Spring always brings with it a sense of renewal and hope. Winter has passed, new life is everywhere, National Nursing Week celebrations are happening and new graduate nurses are beginning their careers.

It is also a time to use our voices as RNs and NPs to raise awareness of important issues affecting society. What a privilege it is to shape healthy public policy issues!

Such issues include healthy aging, supports for seniors with health needs and supports for caregivers. Newfoundland and Labrador is one of the most rapidly aging provinces. How will this impact health needs, health services, the workforce and specifically, RNs? While many of us care for seniors and their families, I challenge RNs in all domains to become active in healthy public policy to ensure strong and effective programs and services for healthy aging and caregiver support into the future.

**MESSAGE FROM THE PRESIDENT**

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

RNs are trusted, respected and valued by the public and touch every citizen in times of greatest joy and greatest sorrow. Use this special privilege to speak up on the issues of our seniors. Get involved in your community with active seniors groups; volunteer with local associations to provide an education session on healthy aging; write to municipal, provincial and federal political leaders to offer suggestions to improve communities to support healthy aging populations; attend public meetings during upcoming elections and ask candidates about their commitment to healthy aging and family supports; or write to your local newspaper on a specific topic such as transportation for seniors, access to nutritional food or safety at home. Let me know what you have done in your community. Contact me at president@arnnl.ca.

Nationally, the Canadian Nurses Association have been very visible and active with the federal government lobbying on behalf of the needs of seniors. Visit www.cna-aiic.ca for details. ARNNL has also been actively engaged with the provincial government on issues that impact seniors through primary health care renewal processes and the provincial poverty reduction strategy. I was impressed at the large number of RNs who attended the Premier’s Primary Health Care Summit in January. Without question, the voice of RNs and NPs was front and centre.

**ARNNL Council News**

In February, Council had a thoughtful dialogue on the Supreme Court decision on physician assisted death. While there is much unknown on how this will transition across Canada and specifically in Newfoundland and Labrador, RNs are seeking more information, debating ethical and professional issues, and most importantly, listening to the voices of their clients, patients, residents and families.

Another topic of Council discussion related to concerns over growing “anti-vaccination” views in Canada. A recent C.D. Howe Report on vaccination trends in Canada however applauds public health nurses in Newfoundland and Labrador and strong public health programs that have contributed to our province being the highest childhood immunization compliant province in Canada.

In closing, National Nursing Week runs from May 11-17 and the theme this year is “Nurses: With You Every Step of the Way.” Quite a fitting theme when we reflect on our roles in the lives of individuals, families and communities. I would like to take this time to thank you for your dedication to serving the public and to our profession.

Regina Coady
Close your eyes. Remember what you imagined your life as an RN would be. Have you made the impact you desired? Are you looking for the next step? As RNs we have a wide array of opportunities to make a difference. Yes, you contribute each and every day to improve the quality of life for clients in your area of practice, but have you wanted to take things to the next level? This is the year to take that next step.

It is election year. Elections provide the democratic means to influence significant and long-term change. Participating in the process is your right as a citizen, but did you know that it is also part of your role as an RN? The RN Act actually states that one of ARNNL’s objects is to “support RNs to advance public policy.” Public opinion polls regularly state that RNs are trusted; the public looks to us for guidance. ARNNL, as your professional association, stays abreast of important public policy topics. Working with the Canadian Nurses Association (CNA) and others we produce and/or endorse positions on numerous areas. We also, on your behalf, present these to appropriate officials. But how much more powerful for you – all 6,300 of you – to each join us in raising the advocacy voice.

One immediate opportunity for you is to vote in the ARNNL Council election. We have made this process easier in 2015 by offering online voting for the first time (see p. 5 for details). Those who sit around the ARNNL Council table are the individuals who take the evidence produced with RN expert and experiential knowledge, and determine advocacy priorities and actions.

In September, we as Newfoundlanders and Labradorians, and Canadians, head to provincial and federal polls. Now more than ever RNs need to think about government policy and spending choices and use our collective numbers to influence our future.

On the provincial level, for example, ARNNL recently utilized your input to look at the impact of poverty reducing services in our province. Although we are making a difference, there is more to be done. There is not one RN in practice who does not interact with someone struggling with poverty. Such struggles not only impact immediate health needs, but also affect one’s ability to become healthy and prevent further problems. Read the three party platform “book of promises” closely and vote on who will work with RNs to tackle the social and health issues you see in your practice.

On the federal scene, capitalize on another excellent opportunity to evaluate proposed public policy directions and decipher which party and candidates support RN values. Pressing topics that impact us all include senior’s needs, mental health issues, aboriginal concerns, environmental matters and now, physician assisted death. You are among over 300,000 RNs in the country who can make a difference by getting informed and making your vote count. Follow CNA’s website to get the latest information from a national perspective.

Finally, as an individual, remember to vote for yourself by demonstrating pride as an RN everyday. Both the ARNNL Professionalism in Nursing initiative and the Registered Nurses’ Union Newfoundland & Labrador Clarity Project can provide you with ideas on how to practice and dress in a manner that illustrates that registered nurses are accountable, knowledgeable, visible and ethical.
ARNNL COUNCIL MATTERS

Professional Journey Begins for First-Year Nursing Students

Over the past few months, ARNNL participated in annual ceremonies for first-year nursing students. In January, Executive Director Lynn Power spoke to students at the Memorial University School of Nursing (MUNSON) Crest Ceremony; ARNNL Councillor (Education and Research), Madonna Manuel presented remarks at the Western Regional School of Nursing (WRSON) Professional Pledge Ceremony in March; and in April, Regina Coady, ARNNL President, and Executive Director Lynn Power attended the Welcome to the Nursing Profession Ceremony at the Centre for Nursing Studies (CNS).

ARNNL Participates in Government Pre-Budget Consultations to Support PHC

In March, ARNNL Executive Director Lynn Power participated in the provincial government’s Pre-Budget Consultations in St. John’s. In its presentation, ARNNL recommended to Government that, despite our province’s fiscal constraints, a cohesive framework grounded in the principles of Primary Health Care (PHC), must be developed to maximize the impact of current and future investments to ensure sustainability of the health care system. ARNNL shared its message for PHC renewal jointly with the Newfoundland and Labrador Medical Association, Pharmacists’ Association of Newfoundland and Labrador, and the Newfoundland and Labrador Chapter of the College of Family Physicians of Canada. Read ARNNL’s written submission at www.arnnl.ca/public-policy.

ELECTRONIC VOTING FOR ARNNL COUNCIL UNDERWAY

For the first time, ARNNL members are going to the polls electronically to vote for Council. Voting opened in April and closes on June 2. The candidates in 2015 are:

Region:
- Central Regional Councillor (By Acclamation): Tracy MacDonald (nee Beson)
- Labrador/Grenfell Councillor (By Acclamation): Beverly Pittman (nee Decker)

Domain:
- Administration Councillor (By Acclamation): Elaine Warren (nee Daley)
- Education/Research Councillor:
  - Alexia Barnable (nee Rowe)
  - April Manuel (nee Pike)

Visit www.MyARNNL.ca to cast your ballot!

*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!
The 2015-16 renewal period saw the implementation of a new administrative deadline approved by Council. The deadline required all members seeking to renew a practicing license to submit their licensure renewal application to ARNNL by March 1. The deadline supports ARNNL’s public protection mandate by reducing potential health service delivery impacts, which may occur if a member is prevented from working on April 1 as he/she does not meet licensure renewal requirements.

ARNNL thanks all members who submitted their 2015-16 licensure renewal applications by the March 1 deadline. Eighty-nine per cent of members applying to renew a license met the deadline. Communication of this change was key and ARNNL took multiple opportunities throughout the year to get the message out to members. Employers and other stakeholders (RNUNL) also assisted in sharing the message. As this was a transitional year for implementation of the new deadline, for this year only – to give everyone the opportunity to gather their information – the late application fee was not applied for applications received up to March 31.

However, there was some confusion among members and employers around the expiry date of 2014-15 practicing licenses. All practicing licenses expire on March 31 of the licensure year. Members who hold a current practicing license are entitled to practice until the license expiry date. ARNNL received feedback from members that some employers required them to provide confirmation of licensure for the upcoming year prior to March 1. This is not necessary and in fact, not likely possible, as applications submitted prior to March 1 may not have been processed immediately due to the large volume of applications we receive. The e-receipt provided to members by ARNNL is for income tax purposes only and should not be used as a verification of licensure status. Members and employers are encouraged to use the ARNNL Member Search to verify a licensure/membership status.

Members renewing a practicing license must meet one of the criteria under Section 12 (1)(e) of the RN Regulations (2013). Criteria include:

- graduated from a nursing education program within the last 60 months;
- practiced as an RN for at least 1,125 hours in the last five years or 450 hours in the last two years;
- completed an approved RN re-entry program in last 60 months; or
- enrolled and is participating in a BN or graduate or doctoral program in nursing or a health related discipline and at the time of admission was eligible for a practicing license.

It is essential that members ensure their hours on file are up to date. Members employed outside a regional health authority must submit a letter from their employer confirming their practice hours directly to ARNNL. Members who have questions regarding their practice hours or other renewal criteria should contact ARNNL.

### Pre-Authorized Chequing (PAC) Withdrawals for Renewal Fees

For the third year in a row members will be able to pay their renewal fees with automatic pre-authorized withdrawals from their chequing account. As ARNNL does not keep your confidential banking information on file, the PAC application IS REQUIRED every year.

You may sign up for this service by completing the Pre-Authorized Debit form at [www.arnnl.ca/pre-authorized-payment](http://www.arnnl.ca/pre-authorized-payment). The deadline to sign up for the PAC payment option for 2016-17 fees is June 30, 2015.

If you sign up for this service, the following deductions will take place in 2015 to pre-pay for your 2016-17 fees.

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<th>Withdrawal Date</th>
<th>RN - $505.97</th>
<th>NP - $564.16</th>
<th>Non-Practicing - $47.46</th>
<th>Non-Practicing (65+) - $33.92</th>
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<tr>
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If for any reason one of the above dated payments does not clear your bank account, you will be refunded any money collected, and notified that you no longer have the option to pay via PAC.

If you have any questions, please contact Lana Littlejohn at [llittlejohn@arnnl.ca](mailto:llittlejohn@arnnl.ca).
NATIONAL NURSING WEEK

May 11 – 17, 2015
Nurses: With You Every Step of the Way

1971
International Council of Nurses (ICN) declared May 12, Florence Nightingale’s Birthday, as International ‘Nurses’ Day.

1985
At the urging of the Canadian Nurses Association (CNA), the Canadian Government proclaimed the 2nd week of May as National ‘Nurses’ Week.

1993
Name was changed to National Nursing Week to recognize Nursing as a discipline.

Purpose of National Nursing Week:

• Increase awareness among the public, policy makers and governments of the many contributions nursing makes to the well-being of Canadians.
• Provide an opportunity to educate Canadians about health issues and disseminate information needed to help people make decisions about their health.
• Promote the role of the nurse.

In October 2009, ARNNL Council passed a motion to invite participation of the College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL) in National Nursing Week activities and promotion.

Since that time ARNNL and CLPNNL have collaborated to distribute NNW posters and for radio and newspaper advertisements during National Nursing Week.

Recognizing differences in scopes of practices and competencies, RNs and LPNs collaborate to carry out our primary accountability to our clients, in the interest of safe, competent, compassionate and ethical nursing practice.

How will you collaborate this National Nursing Week?
ADVANCED PRACTICE VIEW

By: Beverley McIsaac, RN, NP, MN (ANP), Nursing Consultant – Regulatory Services/Advanced Practice

Safe Prescribing of Controlled Drugs and Substances – What You Need to Know!

Controlled drugs and substances are important in treating acute and chronic pain, mental illness and addiction. However, almost any prescription drug can be consumed for reasons other than its medical purpose; drugs with psychoactive properties such as opioids are most often the focus of abuse.

Prescription drug abuse is a complex issue. Health care professionals, including nurse practitioners (NPs), have important roles to play in combating abuse and diversion of controlled drugs and substances, and ensuring clients who require treatment with these drugs are using them safely and as prescribed. People who have a propensity to abuse drugs are difficult to distinguish from legitimate clients. Clients who present with a migraine headache or back pain may legitimately be in pain. On the other hand, the prescriber has to be aware of the individual who may be seeking a controlled drug to support their dependence (drug abuser) or to resell (drug diverter) (Health Canada, 2006).

Legal responsibility - NPs, as prescribers, are subject to legislation and regulations that govern the prescribing and dispensing of controlled substances. NPs should only prescribe a controlled substance to clients under their care and where the drug is required for the treatment of a medical condition. NPs must always use a Tamper Resistant Prescription Pad (TRPP) when prescribing controlled drugs and substances. The TRPP is in place to help decrease the abuse and diversion of certain drugs. It is unethical and a breach of the Standards for Nurse Practitioner Practice in Newfoundland & Labrador (2013) for an NP to prescribe or administer a controlled substance to himself/herself or to a member of his immediate family or to a close acquaintance.

Clinical responsibility - Prevention of abuse and diversion begins with an NP completing a thorough history of all clients presenting with a symptom or a medical condition for which a controlled drug may be indicated. The NP should:

• Verify the presenting condition or symptom and observe closely for evasive behaviours;
• Screen for current and past alcohol and/or medication (prescription and non-prescription) addiction and illicit drug use using an appropriate addiction assessment screening tool;
• Be alert to examination findings that signify drug seeking behaviours including: pinpoint or extremely dilated pupils, constant runny nose and rubbing of nose, pale or flushed complexion, excessive itching and scratching, sweating, tremors and rigid movements. Clients may also appear fearful and agitated (in withdrawal), emotionally volatile (in withdrawal), lethargic and disinterested (using drug), give evasive answers and ask for a specific drug by name;
• Be alert to a client who refuses appropriate confirmatory tests (e.g. blood tests, urine drug test, x-rays, etc.);
• Specifically, ask clients if they have received any controlled drugs in the last 30 days from another health care provider; and ask for the name and address of the provider. Consult with the client’s regular care provider and pharmacist;
• Use safe prescribing strategies. If you are prescribing an opioid analgesic, limit prescriptions for acute pain to a duration of no greater than three to five days;
• Always implement a treatment agreement with the client;
• Reassess the client regularly. Clients who do not return for follow-up appointments should be viewed cautiously;
• Keep a record of all prescriptions issued on the client’s medical record. Do not continue to prescribe controlled drugs and substances when there is evidence of noncompliance. A pattern of early renewals for a medication warrants further investigation;
• Documentation is the most effective way to maintain client and prescriber safety. It provides a clear record of how treatment decisions are made, and an objective record of response to treatment.

NPs may be challenged with adequately managing the client’s pain while being vigilant in monitoring clients for misuse and abuse. It is important to follow a balanced approach when dealing with clients in pain. NPs can do this by maintaining competence through ongoing education, working collaboratively with other members of the health care team, using appropriate screening and clinical assessment tools and using clinical practice guidelines that support safe prescribing of controlled drugs and substances.

References available upon request

If you have questions, please contact Beverley McIsaac, Nursing Consultant (Advanced Practice) at bmcisac@arnl.ca.
PROVINCIAL NURSING FORUM 2015
Enhancing Communication: RNs and LPNs, Let’s Talk

JUNE 15 - 16, 2015
Sheraton Hotel Newfoundland, St. John’s

Need to be inspired, empowered and rejuvenated? Join your colleagues for this two-day education event!

FEATURING: A dynamic and interactive workshop with Barb Langlois, RN, BSN, MSN “Speak So Others Listen”

Education Sessions include:
• Understanding Self-Regulation
• Leadership
• Scope of Practice

Be the ‘Self’ in Self-Regulation!
Participate in your Annual Meetings and Celebrate Excellence in Nursing

For agenda and registration details visit www.arnnl.ca or www.clpnnl.ca

DON’T MISS

Registration Deadline: May 29, 2015

CLOSING SPEAKER:
Barry Lewis Green
“Nursing: How Sweet It Is!”
PROVINCIAL NURSING FORUM 2015
Enhancing Communication: RNs and LPNs, Let’s Talk
JUNE 15 - 16, 2015, Sheraton Hotel Newfoundland, St. John’s
REGISTRATION DEADLINE: MAY 29, 2015

FORUM REGISTRATION
Includes Luncheon for Day 1 only and breaks for Days 1 and 2

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STUDENT REGISTRATION
Student (Full time)  Basic BN  Basic PN

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Day 2 Luncheon Events

Association of Registered Nurses of Newfoundland and Labrador
Awards for Excellence in Nursing Buffet Luncheon
Tuesday, June 16, 1215 – 1350

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College of Licensed Practical Nurses of Newfoundland and Labrador
31st Annual General Meeting and Awards Luncheon
Tuesday, June 16, 1215 – 1350

*For this event, register directly with CLPNNL by contacting info@clpnnl.ca

ARNNL’s 61st Annual Business Meeting (ABM) is incorporated into June 16 AM session.
If you are ONLY attending ARNNL’s ABM from 0915 - 1200 (no fee), please indicate:

☐ In Person   ☐ Via Teleconference

(Teleconference information will be available at www.arnnl.ca)

Name: _____________________________________  RN   LPN   Other

Email: _____________________________________  RN/LPN: Registration # ________________

*If you have specific dietary limitations, please identify: _______________________________________

*If you require an assistive listening system, please check here (will be provided at no additional cost)

PAYMENT INFORMATION:

☐ Visa   ☐ MasterCard   ☐ Cheque/Money Order

Credit Card Number: ____________________________  Expiry Date: ________________

Total Payment Included: $______________

Send Registration with Payment to: Jennifer Lynch, ARNNL, 55 Military Road,
St. John’s, NL A1C 2C5 • Fax: 709-753-4940 • jlynch@arnnl.ca
For Agenda: Visit www.arnnl.ca or www.clpnnl.ca
Privacy Concerns

Health care organizations and health care professionals use email extensively because of its speed, reliability and convenience. However, the same characteristics that make email use advantageous are also the source of legal risks, including potential privacy breaches. Being aware of the risks inherent in the use of email can help nurses manage those risks and decrease their potential liability.

Network Security and Safeguards

Personal health information (PHI) contained in email communications is governed by the same health information management legislation as PHI contained in health records. As a result, confidentiality and privacy are important considerations if email is being used to communicate PHI to recipients who are not part of a secure internal network. Internet-based email systems generally do not provide a level of security appropriate for transmitting sensitive information. Even within a secure internal network, depending on the system in use, special software overlays may be necessary to protect the server and all endpoint devices connected to the network (e.g. desktop computers, laptops, smartphones, etc.). Nurses would be prudent to seek confirmation from their employer, or, when acting as custodians of PHI, from a qualified IT professional, that the necessary safeguards are in place before transmitting PHI via email.

In addition, privacy commissioners have published guidelines and rendered decisions regarding the use of email for transmitting PHI to email addresses that are not part of a secure network. In circumstances where email is determined to be the preferred method of transmission, privacy commissioners strongly recommend that proper safeguards, such as strong encryption, be used to prevent interception by unauthorized parties.¹

Additional Privacy Considerations

Additional factors to consider before sending PHI by email include: whether the recipient is authorized to receive the information; whether the email address provided is accurate; whether it was accurately transcribed or selected from a menu; and whether the intended recipient is the only one with access to the email address. Further, nurses may consider whether the recipient has or would be required by law to have in place the necessary safeguards to protect the information from improper access, use and disclosure.

Nurses who consider communicating PHI by email beyond a secure internal network may wish to inform patients of the risks inherent in email use and discuss the potential benefits and drawbacks over alternative methods of communication. It would be prudent to obtain the patient’s written consent before transmitting PHI or, alternatively, document the patient’s verbal consent. The responsibility for ensuring reasonable safeguards are in place does not shift to the patient, nor is it diminished, even when the patient has provided an informed consent to communicate by email.² The Information and Privacy Commissioner of Ontario has advised that even where patients are willing to accept the risk of unauthorized access or disclosure of their PHI in exchange for the
convenience of communication via email, health care providers still have a duty to take steps that are reasonable in the circumstances to safeguard personal health information in their custody and control.3

Given the inherent risks of email communication, where time permits, nurses may consider whether more traditional and safer methods of information exchange (e.g. registered mail) are more appropriate.

Statutory and Regulatory Considerations

Nurses should consider any statutory (e.g. privacy legislation) or regulatory body requirements in their jurisdiction that may govern the use of email for clinical purposes. For example, the Alberta Health Information Act requires health care organizations considering changes to the manner by which they collect, use or disclose PHI (e.g. transmitting PHI by email) to submit their proposals, along with privacy impact assessments, to the Privacy Commissioner for approval.4

Employer Policies

The foregoing discussion applies to all nurses; however, nurses who are employees should also consider that employers may have implemented workplace policies on the use of email for clinical purposes. The employer is typically the custodian of the PHI and generally mandated by law to determine compliance with the PHI legislation. Where there are no or insufficient policies on this issue, it would be prudent to seek further guidance from the employer or the appropriate designate prior to communicating PHI by email.

Risk Management Considerations

To limit the potential legal risks related to email communications, consider implementing the following risk management strategies:

• Confirm the correct email address for the intended recipient before transmitting PHI;
• Use encryption when sending to an external email recipient;
• Obtain signed consent forms from patients who wish to communicate by email indicating that they have reviewed and accepted the risks associated with communicating PHI via email;
• If no consent form is used, document the patient’s express consent to email communication in the patient’s record;
• If responsible for IT services, obtain written assurances from reputable IT professionals as to the security of any email system that may be used to transmit PHI; and
• If responsible for entering into IT contracts, ensure the agreement meets any regulatory requirements and that it clearly states that the system will be used to transmit PHI and that certain security assurances were provided.

3. Cavoukian and Rossos, op. cit.
4. Health Information Act, RSA 2000, c H-5, s 64.

Related infoLAWs of interest: Mobile Devices in the Workplace and the Legal Risks of Email – Part 2. Available at www.cnps.ca

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Licensed Members: Stay Connected, Keep Your Information Up-to-Date

ARNNL’s licensure/membership renewal period recently concluded on March 31; 5,858 practicing licenses and 637 non-practicing memberships were issued. Licensure renewal is a required process and brings each member in contact with ARNNL on an annual basis. In addition to meeting requirements for licensure (e.g. Continuing Competency Program, hours of practice) and adhering to the Standards for Practice for Registered Nurses and the Code of Ethics for Registered Nurses, each member has obligations under the Registered Nurses Act (2008) and Registered Nurses Regulations (2013); several of these require interaction with ARNNL outside of the annual renewal period. As a condition of a license issued under the Act, section 11 of the RN Regulations require a practicing member to maintain liability protection¹ and to provide the following information to ARNNL:

- a) Change of name or address;
- b) Change of employer (including obtaining a new or secondary/third employer);
- c) Disciplinary proceedings or pending disciplinary proceedings in another jurisdiction where a member is registered or licensed; and
- d) Conviction of a criminal offence.

The information listed under (a) (b) and (c) must be provided to ARNNL no later than 30 days after the change or notice of a disciplinary proceeding. Criminal convictions must be immediately reported to ARNNL. Members can provide a change of address or employer using the member portal MyARNNL.ca. A change of name requires supporting documentation, such as a marriage certificate, to be submitted to ARNNL.

Nurse practitioners (NPs) are required to provide additional information, specifically, where the nurse practitioner is not an employee of a regional health authority, he/she must notify ARNNL:

- a) That he/she has an arrangement with a physician for the purpose of consultation with respect to care of a patient;
- b) The name and address of the physician;
- c) The date entered into the physician arrangement; and
- d) That the care of a patient may be transferred to the physician.

Section 8 (3) of the RN Regulations require the NP to immediately notify ARNNL if there is a change in the information above. The declaration form, NP Employed outside of a Regional Health Authority in NL, is available on ARNNL’s website.

Registered nursing is a self-regulated profession and a privilege, therefore in the interest of public protection, there is a mandatory requirement to provide specified information to ARNNL within defined timelines. Changes in member information, such as name and address, must be current in the event that member contact is required (e.g., member notification of an allegation/complaint, employer notification of a change in a member’s licensure status to non-practicing due to failure to meet CCP requirements, etc.). ARNNL’s online list of annual license holders is a tool used by the public and other stakeholders to verify a member is licensed and authorized to provide registered nursing care, therefore accurate member names is a must.

Under the RN Act the Director of Professional Conduct Review is required to deal with notification of licensure suspension in another jurisdiction or a criminal conviction as an allegation. Nurse practitioners care for clients presenting with varying co-morbid conditions and degrees of complexity, it is therefore essential that NPs have access to a physician for consultation and transfer of care, especially when practicing independently or working without direct physician support.

It is important for members to be aware that failure to comply with license conditions, or the requirement for NPs to notify ARNNL regarding a change to a physician arrangement, is a breach of the Act and the RN Regulations and an allegation may be filed against you under section 18 and 21 of the Act. For more information see ARNNL’s Fact Sheet on Licensure Conditions (2013) or contact the Director of Regulatory Services.

¹Canadian Nurses Protective Society (CNPS) is the professional liability provider for RNs/NPs and each member obtains liability protection with the issuance of an annual practicing license. For more information visit www.cnps.ca.
In 2000, the vision for the future preparation of registered nurses in Newfoundland and Labrador was realized with the first graduates of the BN (Collaborative) Program from the three partner sites – Centre for Nursing Studies, Memorial University School of Nursing and Western Regional School of Nursing. Since that time, the schools have continued to graduate highly competent nurses who are making valuable contributions to the nursing profession and health care system at home and abroad. In this issue of ACCESS, we invite you to learn more about those at the helm of NL’s nursing schools.

Dr. Kathy Watkins, PhD, RN, Director, Centre for Nursing Studies

A graduate of the Salvation Army Grace General School of Nursing, Dr. Kathy Watkins holds a Bachelor of Nursing, a Master of Nursing and a PhD (Medicine) from Memorial University, and is a Professional Associate in Memorial’s Faculty of Medicine, where her primary responsibility is research on hereditary colorectal cancer. Prior to becoming the Director of the Centre for Nursing Studies (CNS) in 2014, she was the Associate Director for the Non-Degree Programs at the CNS (2013-14) and a long-time faculty member (1996-2013). With nearly 25 years experience in nursing education, she has taught at the diploma, baccalaureate and masters levels and has been involved in continuing nursing studies programs, including competency-based assessments of internationally-educated nurses and course development for the Internationally Educated Nurse Bridging Program. Dr. Watkins also played a significant role in brokering the CNS Practical Nursing Program in Jamaica. With clinical expertise in adult acute care and women’s health, she has supervised students in all areas of nursing practice and has regularly contributed to the development of national registration exams.
Dr. Alice Gaudine holds a Bachelor of Science (honours) from Mount Allison University, a Master of Science (Applied) in Nursing from McGill and a PhD from Concordia. Her research interests include nursing leadership and the ethical conflicts of nurses and other health professionals, and she has been the principal investigator on several grants from the Social Sciences and Humanities Research Council (SSHRC) and the Canadian Institutes of Health Research (CIHR). Dr. Gaudine became dean pro tempore of Memorial University’s School of Nursing on Sept. 20, 2013 and was appointed dean in December 2014. A long-time faculty member, she came to the School of Nursing in 1997 and has since taught courses in different areas of the undergraduate and graduate programs. Prior to starting at the School of Nursing, Dr. Gaudine practiced for many years as a registered nurse in a number of areas including orthopedics, outpatients and mental health. Dr. Gaudine is also co-author of the recently published Nursing Leadership and Management: Working in Canadian Healthcare Organizations, a textbook for senior nursing students.

Cathy Stratton holds a Bachelor of Nursing and a Master of Nursing from Memorial University. In 1983, she began working at what is now Western Regional School of Nursing (WRSON), where she has served as an instructor, nurse educator, clinical placement coordinator, associate director and now, director. A co-author of Reflecting, Refueling, and Reframing: A Ten Year Retrospective Model for Faculty Development, Ms. Stratton is passionate about research related to food insecurity and nursing students’ perceptions of self-reflection in the curriculum. National and international presentations include implementing university access programs and the professional education of aboriginal learners; RN preparation for future practice; establishing the value of research on reflection in nursing education and practice; and nursing leadership. She has served as a board member for various community, nursing and health care-related organizations and represents nursing education on the Grenfell Campus Senior Leadership Advisory Committee and Western Health’s Professional Practice Branch Committee. Ms. Stratton has served on ARNNL Council since 2004, most recently as President (2012-14). She presently chairs ARNNL’s Nominations Committee.

“The CNS fosters a supportive academic environment in preparing competent nursing professionals who will help shape the future of nursing and health care. Faculty members who have an exemplary commitment to nursing education, research, practice and professional service enable us to offer a continuum of high quality nursing programs and to advance nursing. With a focus on excellence and collaboration, the CNS will remain responsive to the needs of nurses and the evolving profession and health care system.”
—Dr. Kathy Watkins, PhD, RN

“Memorial University School of Nursing faculty members pursue programs of research that are important for building nursing knowledge. Many faculty members research issues that nurses in practice have identified as important needs. Our faculty members also serve on health care boards and within health agencies to bring nursing knowledge to these tables. Our PhD in nursing program will help us broaden and deepen our research, and build further on our tradition of nursing research at Memorial University School of Nursing.”
—Dr. Alice Gaudine, PhD, RN

“Our success is reflected by the competence of our graduates, the commitment of faculty to foster a sense of community through academic, professional, charitable and social initiatives, and through our innovative approaches to nursing education including the delivery of culturally-sensitive nursing access programs. WRSON is building on past strengths and charting a course towards a vibrant future, preparing future RNs for the vital role they will play in creating a healthy society.”
—Cathy Stratton, RN, MN
In conjunction with Provincial Nursing Forum 2015, join us for our

61ST ANNUAL MEETING

Sheraton Hotel Newfoundland, St. John’s
June 16, 2015, 9:15 a.m. – 12 p.m.
FREE REGISTRATION

ARNNL President Regina Coady and ARNNL Executive Director Lynn Power will update members on the activities and work that your professional Association has undertaken in 2014-15 to further ARNNL Council’s ENDs in pursuit of Nursing Excellence for the Health of the Population.

Join us in person or via teleconference at 1-888-875-1833
( Participant Code: 236 620 492)

See registration form in this issue and visit www.arnnl.ca
REPRESENTING OUR FUTURE:
Highlights of the ARNNL Nursing Student Representative Program

By: ARNNL Nursing Student Representative Program members

In January, ACCESS introduced ARNNL’s new Nursing Student Representative Program. Here is a quick snapshot of some of the student activities and learning since its inception in September 2014.

Accolades to Anne Marie Tracey (CNS), Lynn Cooze (MUNSON) and Peggy Hancock (WRSON) who are the lead contacts for the ARNNL Student Representative Program at their respective sites.

“I enjoy being a resource person for my classmates. It is rewarding to be able to answer questions and provide information to others. As future nurses of the province, it is important for us nursing students to have a connection with our regulatory body (ARNNL) and I think this program does just that.”

“The ARNNL Student Representative Program acts as a liaison between nursing students, nurses, other representatives and ARNNL. It allows students to have a better understanding of ARNNL and opens their eyes to what ARNNL does as a professional association, as well as a regulatory body. We feel as representatives that this program allows us to develop strong leadership skills and it creates a connection between students in all years of the program.”

“This program has been very beneficial to me and I have enjoyed being a part of it. I have learned so much about the nursing profession, the role that ARNNL plays, and how I can play a part in changing nursing, even as a student. I am sure that I will continue to learn so much more, and I look forward to my future participation in this program.”

“The ARNNL Student Representative program has allowed me an opportunity to further develop my nursing leadership skills, while providing information to my fellow students and granting me a deeper understanding of the work that ARNNL does to protect the public and to regulate the profession in this province to maintain such high standards of care and practice.”

“Student Learnings/Activities to Date

• Students attended education sessions on the role of ARNNL, self-regulation and NCLEX-RN exam.
• Students met with ARNNL President Regina Coady to learn more about the role of ARNNL Council and were presented with ARNNL’s 60th Anniversary Pins and ARNNL student backpacks.
• Students set up bulletin boards at each school where they posted a variety of information related to the program, ARNNL documents, NCLEX-RN exam and upcoming ARNNL events.
• Students attended ARNNL teleconferences and Council meetings.
• Students have promoted the “Student Button” on ARNNL’s new website.
• Students have provided documentation about the program and updates to Nursing Administration at the schools of nursing.
• Students have connected other students with Nursing Consultants to answer questions related to CCP, registration, NCLEX-RN exam and the Professional Conduct Review Process.”

1Ben Anderson, Amy Cull, Emilee Downey, Jenna Gardner, Cindy Grimes, Neil Hewitt-Barney, Hillary MacIsaac, Jennifer Mackey, Kayla Morris, Chelsea Murphy, Steve Pike, Kaitlyn Pottle and Danielle Sheaves
GOINGS ON

Community Mental Health Nursing Forum a Success at CNS

A group of community and mental health nurses joined Centre of Nursing Studies (CNS) students and faculty on Oct. 23, 2014 for the annual Community Mental Health Nursing Forum. These nurses perform various roles, and make significant contributions and differences in clients’ lives through the care they provide as they listen, understand and respond to the mental health needs of individuals, families and communities. Faculty members Shirley Matchim and Glenda Manning, as well as 109 third-year BN nursing students, would like to extend a big thank you to the following individuals for making the day a huge success: Nancy Aitken; Barbara Albrechtsen; Kari Brown; Brian Budden; Michelle Case; Geri Dalton; Maureen Duggan; Anna Marie Kean; Tanya Purchase; Karen Singleton; Glenda Stagg-Sturge; and Kimberly Whalen.

Registered Nurses. Nursing to a Higher Level

Registered Nurses. Nursing to a Higher Level

American Journal Bestows Writing Honour to NL RN

In January, NL RN Lisa Adams, PhD, MSc, RN, received a Book of the Year Award from the American Journal of Nursing publishers for her publication, Workplace Mental Health Manual for Nurse Managers. The book describes the impact of stress and other triggers, and presents evidence-based strategies to help health care professionals cope with unhealthy work environments. Dr. Adams is a course instructor with Athabasca University and MacEwan University.

Nursing Charity Ball Raises Over $9,000 for YWCA St. John’s

In March, nursing students and members of the nursing community gathered for the 17th Annual Nursing Charity Ball. Over $9,000 was raised for YWCA St. John’s. ARNNL congratulates everyone involved!

Evidence-Based Practice Funding to Assist SIGs

ARNNL has awarded two Special Interest Groups (SIGs) with funding to assist with initiatives to promote evidence-informed practice in their area of specialty. Both the Psychiatric/ Mental Health Special Interest Group of Newfoundland and Labrador (PSIGNAL), and the Canadian Council of Cardiovascular Nursing Newfoundland and Labrador (CCCN) received $200 to assist with expenses for their upcoming education days. Visit www.arnnl.ca/special-interest-groups to learn more about ARNNL Special Interest Groups.

Scholarship Opportunity $1,000

The General Hospital School of Nursing Alumni Association awards a Legacy Scholarship to a child or grandchild of a graduate of the General Hospital School of Nursing, pursuing his/her Nursing education program leading to a BN, MN or PhD Nursing. The scholarship is presented at the Alumni Annual General Meeting, October 1, 2015, and attendance would be appreciated if possible. View the eligibility criteria at www.ghsonalumni.ca/scholarships.htm. Deadline for application submission is September 4, 2015.
Transfusion Competency
The provincial Blood Coordinating Program has made available a transfusion education DVD which depicts two adverse blood transfusion reactions using patient simulation. The DVD is supported with an online competency test. For more information or to access these resources, contact Daphne Osborne, RN, at the provincial Blood Coordinating Program at daphneosborne@gov.nl.ca.

WRSON Faculty Member Honoured For Vision In Oncology Nursing

Left to right: Lorraine Martelli, RN, Chair of the Recognition of Excellence Committee, CANO; Judy Strickland, Chantal Naud, inf.BSc., Amgen Canada

In October, Western Regional School of Nursing faculty member, Judy Strickland, received the Helene Hudson Lectureship at the Canadian Association of Nurses in Oncology (CANO) annual conference. The award was established to honour the memory of Helene, an oncology nurse, who died in 1993. According to CANO, this inspirational lectureship is awarded to the abstract which best promotes the spirit and vision of oncology nursing. All submitted abstracts are reviewed for this award, and the recipient is chosen through a peer review process conducted by CANO’s Recognition of Excellence Committee. Congratulations, Judy!

Conferences and Workshops

Eastern Health Nursing Education and Research Council
10th Annual Research Symposium
May 14, 2015
Health Sciences Centre (Main Auditorium), St. John’s
Keynote: Donna Carlilo, RN, MA – “The Inspiration Nurse”
https://attendee.gotowebinar.com/register/115558823

Provincial Nursing Forum 2015
Hosted by the Department of Health and Community Services, ARNNL and the College of Licensed Practical Nurses of Newfoundland and Labrador
June 15-16, 2015
Sheraton Hotel Newfoundland, St. John’s
www.arnnl.ca

Canadian Association of Neuroscience Nurses’ (CANN) 46th Annual General Meeting and Scientific Sessions
Rock with CANN in Newfoundland
June 23-26, 2015
Sheraton Hotel Newfoundland, St. John’s
www.cann.ca

Evolving Perspectives of Addiction
Eastern Health Nursing Education and Research Council
Nursing Grand Rounds
June 25, 2015
Presenter: Trina Snook NP GNC(C)
www.arnnl.ca/evolving-perspectives-addiction

CALL FOR FEEDBACK:
ARNNL Documents to Undergo Revision
In the coming months, we will be undertaking a review of the following ARNNL documents. We encourage your participation when we begin calls for feedback.
• Insulin Dosage Adjustment
• Dispensing by Registered Nurses
• Scope of Nursing Practice-Definition, Decision-Making and Delegation
• Continuing Competence Program Framework
• Self-Employed Registered Nurses *NEW

Give a nurse a ‘high 5’ to celebrate National Nursing Week!

In May, text NURSES to 45678 to make your $5 donation to CNF in support of nurses across Canada.
Invest in nurses. See the difference in health care.

In May, text NURSES à 45678 pour faire un don de 5 $ à la FIIC pour soutenir nos infirmières et infirmiers.
Investir dans les soins infirmiers. Le pivot des soins de santé.

Invest in nurses. See the difference in health care.
Q & A: YOU ASKED

By: Siobhainn Lewis RN, BN, MN – Nursing Consultant-Policy and Practice

I have been told that someone from my unit has to float to a new and unfamiliar area today, and it is my turn. I know that, at times, in order to address client care needs RNs are expected to float to other areas. I have some questions:

Q: Who is the most appropriate person to float?
A: It may not always be the best decision to send the ‘next in line.’ You must consider the care needs of both the clients in the area from which the RN is being floated and the area being floated to, and then determine who is the most appropriate RN to float. All things equal, it may be the next in line, but if not equal, then you need to make a different decision.

Q: What if I’m expected to do things I don’t know?
A: Every RN must work within their scope of practice, i.e. what he/she is educated, competent and authorized to do. If a client you are assigned requires care that is not within your scope of practice, but is within the scope of another available care provider, then you are not the one to carry out that care. You have a responsibility to verbalize any limitations when discussing your client assignment, to seek guidance, ask questions and seek realignment of the assignment when appropriate.

Q: What if I am not comfortable in the new and unfamiliar area?
A: You must remember that the key to quality client care is your competence, not your comfort. When you came into work you were competent to care for the clients in your usual work area. Moving to a new area does not necessarily mean you are not competent. You may not be highly proficient or fast, but you still have the ability to carry out the nursing process. The key is in being able to identify which competencies are required to carry out client care and evaluate whether you currently have those competencies. If not, seek guidance.

Q: What if I am on the unit receiving the RN who is floated?
A: Our standards of practice require that we demonstrate a professional presence. Be welcoming, respectful, helpful and above all, make the best decisions possible in client assignment. Align the care needs of the client with the abilities of the care providers. Reassess often, as things can, and often do, change. Clarify who the floated RN can and should consult for concerns or assistance.

Q: Is there anything we can do to prepare for floating?
A: Having a full orientation to all units where RNs may or may not be floated is not always practical. However, developing ‘buddy units’ or ‘sister units’ may allow for floating to units which care for the same types of clients. Develop policies to clarify expectations and outline responsibilities for floating. Ensure policies and procedures are accessible.

Remember, whether floating or not, it is paramount that our actions and decisions are always in the best interest of the client, which includes assigning the most appropriate care provider to meet the client’s needs and maintaining the public’s trust as we carry out our best possible nursing care.

Q & A: YOU ASKED reflects member questions frequently asked about general topics. Members can access confidential practice consultation with ARNNL Nursing Staff. Visit www.arnnl.ca under “Contact” for ways to get in touch.
TRANSLATING EVIDENCE TO PRACTICE

Lessons from a Teddy Bear Clinic

By: Serina Greene

The Teddy Bear Clinic is a student-led community health promotion initiative which takes place annually in Corner Brook as part of “I Love Grenfell” Week. Western Regional School of Nursing students provide children (and their teddy bears) the opportunity to interact with hospital personnel, as well as experience procedures and equipment within a context of wellness.

Upon reflection, it is evident that successful execution of this event requires application of many principles learned in theory courses in the BN program. Involved nursing students demonstrate a great deal of leadership and community spirit. In addition, planners must be aware of the characteristics of their target audience. As future nurses, we recognize play as an integral part of building relationships with preschool and school-age children. Research shows that providing age-specific materials and activities can facilitate learning and adjustment to new situations (Hockenberry & Wilson, 2015). In addition to consideration of the age-appropriate aspects of play, principles of primary health care are also essential. Here are some examples of how we apply the principles of accessibility, health promotion and intersectoral collaboration for this event:

Accessibility: The most recent clinic was held in the Arts and Science Atrium at Grenfell Campus, Memorial University, which is a centrally located venue within the city. There is no charge to attend, thus minimizing any financial barriers. A quiet assessment space was added this year to improve accessibility for children with Autism Spectrum Disorder (ASD) and sensory needs.

Health Promotion: All activities and stations have a health-related focus. Children are introduced to care provided in hospitals through the Teddy Bear assessment and triage stations, as well as a Teddy Bear X-ray station. The event provides developmentally appropriate activities such as children’s yoga (with Fox Yoga), as well as a visit from Lollipop the therapeutic clown (played by Nicole White, RN). Literacy is encouraged through a story time station featuring books about nurses, hospital and overall health. An art therapist leads an arts and crafts station and a representative from the Community Mental Health Initiative hosts a ‘say yes to friendship’ station. Additional stations promote healthy eating and dental care.

Intersectoral Collaboration: The involvement of multiple organizations, businesses and partners are paramount to the success of this event. A $500 grant was secured from the Western Regional Wellness Coalition to partially fund the 2014 clinic. Local dental care professionals donated toothbrushes and toothpaste which were distributed to all children. Local grocery stores and businesses provided healthy snacks and prizes. Fine Arts students generously offered face-painting, which was a highlight for the children. Collaboration with families produced a $258.30 donation to the Western Memorial Hospital Foundation for the pediatric unit at WMRH, something that organizers hope to build upon in coming years.

Application of principles such as play and primary health care are what make this event successful. Student leadership, as demonstrated through application of these elements of theory, will continue to have a positive effect on our community for years to come.

Serina Greene is a 3rd year student in the BN (Collaborative) Program at the Western Regional School of Nursing, and student coordinator of the Teddy Bear Clinic.

Acknowledgements: The author would like to acknowledge and thank Peggy Hancock, RN, MN, Nurse Educator, Western Regional School of Nursing, for her tremendous support in the development of this manuscript.

References available upon request.
Call for Nominations for Trust Board of Directors

The 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 help set the direction of the Trust and participate in its administration.

Nominations are sought for the following positions:

- Eastern Rural Director
- Labrador Regional Director
- Director at Large

The geographic boundaries for the regional director positions follow the RHA boundaries. A Director at Large may be from any region. Directors serve a two-year term for a maximum of two consecutive terms.

Deadline for nominations is Monday, June 1, 2015. Elections will take place during the Trust Annual Meeting. For more information, please email trust@arnnl.ca.

ARNNL Education & Research Trust Annual Meeting

The Annual Meeting of the Trust will be held at ARNNL House and via teleconference on Monday, June 15 at 4:45 p.m. (Island time). To dial in, call 1-888-875-1833 (enter passcode 217 547 364). For more information please contact trust@arnnl.ca or visit the Trust website.

Advanced Notice: Call for Applications

Funding is available to RNs in the following categories:

- Continuing Education Bursaries
- RN Re-Entry Scholarship
- Post Basic Bachelor of Nursing Scholarships
- Graduate Scholarships (Nursing & Non-Nursing)
- Nursing Research Awards

Applications and details of requirements and disbursement will be available in July at www.arnnl.ca/trust. Deadline: October 15, 2015

Late or incomplete applications cannot be accepted.

Essence of an RN Jewellery Available

Karlande Designs has generously agreed to donate a portion of the proceeds from the sale of the “Essence of a Registered Nurse” jewellery to the Education & Research Trust. “The Nurse” jewellery is made with Swarovski crystals and sterling silver components. The colours of the crystals symbolize the following characteristics of RNs:

- Yellow is for the intellect you portray
- Blue is for the integrity you show everyday
- Pearl is for the wisdom you have gained
- Green is for safe care that you ingrain
- Gold is for the high standards to which you live
- Pink is for the caring and compassionate care you give

Visit www.karlandedesigns.com for more information or to order online.
EVIDENCE IN PRACTICE

By: Sheila Tucker, M.L.I.S., B.Ed., B.A., B.A.(Hons), CPAD

Are the Costs Worth the Benefits for Self-Monitoring of Blood Glucose?

One of the largest expenditures in diabetes management is blood glucose test strips – it is estimated that total spending in Newfoundland and Labrador exceeds $6 million every year. But is this investment providing a similar magnitude of benefits for patients?

A 2009 Canadian Agency for Drugs and Technologies in Health (CADTH) systematic review (www.cadth.ca/en/products/optimal-use/self-monitoring/reports) of self-monitoring of blood glucose (SMBG) revealed the following:

Patients with type 2 diabetes using insulin—studies were few and of low quality, but evidence suggests that SMBG is associated with improvements in glycemic control, as measured by a change of approximately -1% in haemoglobin A1C from baseline.

Patients with type 2 diabetes not using insulin but using oral antidiabetes drugs (e.g., metformin)—SMBG resulted in a pooled A1C difference of -0.25%, which is statistically significant but not considered clinically significant.

Patients with type 2 diabetes who do not take any antidiabetes drugs—SMBG resulted in a pooled A1C difference of -0.05%, which is not statistically or clinically significant.

For all patient groups there was little or no evidence to suggest that SMBG improves patients’ quality of life, satisfaction and body weight. Longer-term studies are needed to determine whether SMBG reduces long-term complications of diabetes or mortality, and more research is also needed on the effect of SMBG in gestational diabetes.

The cost-effectiveness analysis found that SMBG performed nine times a week in patients not using insulin was associated with an incremental cost of $113,643 per quality-adjusted life-year (QALY) gained, relative to no SMBG. This cost exceeds commonly accepted thresholds, which means that SMBG for this group is not cost-effective.

Based on these findings, a panel of experts recommended that for patients using insulin, SMBG should be individualized to guide adjustments for insulin therapy. However, for most adults with type 2 diabetes not using insulin, the panel recommends that routine SMBG is not required. Periodic testing may be helpful in certain situations, the panel noted, but only if used to guide changes.

In summary, most patients with type 2 diabetes will benefit more from focusing on other aspects of diabetes self-management, and testing less frequently will free up limited health care dollars without negatively affecting patient health.

For additional information or to request a presentation on this topic, contact Sheila Tucker, CADTH’s Liaison Officer for Newfoundland & Labrador at SheilaT@cadth.ca. Detailed reports and tools are available online: www.cadth.ca/smbg.

CADTH is an independent, not-for-profit organization responsible for providing Canada’s health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs, medical devices, diagnostics and procedures in our health care system. CADTH delivers outreach services through the Knowledge Mobilization and Liaison Officer program.
Being part of a self-regulated profession means that RNs and NPs govern nursing, and are the ‘self’ in self-regulation. ARNNL engages its members, and members of the public, to contribute their knowledge and expertise to its work, and their involvement has a meaningful impact on nursing and health care in the province. These important volunteers serve ARNNL in many capacities, and we are pleased to introduce them to you in this edition of ACCESS.

**VOLUNTEER SPOTLIGHT:**

**THE ‘SELF’ IN SELF-REGULATION**

Donna Best, ACNP, MN, NP  
ARNNL Nurse Practitioner Standards Committee  
ARNNL NP Program Approval Committee  
ARNNL NP Framework Working Group

Born and raised in St. John’s, Donna Best is an Associate Professor and Coordinator (Master of Nursing Nurse Practitioner Option) at Memorial University School of Nursing. Her 36 years as a registered nurse began upon graduation from the General Hospital. She completed a Bachelor of Nursing from Memorial University, and pursued her Master of Nursing degree from Dalhousie University. Upon completing her Post MN NP Diploma from the University of Toronto in 1997, she became more involved with ARNNL. “The NP role was not developed in NL at that time, so a lot of work centered around licensing, competency, standards development and program approval,” she says. As the only licensed NP at Memorial at that time, she often represented the university on various committees, including the national Canadian Nurse Practitioner Initiative (CNPI). Donna is also involved with the Canadian Council of Cardiovascular Nurses – a Special Interest Group of ARNNL. An ARNNL volunteer for 20 years, Donna considers her participation rewarding. “ARNNL members inform and strengthen the workings of the Association. It is through the various committees that the voice of nursing is presented and heard.”

Edward Wade, BA, BA(ed), M(ed)  
ARNNL Disciplinary Panel (Public Representative)

Edward Wade, a Flatrock native and Memorial University graduate, concluded a 30-year career as a teacher and school administrator in the NL education system in 1999. In addition to many volunteer commitments, he is currently a driving instructor and works with Memorial University’s Faculties of Education and Medicine. Edward is also a passionate writer, and has written three titles: *I Know You Didn’t Ask, But . . .; Memories and Reflections*; and *Looking to Do Your Family Tree?*. Edward’s family has a rich nursing composition. His daughter and nephew currently practice and his sister and twin brother are retired nurses. Currently serving his second three-year appointment as a Panel member, Edward says he’s proud to fulfill the role. “I represent the public sector and have a deep appreciation for the work of ARNNL as well as its thousands of dedicated and hardworking members,” Edward says. “My involvement, and that of other public representatives, reminds us of the transparency under which ARNNL works and is a constant reminder of the high standards under which our RNs work.” Edward resides in St. John’s with his wife.
Lori Abbott, RN, BN, CNCC(C)
ARNNL Nursing Practice Advisory Committee

An RN for the past nine years, Lori works in the Medical-Surgical Intensive Care unit, Health Sciences Centre, Eastern Health. She is a native of Birchy Bay, NL and graduated with a Bachelor of Nursing degree from Memorial University School of Nursing in 2006. In 2013, Lori completed the Certification in Critical Care and the ACLS instructor course. She is a recipient of Eastern Health’s Nursing Practice of the Year Award. Lori started volunteering with ARNNL three years ago because she wanted to become more engaged in her profession. “I’ve been afforded an opportunity to play an active role in reviewing and developing policies and standards that help guide our nursing practice,” she says. “This experience has taught me the value of ARNNL and the importance of RNs being a part of their regulatory body and professional association. I encourage all RNs to learn more about ARNNL – through the website, attending a conference or by volunteering – you, too, will find it to be rewarding!” Lori lives in Paradise with her husband Rod (also an RN) and their three teenaged children: Mitchell, Cody and Katie.

BRIDGE THAT LANGUAGE GAP TO FOSTER UNDERSTANDING

The Professional English Program at Memorial University offers an online, self-access course for health care professionals who are new to the culture of Newfoundland and to the variety of English spoken here.

The course, Communications for Internationally-Educated Health Professionals, has two modules:

- **Understand Newfoundland** focuses on listening to the distinct varieties of Newfoundland English spoken by your patients, your colleagues or your neighbours and explores the culture and lifestyle of Newfoundlanders and Labradorians.

- **Be Understood** focuses on working on your own variety of spoken English so that with clearer speech, you will be better understood by the local people.
  - Learn at your own pace from wherever you are in the province.
  - Improve your ability to communicate well with everyone in the workplace.

Contact us for more information today: [esl@mun.ca](mailto:esl@mun.ca)

[www.mun.ca/esl/pep](http://www.mun.ca/esl/pep)
TIME TO TACKLE “BIG SUGAR”

By: Heather Percy, BN, RN

Achieving and maintaining a healthy body weight is a bigger challenge for Canadians than ever before. In our province, 63 per cent of adults and 32 per cent of youth are overweight or obese. To curb this growing epidemic and its health consequences, organizations such as the Heart and Stroke Foundation have committed to supporting policies for healthy nutrition and physical activity in Canada’s schools, workplaces and communities. As healthcare professionals, we need to be well-informed about obesity and position ourselves as role models and educators. A good place to start is to advocate for change around the over-consumption of sugary drinks, a leading driver of obesity and chronic disease.

A large portion of our dietary sugar comes from sugary drinks, including pop or soft drinks and fruit and energy drinks. Portion sizes are a major contributor to over-consumption: a 16-ounce bottle that once served three is now a small single serving size, and upsizing at the movie concession can result in a 40+ ounce sugary beverage. Drinking these excess calories doesn’t create the feeling of fullness our bodies register when we overeat, making it unlikely we will compensate by eating less.

We are seeing epidemic levels of overweight and obesity among children and youth. With teenagers among the highest consumers of sugary drinks, limiting their consumption would be a good start toward changing these alarming trends.

What can we do?

Health care professionals know that change is neither easy nor immediate. But a glance back at the time lapse between public awareness campaigns, increased taxes and smoke-free legislation and the resulting decline in smoking rates tells us that the result can be well worth the wait.

The Heart and Stroke Foundation is encouraging Canadians to advocate to all levels of government for regulations around the availability and pricing of sugary drinks. Below are several examples of how we can become influencers:

• Restrict the marketing of foods and beverages to children. Marketing junk food and sugary drinks to kids is making our children sick.

• Adopt a federal and/or provincial tax on sugary drinks based on free sugars per unit, and use revenues generated to subsidize vegetables and fruits.

• Enact legislation to limit portion sizes of beverage containers at food service locations to a maximum of 16 ounces (500 mL).

Worldwide, 180,000 deaths annually are attributed to the consumption of sugary drinks, including 133,000 from diabetes, 44,000 from cardiovascular disease and 6,000 from cancer. For real change in these statistics, we need a groundswell of support for regulations that will culminate in healthier choices and ultimately, healthier communities.

Health care providers are well-positioned to act as advocates and agents of change. Our current scattered programs and policies need to be replaced with population-based approaches to reframe obesity as a systemic problem with multiple environmental factors influencing behaviours. Researchers agree that upstream obesity prevention interventions focusing on food and physical environments will have the greatest impact.

References available upon request.
Get more out of your ARNNNL membership.

Get preferred insurance rates today!

On average, professionals who have home and auto insurance with us save $400*

Because you’ve earned it.

At TD Insurance we believe your efforts should be recognized. That’s why, as a member of the Association of Registered Nurses of Newfoundland and Labrador, you have access to the TD Insurance Meloche Monnex program, which offers you preferred insurance rates and highly personalized service, along with additional discounts. Request a quote and find out how much you could save!

Our extended business hours make it easy.
Monday to Friday: 8 a.m. to 8 p.m.
Saturday: 9 a.m. to 4 p.m.

1-866-269-1371
or visit melochemonnex.com/arnnl

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