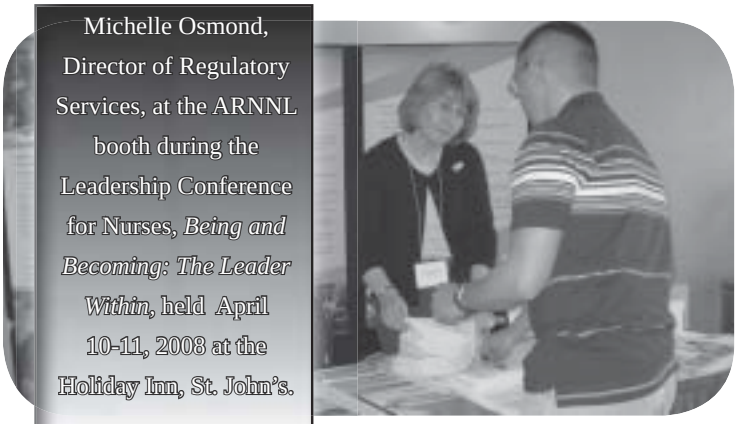
The consultant role comprises a large portion of the CNS role and is a highly valued role function (Naylor & Brooten, 1993). A CNS may assist staff with problem solving or trouble shooting and assist them to improve their skills in handling current work difficulties. This empowers staff to work through similar problems in the future. This role is much more effective if the CNS assists with problem solving rather than just providing a solution. The CNS uses advanced knowledge and

Continued on Page 19

March 2008 CNA Board Meeting

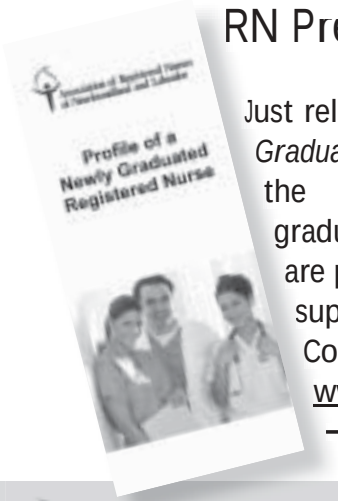
Left to Right:

Lucille Auffrey, CNA Chief Executive Officer,
Marlene Smadu, CNA President, Kaaren Neufeld, CNA President Elect,
Patricia Pilgrim, ARNNL President, and Pegi Earle, ARNNL Executive Director



Michelle Osmond, Director of Regulatory Services, at the ARNNL booth during the Leadership Conference for Nurses, *Being and Becoming: The Leader Within*, held April 10-11, 2008 at the Holiday Inn, St. John's.

RN Preceptors and Mentors



Just released - *ARNNL Profile of the Newly Graduated RN.* The brochure describes the practice expected of newly graduated RNs, competencies they are prepared to demonstrate, and the supports needed during orientation. Copies available from ARNNL or www.arnnl.nf.ca (under standards → competencies).

Photo by: Danette Dooley

MUN School of Nursing Graduate, and Carbonear native, Vanessa Donnelly recently delivered a presentation at the Health Sciences Centre in St. John's on her six months working in the Gambia educating high school students about diabetes and the deadly effects of the disease. Donnelly, who now works as a Diabetes Educator with Capital Health in Nova Scotia, is working towards her master's degree at Dalhousie University in Halifax.

NLHBA Awards Graduate Scholarships

The Newfoundland and Labrador Health Boards Association (NLHBA) recently awarded three Graduate Scholarships for studies in Health Administration.

Pictured are L-R: Award Winners, Pamela Elliott, Eastern Health, Lisa Adams, Eastern Health, Elizabeth Kennedy, Eastern Health with Joan Dawe, President, NLHBA

Congratulations to the scholarship winners.

Goings On

Photo courtesy of *The Loop*, Eastern Health

Eastern Health Urology Nurse, Sue Hammond, was recently awarded the Dr. F. N. Firme Special Recognition Award in recognition of her outstanding service to the prostate cancer awareness and support programs. Sue is a member of the Prostate Cancer Advisory Board that sets the direction for the provincial awareness program. The award, named in honour of Dr. Ray Firme for his work as a radiation oncologist in Newfoundland and Labrador, was presented to Sue on behalf of the Canadian Cancer Society. ARNNL congratulates Sue on her achievement!

Welcome to the Nursing Profession – Recent BN Graduates!

Western Regional School of Nursing

The following are registrants who were missed in the January 2008 edition of ACCESS. We congratulate you on your accomplishment and apologize for our oversight.

Suzanne Delaney – Corner Brook
Roberta Dunphy – Corner Brook
Malcolm Logan – Saint John, New Brunswick
Jennifer Noseworthy – Dalhousie, New Brunswick
Jennifer Piercey – Corner Brook
Kerri Penney – Corner Brook
Rodney Simmons – Corner Brook

All graduates listed have successfully completed the ARNNL approved BN (Collaborative) Program at Western Regional School of Nursing and have written the national RN licensure exam required for registration in this province.

Conferences & Workshops

Canadian Association of Nurses in Oncology (CANO) 20th Annual National Conference *Ordinary Days. Extraordinary* People, September 14-17, 2008, Delta Hotel & Convention Centre. For further information contact Bernadine O'Leary, Bernadine.oleary@easternhealth.ca or spippy@nl.rogers.com

21st Operating Room Nursing Association of Canada (ORNAC) Conference to be held June 7th-12th, 2009, St. John's NL. For further information contact registration co-chairs, Val Tilley valtilley53@yahoo.ca or Jo Moss - jomoss@nf.sympatico.ca

Nursing Innovations Conference — *Older Adults: Maximizing Care Across Health Care Settings*, June 4 & 5, 2008, Holiday Inn, St. John's. For more information visit www.arnnl.nf.ca or www.nlnu.nf.ca

Paramamedicine and Medical Transport Conference — June 13 - 15, 2008, Holiday Inn, St. John's. For more information, visit www.horizonconference.org

2009 Nursing Leadership Conference — *Leaders in Action: Mobilizing Nursing Leadership* - February 8 - 10, 2008, Sheraton Centre Hotel, Toronto. For more information, visit www.cna-aiic.ca

CHICA-Canada's New President

Marion Yetman was recently acclaimed President of the Community Hospital Infection Control Association (CHICA-Canada) for 2008-2009. Marion is presently the Provincial Infection Control Nurse Specialist for the Government of Newfoundland & Labrador.

Marion has experience with Pediatrics and as an Infection Control Practitioner/Coordinator with the Janeway Child Health Centre, the Health Care Corporation of St. John's & City Hospitals of Eastern Health.

She is certified in Infection Control and is graduate of the Master of Nursing Program, Memorial University of Newfoundland.

Congratulations Marion

These changes support the recommendations in the ARNNL's document *The Role of the Registered Nurse in Long Term Care Position Statement and Guidelines (2004)*. At Western Health, we anticipate many benefits for both nurses and residents. Nurses will have enhanced continuity of care, additional coordination time, improved teamwork (collaboration and cooperation), enhanced accountability, and more opportunities for leadership and growth which ultimately lead to improved work satisfaction.

Residents will have improved quality of nursing care, consistency, and predictability to their day and closer relationships with staff. Staff will also, as a result, have the opportunity to truly get to know residents and pick up on the most subtle changes potentially avoiding health or behavioral concerns.

The new model will be implemented on a unit-to-unit basis to ensure adequate resources to successfully manage the change. The first implementation will occur on 3rd/4th floors at the O'Connell Centre, Corner Brook (by May, 2008), and then later at The Bay St. George Long Term Care Centre. Nursing staff make up a nursing implementation team who are involved in the planning, monitoring, and evaluating of nursing work processes including assignment methods, documentation tools, orientation, and more. Training and education opportunities are available to RNs and LPNs to enable them to function in this new capacity. The skill mix changes will occur through attrition over the next few years

As the work process evolves, managers, human resources, organizational development, staff and union leaders will be engaged in discussion to assist in planning, problem solving, implementation, and evaluation of the new model of care. Modular nursing will facilitate positive outcomes, better utilization of resources, enhanced quality of work life and improved quality of nursing care.

When Two Become One (cont'd)

Curriculum Map
2008 – 2010 Full Time

	Fall	Winter	Spring
Year 1	2700 Nursing Theories in Practice	3023 Counselling	4010 Community Health Nursing 1
	*3070 Health Assessment Across the Lifespan	*3410 Roles of Nurse Practitioners in Primary Health Care	2230 Teaching/ Learning
	2740 Current Concepts in Human Physiology	4002 Introduction to Nursing and Health Research	5700 Nursing Management
	*3380 Health Assessment Clinical Practice I (96 hours)	4701 Current Concepts in Pathophysiology	
Year 2	*4370 Health Assessment Clinical Practice II (96 Hours)	*5600 Advanced Clinical Decision Making	*5370 Integrated Clinical Practicum (500 hours)
	*3430 Concepts in Pharmacology Across the Lifespan	*5360 Advanced Clinical Decision Making - Clinical Practice (192 clinical hours)	
	N4310 Community Health Nursing II		

*New NP Courses
3 credits - English
3 credits - Statistics 2500 or equivalent
OR Education 2900
3 credits - Philosophy from the 2800-2810 series
OR Religious Studies 2610

Primary Health Care Word Search

By Cara Welsh, B.A. (Hons.), Wellness Facilitator, Deer Lake, White Bay & North, Western Health

Test Your Knowledge on Primary Health Care

Primary health care is the first point of contact for basic everyday health care. It is used to help prevent illness and injury, better manage a chronic condition, treat the occasional illness or promote healthy living and improves access while making the best use of our health provider expertise.

Primary health care holds great potential for improving overall health care and sustaining our health care system for Newfoundlanders and Labradorians over the longer term. By focusing on the four pillars of primary health care: health care providers working in teams; improved sharing of information among health care providers and patients/clients; better access to health information and the right services; and healthy living, we can improve the heath care system in our province.

ARNNL is happy to present this Word Search Challenge to promote PHC and raise awareness among out members. Good luck!

E C S T L V I A E E P Y L A N B T I E O E D L E R
E O L D W M E L O T U I A T N E I O E T T R T R E
T E I I I O I T I R B I N F O R M A T I O N E N T
T O Y S E Y E A M E L B P M I R S O R I E Y I A I
I T C E P N N A E A I S T P T D C T E M F H I I L
M M S A M R T T L T C A T N O C T R S I F P T A A
M E N S T E O C H M P N P P M E O E U I U E L H E
O D S E A T N N E E A V N A O I W K O P N T I E P
C K L M A E O O I N R M T O R O S H H M P I C I C
Y M S A F I I S C T T G N E P T L E M C M O H T O
R E R N E R T N S O I R L M H E N L N R M S R N S
O N A A R A A L N I C M E M T N O E R P N E S T R
S F O G I A T T T K I E R D L O P D R O I D T O S
I N T E R D I S C I P L I N A R Y E I S E H H O R
V C T M W P L P D A A U O T E A H T I R H O E N I
D E T E R M I N A N T S O F H E A L T H P I T A E
A D E N L P B C E E I N I L N R E N I H N N P I N
Y M A T P E A C O N O E T S O T E A M W O R K S L
T O N R T D H T O F N E I B I C A C S P E O I A N
I R R T S L E E T C N V A T T N I O E V N L N N A
N H C O I S R C A A E L P N A T F H E E O R E I O
U S S E T O E P S L L A E O L O W N T T G E S S B
M T O O H O E C B O T I H M U A T B E I E T S P B
M Y G O L O N H C E T H R A P I T R B A C O O T T
O M E T H M T E F A A N S O O E C E F M E I T N T
C I E H T C C E P D C C I N P O M P T T E A O L P

PHC Key Concepts

Health Promotion
Interdisciplinary
Collaboration
Teams
Empowerment
Access
Population Health
Teamwork
Technology
Partnerships
Comprehensive
Information
Public Participation
Client Centred
Patient Centred
Prevention
First Contact
Treatment
Rehabilitation
Supports
Disease Management
Telehealth
Community Advisory Comm
Determinants of Health

Clip and return via mail or fax by Friday, May 30, 2008 to:

Primary Health Care Word Search Contest
c/o ARNNL, 55 Military Road, St. John's, NL
A1C 2C5. Fax (709) 753-4940.

All correct answers will be placed in a draw for prizes that will be held at ARNNL House on May 30, 2008.

Solve the Puzzle for a Chance to Win

Name: _____
Position: _____
Address: _____
Postal Code: _____
Tel. # _____

Clinical Corner

Clinical Corner is an opportunity for nurses to share clinical tips about nursing care in relation to new procedures, drugs, equipment, or to share evidence discovered to support best practices and promote continuity of care. To contribute a tip, fill out the form on our website or contact Lynn Power at ARNNL House for assistance with writing your idea.

Are you *Really* Charting What you are Doing?

We sometimes use slang or trade names to refer to nursing activities, consider the following.

- Are you measuring $Sp0_2$ or 0_2 saturation?
- Are you applying Wanderguard or an electronic surveillance device?
- Are you using Duoderm or a hydrocolloid?
- Are you flushing an argle plug/ heparin lock or an intravenous injection cap?

Charting the wrong name or term could be perceived as inaccurate documentation.

ARNNL Documentation Strategy Advisory Committee

Flashy Uniforms

There is new evidence that wearing brightly colored and patterned uniforms can over stimulate a client with cognitive impairments such as dementia. Persons with dementia and age related vision loss have difficulty distinguishing the patterns and designs. The images may be interpreted as bugs or creatures which may cause fear, agitation or other behavioral changes. Soft pastel colored uniforms are preferred for this population.

Anne Doyle, RN, BScN, GNC (C), Regional Director Long Term Care, Western Health

Pit Sniffs

Here is a simple exercise to reduce neck strain caused by repetitive or sustained neck flexion or looking down. Turn your head towards one shoulder, drop the same shoulder slightly and gently angle your face to look at that armpit – the pit sniff. Hold this stretch for 15 to 20 seconds, until you feel a mild annoying discomfort (not pain) on the opposite side of the movement. Repeat on the other side.

Jane Simmons, B.Sc .O.T., O.T. (C), Director/Occupational Therapist, Integrated Occupational Health Services

Potentially Serious Dosage Calculation

A potentially serious error has been identified in the Compendium of Pharmaceuticals and Specialties (CPS) 2008 edition in the Clin-Info section, Calculations and Dosing Tools, p. L3. The square brackets in the first equation for body surface area (BSA) should enclose both the numerator and denominator. Using the equation as it is printed results in underdosage.

Safety Tip

Don't Prick Yourself.

Epinephrine auto-injectors such as the recently introduced Twinject® are indicated for the emergency treatment of severe allergic reactions including anaphylaxis. While they all contain a single automatic dose of epinephrine, Twinject also contains a back-up dose available for manual injection. The second manual dose requires a manipulation of the syringe. Given that the need for a second dose is unpredictable and can occur in up to 35% of cases, patients and non-healthcare professional caregivers should be adequately trained on Twinject to safely limit the risk of needlestick injury with the second dose. Free education is accessible through a 24/7 support hotline (1-877-TWINJEC) and at www.twinject.ca

Paladin Labs, Scientific Affairs Department

Editor's Note

Clinical Corner is designed for nurses to share information that they have found in their experience to be practical, safe, and effective. ARNNL requires that the information provided reflect good nursing judgment. We do not confirm the validity of the submitter's tip in the literature. ARNNL does not endorse any products identified in the submissions to this column.

skills to clarify issues, explore options creating change, and to create new possibilities (RNAO CNSSIG, 2006). When needed, the CNS assists in providing solutions for complex health issues affecting clients, families, other disciplines, administrators, and policy-makers (CNA, 2003).

As a CNS, I am consulted frequently for complex wound care issues. I have assisted nurses to assess the resident's wound needs holistically and to set realistic goals for wound care. By assisting staff to set goals and providing related education, I have supported front line nurses to make appropriate decisions and to use this information when future situations arise.

The CNS as educator can be viewed in a number of ways. A CNS may provide education to nursing staff, other disciplines, and clients and families. They might also support residents and their families in decision making by providing information needed to make health care choices. Facilitating best practices is a main driver for the educator role.

As a CNS, I provide required information while working with the team to incorporate this information into care plans for clients. An example of this process is the sharing of best practice information when planning the care of clients with challenging behaviours related to dementia. Education provided at the unit level is a very beneficial process in that I can discuss specific resident related issues with staff and assist with care planning at the same time. Staff reports this to be very helpful.

Recent trends of an aging population, decreases in program enrollment combined with an increase in client acuity, and changing management structures heighten the need for the leadership and skills provided by advanced practice nurses such as the CNS (Rose, All & Gresham, 2003; ARNNL, 2006). Clinical Nurse Specialists, employers, educational institutions, nursing professional associations and governments share the responsibility for supporting the further integration of the CNS in the health care system (CNA, 2003). The CNS is a unique nursing care provider who uses high level critical thinking skills and advanced knowledge and education to positively affect outcomes, both clinical and non-clinical. Individuals in this role have the ability to affect change, not only in clinical practice at the bedside, but also in the culture of institutions and organizations.

ARNNL – DISCIPLINE DECISIONS

This is to inform you of the actions taken by the Association of Registered Nurses of Newfoundland and Labrador (ARNNL) following decisions rendered by the Professional Conduct Review/Discipline Committee of the ARNNL. These decisions resulted from Hearings held pursuant to Section 21 of the (Newfoundland) Registered Nurses Act.

Fay Wheeler (Compagnon)
ARNNL # 6894

As a result of a hearing held on March 12 and 13, 2008 Fay Wheeler was found in breach of Section 21 2 (b) *incompetence* and 2 (d) *conduct that does not conform to the standards of the profession*, of the Registered Nurses Act.

The Panel who oversaw the hearing ordered that the registration of Fay Wheeler # 6894 be suspended until she has completed a nursing re-entry program. Upon completion of the program a practicing licence will be issued with conditions.

CENTRE FOR NURSING STUDIES

An Education Opportunity Post Basic Program In Critical Care Nursing

The Centre for Nursing Studies is accepting applications for the October 2008 offering of the RN Post Basic Critical Care Program.

The program consists of eight self-learning theory modules, a one-week on-site lab component, and a four to six-week clinical component. Nurses with prior critical care experience may opt to complete a clinical project.

This Program has been approved by the ARNNL and the NLHBA for educational differential as per the NLNU Collective Agreement. The program has also been granted transfer credits toward the Bachelor of Nursing Degree at Athabasca University (9 credits), Memorial University (6 credits), and St. Francis Xavier University (6 credits).

For further information, call the
Centre for Nursing Studies (777-8162)
or visit our website www.cns.nf.ca.
Deadline for applications is **June 16, 2008**.

ASSOCIATION OF REGISTERED NURSES OF NL
EDUCATION & RESEARCH TRUST

Call for Applications
Fall 2008 Competition

In 2008 the Trust will award close to $70,000 in scholarships, awards and bursaries! Applications in the following categories are now being accepted for the FALL 2008 competition:

Continuing Education Awards

- *Florrie Penney RN Physical Rehabilitation Bursary* ($500)
- *Nancy Llewellyn RN Pediatric Nursing Bursary* ($500)
- *Canadian Cancer Society Harry Lake Memorial Scholarship* (up to $1000)
- *Nursing Leadership Awards* ($500 - $3000)
- *NL Gerontological Nurses Association Bursary* ($750)
- *Bursaries for Conference Registration* (up to $500)
- *Bursaries for Certification, Post-Basic ourses, etc.* ($200 - $500)

BN Scholarships

- *BN years 2, 3 & 4* ($1000 each)
- *BN Fast Track year 2* ($1000)
- *Flo Hillyard Memorial* ($1000)
- *Canadian Cancer Society Mona Fisher Cancer Nursing Scholarship* ($1000)

BN (Post RN) Scholarships

- *BN Post RN* (FT - $1500; PT - $750)
- *St. Clare's Mercy Hospital School of Nursing Alumni Association Scholarship* (FT - $1500; PT - $750)

Re-Entry Scholarships

- *RN Re-Entry* ($500)

ARNNL Bay St. George Chapter Scholarship

- *Available to RNs from the Bay St. George area ($750)*

Graduate Scholarships

- *Master or PhD Nursing* (FT - $2000; PT - $1000)
- *Master or PhD Non-Nursing* (FT - $2000; PT - $1000)
- *ARNNL 50th Anniversary* (FT - $2000; PT - $1000)
- *Marcella Linehan* ($2000)

Violet D. Ruelokke Primary Health Care Award ($1000)

Nursing Research Awards ($1000 each)

Applicants **must** use the revised application available at www.arnnl.nf.ca or by contacting trust@arnnl.nf.ca

Thank you to members for their $10 contribution to the Trust with their annual license fee!

Deadline for Applications is OCTOBER 15, 2008

Call for Nominations for Trust Board of Directors

Nominations are sought for the following Trust Board positions:

- President Elect

Directors:

- Eastern Urban Region
- Central Region
- Northern Region
- Director at Large (2)

To be a candidate for election you must:

- Be a member of the Trust,
- Reside within the province,
- For President Elect: be willing to serve a two-year term from June 2008-2010, followed by a two-year term as President 2010-2012,
- For Directors: be willing to serve a two-year term from June 2008-2010, and
- Meet other domain and regional criteria.

The ARNNL Education and Research Trust is a registered charitable foundation, established in 1986, to promote, support and assist basic nursing education, continuing nursing education and nursing research. As a member of the Board of Directors you will set the direction of the Trust and participate in its administration.

For more information contact the Trust at 709-753-6040 or trust@arnnl.nf.ca

Deadline for nominations is May 30th, 2008.

ARNNL Education and Research Trust Annual Meeting

The Annual Meeting of the ARNNL Education and Research Trust will be held in conjunction with the ARNNL Business Meeting on June 3rd at the Holiday Inn in St. John's. For more information please contact trust@arnnl.nf.ca or Julie Wells at jwells@arnnl.nf.ca