ARNNL ANNUAL GENERAL MEETING AND EDUCATION EVENT

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ARNNL COUNCIL

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Julie Nicholas ..................................................President-Elect ........................................2014-16
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Tracy MacDonald ...............................................Central Region .......................................2015-18
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Lisa Jesso .................................................................Practice .............................................2013-16
Alexia Barnable ..................................................Education/Research .............................2015-18
Elaine Warren ........................................................Administrative ......................................2015-18
Carmel Doyle .........................................................Public Representative .......................2014-17
Ray Frew ...............................................................Public Representative .......................2014-17
Irene Baird ...............................................................Public Representative .......................2014-17
Walter Arnold .............................................................Public Representative .......................2014-17
Lynn Power ............................................................Executive Director ................................2015-18

Representatives from nursing student societies (observers)

Advertise in the next issue of ACCESS
Email info@arnnl.ca or call 709-753-6198

ARNNL STAFF

Lynn Power, Executive Director
753-6173  lpower@arnnl.ca

Michelle Osmond, Director of Regulatory Services
753-6181  mosmond@arnnl.ca

Lana Littlejohn, Director of Corporate Services
753-6197  llittlejohn@arnnl.ca

Trudy L. Button, Legal Counsel
752-1903  tbutton@arnnl.ca

Vacant, Communications Officer
753-6198

Siobhain Lewis, Nursing Consultant, Policy & Practice
753-0124  slewis@arnnl.ca

Pamela King-Jesso, Nursing Consultant, Policy & Practice
753-6193  pkjesso@arnnl.ca

Michelle Carpenter, Nursing Consultant, Policy & Practice
753-6174  mcarpenter@arnnl.ca

Bradley Walsh, Regulatory Officer
757-3233  bwalsh@arnnl.ca

Rolanda Lavallee, Regulatory Officer
753-6019  rlavallee@arnnl.ca

Julie Wells, Research & Policy Officer and ARNNL Trust Coordinator
753-6182  jwells@arnnl.ca

Christine Fitzgerald, Administrative Assistant, Executive Director & Council
753-6183  cfitzgerald@arnnl.ca

Jeanette Gosse, Administrative Assistant, Policy & Practice and Regulatory Officer
753-6060  jgosse@arnnl.ca

Michelle Nawfal, Legal Assistant, Director of Regulatory Services & Legal Counsel
753-6088  mnawfal@arnnl.ca

Jennifer Lynch, Administrative Assistant, Policy & Practice
753-6075  jlynch@arnnl.ca

Carolyn Rose, Administrative Assistant, Registration
753-6040  crose@arnnl.ca

Jessica Howell, Administrative Assistant, Registration
753-6041  jhowell@arnnl.ca

Cover Photo: Patients and nurses on one of the hospital wards at the Royal Canadian Naval Hospital Avalon on Topsail Road in St. John’s (1944). City of St. John’s Archives Photo No. 01-70-015

Editor  Jennifer Barry
Creative Design  Brenda Andrews, Image 4
Contributing Editor  Danielle Devereaux

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MESSAGE FROM THE PRESIDENT

As my term as president draws to a close, I dedicate my last President’s Message to the commitment to excellence, quality, safety and caring that registered nurses and nurse practitioners make to our province and its people every day. Over my terms as president-elect and president, I have connected with many of you in small and large communities and across many employment sectors. I have met registered nurses, nurse practitioners, retired nurses, student nurses, workplace and student representatives and provincial and national nursing leaders. I thank you for the work you do every day and the difference you make. It has been a tremendous privilege to work on your behalf.

Looking back to the major milestones of my two-year term, a number of things come to mind – celebrating ARNNL’s 60th anniversary, launching the Nursing Student Representative Program, transitioning to NCLEX-RN exam for entry-to-practice and implementing regulatory amendments, including the establishment of an interim licence II (IL-II) for applicants unsuccessful in their first exam writing. On the horizon are emerging issues that will impact our practice, such as medically assisted death, RN prescribing, primary health care continued growth and the rising societal impact of prescription drug abuse and addictions.

In listening to members during my term, two important themes stand out – creating healthy, safe workplaces and advancing excellence; both impact nursing practice daily. While ARNNL annually celebrates distinguished members with our Awards for Excellence in Nursing, everyday excellence sometimes goes unnoticed. Yet advancing excellence is the essence of our professional accountability. From student learning and achievement, to education and research, workplace health and safety, to clinical practice excellence and visionary, thoughtful leadership, we must seek to learn every day and be a mentor to others.

As evident in this edition of ACCESS, and as we near the July 1 commemoration of our province’s contributions to World War I, the reminder of our nursing war-time legacy is powerful. We commemorate our profession’s contribution to WWI in this issue and have also contributed to the 2016 Royal Canadian Legion Military Service Recognition Book. Take time to participate in your community Memorial Day commemorations, wear your nursing pins or symbols, visit The Rooms Museum display, which includes nursing artifacts, and consider offering to speak to a community group or school about the history of nursing in our province. As we celebrate National Nursing Week this month, be proud of the far-reaching impacts nursing has had throughout the years and your place in the profession.

In closing, I would like to take this opportunity to thank Council and staff of ARNNL for their support. I wish our incoming president, Julie Nicholas, great success and wisdom.

“I think one’s feelings waste themselves in words; they ought all to be distilled into actions which bring results.” Florence Nightingale.

Regina Coady, RN, BN, MN
president@arnnl.ca
FROM THE EXECUTIVE DIRECTOR’S DESK

“That’s a waste!”

Have you ever been in practice situations where you thought, “that’s a waste?” Whether it was a waste of resources, time or attention, nursing practice and health systems still have ‘sacred cows’ (practices we have always done and not really questioned) which may be able to be reworked to reduce waste and improve care. Although the provincial government’s recent call for a 30% cut in all government spending is daunting and of general concern, there can be an upside in that we, as RNs and NPs in all domains of practice, can be a part of the process.

The recent Government Renewal Initiative (GRI) and related consultations ask us to be part of this process. I was privileged to attend one of the early Public Engagement Sessions in January with five other RNs, all members of ARNNL’s Workplace Representative Program, and was impressed with the range of simple but potentially effective options that were laid on the table by all participants. However, it is also likely that seeking such a deep cut across the board will impact some very important practices. Of particular concern is health promotion, where evidence of impact is much more intangible, for example potential changes to prenatal services.

Lynn Power, RN, MN
lpower@arnnl.ca

WE SEE THE PRACTICES THAT WORK, FROM THOSE THAT ADD COMFORT TO THOSE THAT ARE ESSENTIAL FOR CLIENT SAFETY. WE USE SUPPLIES AND PARTICIPATE IN PROCESSES THAT WE KNOW COULD BE DONE DIFFERENTLY

Balance is needed, and this presents a prime opportunity for RNs and NPs to be visible (one of the key elements in the ARNNL Professionalism Strategy). We see the practices that work, from those that add comfort to those that are essential for client safety. We use supplies and participate in processes that we know could be done differently. I remember a campaign used in one of the hospitals called Bright Ideas. All staff were asked, “What are we wasting?” Suggestions to reduce waste ranged from scheduling changes to reducing the size of a bar of soap! Although I am sure there is limited evidence to evaluate the impact of the size of a bar of soap, there is evidence that draws attention to numerous ‘sacred cow’ nursing practices that we can reevaluate. The amount of change over the years proposed through research and then implemented within policies on IV site maintenance is a great example. But this is not just a retrospective process; it is also ongoing. For example, the role of NPs in community-based primary health clinics is an evolving system change that has the potential to increase client access to services, which can contribute to long-term cost savings. Reducing waste and improving efficiencies is also bigger than nursing, and calls for interdisciplinary collaboration – what are you doing that another provider could do or that you could do better as a team?

The call to reduce waste and improve efficiencies actually opens an exciting opportunity. With over 100 nurses currently in graduate educational programs, the ability to connect research to practice in ways that advance the quality and value of nursing care has never been greater. Attention to efficiency and effectiveness in health care is not just a provincial matter. The Canadian Nurses Association has put out a call to all nurses across the nation to contribute nursing ideas as part of a physician initiative called Choosing Wisely Canada – a campaign that asks practitioners and patients to talk about the necessity of tests, treatments and procedures. Looking at the value of what we do each day is a part of all best practice reviews.

Now is the time to contribute to solutions. We all have a role to be good stewards of our health care system.

Access MAGAZINE
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, ARNNL President Regina Coady spoke to students at the Memorial University School of Nursing Crest Ceremony; ARNNL Councillor (Education and Research) Alexia Barnable presented remarks at the Western Regional School of Nursing Professional Pledge Ceremony in February; and in April, ARNNL President Regina Coady and Executive Director Lynn Power attended the Welcome to the Nursing Profession Ceremony at the Centre for Nursing Studies.

ARNNL Participates in Government Public Engagement Sessions

In January, ARNNL Executive Director Lynn Power and five ARNNL Workplace Representatives (WPRs) participated in a public engagement session in St. John’s hosted by the provincial government as part of the multi-year Government Renewal Initiative. Government invited the public to contribute ideas, suggestions and solutions to get the province working towards fiscal sustainability. Lynn was delighted to be joined by knowledgeable and dedicated ARNNL RN volunteers.

Celebrating Nursing Education Excellence

On Feb. 29, ARNNL President Regina Coady and ARNNL Executive Director Lynn Power attended Memorial University School of Nursing’s Annual Scholarships and Awards Ceremony. ARNNL congratulates the achievements of all future nurses! Pictured left to right: Regina Coady; Dr. Alice Gaudine, Dean, School of Nursing; Debbie Forward, President, Registered Nurses’ Union Newfoundland & Labrador; Lynn Power; and Beverly Griffiths, Provincial Chief Nurse.

National Comprehensive NCLEX-RN Report Released

The first national comprehensive report on the NCLEX-RN for Canadian writers was published by the Canadian Council of Registered Nurse Regulators on March 31. Council has been monitoring and engaging in robust dialogue on all aspects of the NLCEX-RN exam since its initial decision in 2011 to approve the NCLEX-RN as the new entry-to-practice exam. Throughout the exam launch in 2015, this monitoring was a high priority for Council and all analysis continues to receive support and confirm the validity of the exam. For further information about the NCLEX-RN, visit https://www.arnnl.ca/information-nclex-rn

Electronic Voting for ARNNL Council Underway

ARNNL members are going to the polls electronically to vote for Council. Voting opened on April 8 and closes on May 22. The candidates in 2016 are:

President-Elect: Elaine Warren and Holly LeDrew
Domain:

• Megan Hudson (Practice) *Elected by acclamation
• Valda Duke (Advanced Practice) * Elected by acclamation

Visit www.MyARNNL.ca to cast your ballot!

Mark Your Calendars!

ARNNL’s 62nd Annual Business Meeting
Greenwood Inn & Suites
June 6, 2016, 1 p.m.
FREE REGISTRATION

Join your colleagues in person or via teleconference as ARNNL President Regina Coady and ARNNL Executive Director Lynn Power update members on the activities and work that your professional Association has undertaken in 2015-16. Stay tuned to www.arnnl.ca to view a tentative agenda in the coming days. The Annual Report will be available at the meeting and at www.arnnl.ca after June 1. See p. 11 for more details.

*More details about ARNNL Council, as well as ARNNL news and events, are available in UPDATE, ARNNL’s e-newsletter. Email jlynch@arnnl.ca to subscribe today!
REGISTRATION UPDATE
Renewal 2016-17: Highlights & Reminders
By: Bradley Walsh, RN, MN, Regulatory Officer

On March 31, the 2016-17 licensure/membership renewal period came to a close. This year 95% of members applying for a practicing license met the March 1 administrative deadline. The MyARNNL portal requires ongoing maintenance and each year ARNNL plans modifications and improvements based on changes in regulations/bylaws and member feedback. This year a number of changes/improvements were implemented:

• Canadian Nurses Protective Society (CNPS) professional liability protection online renewal
• Ability to create your own password
• Auto-approve process – administrative process to increase efficiency for processing applications
• NPs can now update NP employer(s) and business address information throughout the year via the ‘Update your ARNNL Profile’ option in MyARNNL
• Optimization of data fields throughout the renewal application to improve data collection quality

Tips During the Licensure Year
• Members can retrieve tax receipts for the current and immediate past year at any time via MyARNNL.
• If there is a change in your name, address or employer information you must notify ARNNL. It is a condition of a license issued under the RN Regulations (2013), Section 11, that a registered nurse notify ARNNL of a change in his or her name or address no later than 30 days after the effective date of the change. Changes to address and employer information can be completed via MyARNNL. A change of name requires that you submit documentation (marriage certificate or legal change of name document) directly to ARNNL.
• Members are required to notify ARNNL immediately of a criminal conviction.

Watch your email throughout the year for important regulatory notifications.

CNPS Lessons Learned
Feedback overall from members related to the CNPS process has been positive. Many members have commented that they are now more aware of the array of other services that CNPS has to offer. One member commented on their experience of contacting CNPS:

“I called CNPS on the advice of your office. The advice I received was relevant and so welcome by me. Thanks to you, ARNNL, for steering me in the right direction and the CNPS for being so informative and supportive.”

Many members contacted ARNNL in relation to their date of birth on the CNPS application. Prior to moving to a computer database in the mid-1990s ARNNL only collected members’ month and year of birth, therefore defaulting members’ day of birth to the first of the month. Members whose initial registration was prior to 1995 should contact the ARNNL Registration Department at registration@arnnl.ca to update their birth date on file.

In the coming months, CNPS and ARNNL will evaluate the new system and plan for improvements for future renewals. Given that the pilot project between ARNNL and CNPS was successful, CNPS plans to implement this process with other jurisdictions throughout Canada.

ARNNL Membership as of April 1, 2016

<table>
<thead>
<tr>
<th>Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practicing (RN)</td>
<td>88.3%</td>
</tr>
<tr>
<td>Practicing (NP)</td>
<td>2.0%</td>
</tr>
<tr>
<td>Non-Practicing</td>
<td>9.8%</td>
</tr>
</tbody>
</table>
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.

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?

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NATIONAL NURSING WEEK 2016
#NNW2016 MAY 9-15

NATIONAL NURSING WEEK 2016
#NNW2016 MAY 9-15

FORENSIC NURSING
NURSE PRACTITIONER
NURSING IN YOUTH CORRECTIONS
NURSING EDUCATION
NURSING IN PRACTICE AND POLICY

FORENSIC NURSING
NURSE PRACTITIONER
NURSING IN YOUTH CORRECTIONS
NURSING EDUCATION
NURSING IN PRACTICE AND POLICY

NATIONAL NURSING WEEK 2016
#NNW2016 MAY 9-15

PHOTOS: TECKLES PHOTOGRAPHY INC. (L-R: 1-3, 5); JOHN GARDINER, VANCOUVER ISLAND HEALTH AUTHORITY (4)

PHOTOS: TECKLES PHOTOGRAPHY INC. (L-R: 1-3, 5); JOHN GARDINER, VANCOUVER ISLAND HEALTH AUTHORITY (4)

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.

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How will you collaborate this National Nursing Week?
What Nurses Need to Know

The Adult Protection Act (effective June 20, 2014) replaces the Neglected Adults Welfare Act (1973) and provides legislative authority for delivery of services to adults in need of protective intervention. Its intent is to protect adults who are at risk of abuse and neglect and who do not understand or appreciate the risk. The Act is operationalized through the four regional health authorities.

Under the Adult Protection Act, there is a legal obligation to immediately report situations of abuse or neglect where an adult may lack capacity and may be in need of protective intervention: 1-855-376-4957.

In the Adult Protection Act Regulations, nursing is recognized as a discipline that could be part of an interdisciplinary team completing a capacity assessment.

Application and Service Principles

The act applies to all NL adults meeting the criteria of an adult in need of protection intervention, regardless of living arrangements

• Adult in need of protection intervention: lacks capacity and
  i) Is incapable of caring for himself/herself or refuses, delays, or is unable to make provision for adequate care and attention for himself/herself; or
  ii) Is abused or neglected.
• Living Arrangements: include, but not limited to, a private residence, personal care home, alternate family care home, hospital or long term care facility.

Key Definitions

1. CAPACITY: means the ability of an adult to understand information relevant to a decision where that decision concerns his/her health care, physical, emotional, psychological, financial, legal, residential or social needs and to appreciate the reasonable foreseeable consequences of a decision or the lack of a decision. All Adults are presumed to have full capacity unless proven otherwise.

2. SELF-NEGLECT: the failure of an adult who lacks capacity to take adequate care of himself/herself where the failure causes, or is reasonably likely within a short period of time to cause, serious physical or psychological harm, or substantial damage to/loss of assets

3. ABUSE: the deliberate mistreatment of an adult who lacks the capacity to protect himself/herself that causes, or is reasonably likely within a short period to cause: serious physical, psychological or emotional harm; or substantial damage to/loss of assets, and includes, intimidation, humiliation and sexual assault.

4. NEGLECT: the failure to provide care, assistance, guidance or attention to an adult who lacks capacity that causes, or is reasonably likely, within a short period of time to cause physical, psychological or emotional harm or substantial damage to/loss of assets.

Key Points

• The Act is operationalized through the four regional health authorities (RHAs). The provincial department responsible for the Act is the Department of Seniors, Wellness and Social Development.
• Every report received is evaluated and if necessary investigated. A report can be received by an RHA social worker, manager, director or a peace officer (RCMP, RNC).
• When an adult's capacity to understand and appreciate risk is unclear, it may be necessary to complete a formal capacity assessment using an interdisciplinary team.
• The adult protection capacity assessment process is coordinated by a social worker.
• Nurses may be part of the team of health care professionals involved with a formal capacity assessment.
• Each professional involved will complete a capacity assessment through the lens of his or her discipline.

ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND AND LABRADOR
Education Event & Annual General Meeting
JUNE 6, 2016
Greenwood Inn & Suites, Corner Brook

Registration Deadline: May 20, 2016

1200 – 1300
Luncheon Presentation
The Canadian Patient Safety Institute (CPSI) Presents “Vance’s Story” Carla Williams, CPSI

1300 – 1600
ARNNL’s 62nd Annual General Meeting (AGM)*
Participate in your self-regulatory activities and meet your president for 2016-18, Julie Nicholas

*The AGM only portion will be available via teleconference and open to all at no cost.

0830 – 1200
Education Event
• Drugs In Our Society – Cst. Shawna Park, Royal Newfoundland Constabulary
• Panel Discussion on the Impact of Societal Drug Use on Nursing Practice:
  Alice Mannion, RNUNL; Joni Ingram, Western Health, Methadone Nurse; and Trena Snook, Eastern Health, Recovery Centre
• Best Practices in Treatment Options

ARNNL’s Awards for Excellence Dinner:
Monday, June 6, 2016
ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND AND LABRADOR
Education Event & Annual General Meeting
JUNE 6 2016, Greenwood Inn & Suites, Corner Brook
REGISTRATION DEADLINE: MAY 20, 2016

REGISTRATION FOR THE FULL DAY $45.00
Includes Luncheon

BASIC BN STUDENT $25.00
*If you are an ARNNL Workplace Rep or Nursing Student Rep, check here

ARNNL’s Awards for Excellence in Nursing Dinner $40.00

ARNNL’s 62nd Annual General Meeting (AGM)
If you are ONLY attending ARNNL’s AGM (from 1 p.m. – 4 p.m., June 6 2016) please indicate:

☐ In Person  ☐ Via Teleconference

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

Name: __________________________________________

Email: ________________________________ RN Registration # (if applicable) __________________________

PAYMENT INFORMATION:

☐ Visa  ☐ MasterCard  ☐ Cheque

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
62ND ANNUAL MEETING
Greenwood Inn & Suites, Corner Brook
June 6, 2016, 1:00 p.m.
FREE REGISTRATION

ARNNL President Regina Coady and ARNNL Executive Director Lynn Power will update members on the activities and work that ARNNL has undertaken in 2015-16 to further Council’s ENDS in pursuit of Nursing Excellence for the Health of the Population.

ARNNL President-Elect Julie Nicholas will be installed as the 28th President of the Association.

Join us in person or via teleconference. See registration form on p. 10 and visit www.arnnl.ca for dial in information closer to the event.
## Q & A: YOU ASKED

**By: Nursing Consultants – Policy and Practice**

**Q:** I’ve been to the ARNNL website recently and see that the Document Library is organized into various categories. What is the difference between the categories?

**A:** There are nine categories of documents in the document library. Below are definitions and examples of the various categories.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Example</th>
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</thead>
<tbody>
<tr>
<td><strong>Standards</strong></td>
<td>Standards are broad and principle-based statements. They are authoritative statements that articulate conduct or performance required of RNs and NPs. They serve to further define responsibilities set out in legislation and regulation. The primary purpose of standards is to identify the level of performance expected of RNs and NPs in their practice, against which actual performance can be measured.</td>
<td>e.g. Standards for Nurse Practitioner Practice in Newfoundland &amp; Labrador (2013) Standards of Practice for Registered Nurses (2013)</td>
</tr>
<tr>
<td><strong>Interpretive Documents</strong></td>
<td>Interpretive Documents provide direction and further explanation for registered nurses in relation to expectations identified within standards.</td>
<td>e.g. Professionalism and the Registered Nurse (2013) Social Media (2013) The Therapeutic Nurse Client Relationship: Expectations for Registered Nurses (2014)</td>
</tr>
<tr>
<td><strong>Regulatory Documents</strong></td>
<td>Regulatory Documents provide direction and further explanation for registered nurses in relation to expectations identified within the RN Act and RN Regulations.</td>
<td>e.g. Approval Process for Basic Nursing Education Programs (2013) ARNNL ByLaws (2015) Continuing Competence Program Framework (2015)</td>
</tr>
<tr>
<td><strong>Discussion Documents</strong></td>
<td>Discussion Documents provide background information or analysis of an issue of which nursing has knowledge or expertise. It can be used as a guide for future action.</td>
<td>e.g. Advancing the Role of the Psychiatric-Mental Health Nurse in the Community (2008)</td>
</tr>
<tr>
<td><strong>Public Policy Documents</strong></td>
<td>Public Policy Documents highlight ARNNL’s views that advocate for and/or advance policies that address issues of the health and well being of the public. Public Policy Documents may be written or endorsed by ARNNL.</td>
<td>e.g. Cosmetic Use of Pesticides (2011)</td>
</tr>
<tr>
<td><strong>Fact Sheets</strong></td>
<td>Fact Sheets are information sheets that provide factual regulatory information.</td>
<td>e.g. Certificate of Conduct (2013) Licensure Conditions (2013) Interim Licensure (2015)</td>
</tr>
<tr>
<td><strong>Briefs</strong></td>
<td>Briefs are short documents that reflect ARNNL’s current views on a specific topic or issue.</td>
<td>e.g. Ensuring a Sustainable Health Care System (2014) Optimizing Nurse Practitioners for Better Access to Health Care (2013)</td>
</tr>
<tr>
<td><strong>Collaborative Documents</strong></td>
<td>Collaborative Documents are guiding documents created by ARNNL and at least one other entity with knowledge and expertise in the topic.</td>
<td>e.g. Excessive Hours of Work: Professional and Union Considerations (2011) Professional Responsibilities when Working with Institutionally-Based Unregulated Care Providers (2009)</td>
</tr>
</tbody>
</table>

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.
VOLUNTEER SPOTLIGHT:  
ARNNL WORKPLACE REPRESENTATIVE PROGRAM

ARNNL Workplace Representatives (WPRs) are RNs volunteering to serve as a link between ARNNL and nursing colleagues in their practice areas. WPRs provide information about ARNNL standards, policies, positions, activities and services to colleagues and conversely, they provide information about their colleagues’ nursing issues and priorities to ARNNL. There are approximately 100 WPRs.

The WPR program is designed to enhance practice environments by supporting professional nursing practice in health care organizations. We do this by:
• Developing WPRs who are peer resources, role models and serve as a liaison with the professional association;
• Providing WPRs with the information needed to promote good nursing practice and prevent poor practice; and
• Helping WPRs develop their leadership skills and become more aware of and involved in the issues that affect nursing as a profession.

Each WPR receives an orientation to their role from an ARNNL Nursing Consultant for Policy and Practice. Annually, a two-day orientation workshop is offered at ARNNL house where WPRs learn about self-regulation, identify resources and build capacity to carry out their role. In February, 10 new WPRs joined ARNNL Nursing Consultants for the 2016 workshop. The topics discussed included:
• Standards of Practice
• Scope of Practice

• Legal Accountabilities
• Professional Conduct Review Process
• Leadership

Time and opportunity is available throughout the two days to apply the principles discussed by working through case studies and practice examples.

WPRs meet three or four times per year, via teleconference, to learn about new or emerging issues in nursing regulation, resources to support practice and opportunities for RNs to participate in self-regulatory processes. ARNNL is proud to support WPRs to attend our AGMs and orientation workshops.

Who is your WPR? A list of WPRs by location is available at https://www.arnnl.ca/wpr-members.
The Canadian Nurses Protective Society (CNPS) helps nurses effectively manage their professional legal risks and appropriately assists them when in professional legal jeopardy. As a benefit of membership with the ARNNL, registered nurses and nurse practitioners are eligible for the professional liability protection and broad range of legal services offered by the CNPS.

The Special Joint Committee’s Report to the House of Commons and the Senate on Medical Assistance in Death Includes Recommendations That Will Protect Nurses

March 1, 2016

The CNPS made written submissions (http://www.parl.gc.ca/Content/HOC/Committee/421/PDAM/Brief/BR8092236/br-external/2016-01-27_PDAM_Brief_CND_Nurses_Protective_Society_e-e.pdf) to the Special Joint Committee on Physician-Assisted Dying in order to bring to the attention of parliamentarians the important role of nurses in the provision of end-of-life care, as well as important legal implications of the Carter decision for nurses. The CNPS’ submissions were developed in consultation with its member organizations, and were supported by nursing associations and other stakeholders.

On February 25, 2016, the Special Joint Committee tabled its report (http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=8120006&Language=E&Mode=1&Parl=42&Ses=1) in the Senate and presented it in the House of Commons. The report contains 21 recommendations, within which are embedded the issues the CNPS raised in order to protect nurses and other health professionals from unnecessary legal risk:

• Ensuring that providing information or advice on assisted death and providing or aiding in the provision of assisted death do not constitute criminal offences under the Criminal Code

• Protecting from the risk of criminal prosecution all health professionals involved in assisted death, including any nurse who may administer medical assistance in dying or provide care alongside another professional authorized to administer medical assistance in dying

• Deferring to the regulatory expertise of provincial and territorial governments, health profession regulatory bodies, and professional associations rather than only enacting federal legislation on physician-assisted death

Significantly, the Special Joint Committee recommended the use of the term “medical assistance in dying” (MAID) rather than “physician-assisted death” (the term used by the Supreme Court of Canada) in any future legislation on this issue, to reflect the reality that the process of assisted dying will involve teams consisting of doctors, nurses, pharmacists, and other health care professionals.

In keeping with this, the Special Joint Committee also accepted the CNPS’ recommendation that nurses be expressly exempted from the application of the Criminal Code provision prohibiting assisted suicide. It was incorporated in Recommendation 13 of the Report, which follows:

Recommendation 13

That physicians, nurse practitioners and registered nurses working under the direction of a physician to provide medical assistance in dying be exempted from sections 14 and section 241(b) of the Criminal Code.

Pharmacists and other health care practitioners who provide services relating to medical assistance in dying, should also be exempted from sections 14 and section 241(b) of the Criminal Code.

Along with that recommendation, the Special Joint Committee expressly cited the CNPS recommendation that nurses and other health care professionals also be exempt from the application of the Criminal Code provision making it an offense to “counsel” an individual to commit suicide.

Lastly, seven of the 21 recommendations support the federal government working with the provinces and territories and their health regulatory bodies on various aspects of medical assistance in dying practice and procedure.

The federal government is working on its legislative response to medical assistance in dying. The CNPS will keep you informed of developments, especially as June 6, 2016 nears. If there is no new or amended federal legislation by that date, the elements within the Supreme Court of Canada’s decision on Carter, 2015 SCC 5 will prevail.
Physician-Assisted Death: What Does this Mean for Nurses?
February 17, 2016

What does the introduction of physician-assisted death mean for Canadian nurses right now?

Nursing Practice
At present, nothing about nursing practice has changed. Nurses working with patients who are making decisions about end-of-life care can continue to care for these patients as they have done up to this point. However, care should be taken in discussing physician-assisted death with patients. This is because the Carter case did not address s. 241(a) of the Criminal Code, which makes counselling to commit suicide a criminal offence.

For the purposes of the Criminal Code, “counsel” includes procure, solicit or incite. This is important because health care professionals often use the word “counsel” within a therapeutic relationship to mean communication with elements of information-sharing, active listening, patient education, and provision of appropriate psychological or emotional support (also, provincial health insurers may have a billing code for when a physician counsels a patient). Health care professionals should not stop these activities but be mindful not to encourage or incite a patient to physician-assisted death. In the current circumstances, nurses may be best able to demonstrate they have acted responsibly by refraining from raising the issue of physician-assisted death with patients but responding to inquiries by directing patients to their doctor or to health institution personnel in a position to respond to questions about services available at the institution. If the person has a health record, the person’s inquiry and the nurse’s response may be recorded in it. Referring the person’s inquiry does not prevent a nurse from addressing any underlying patient care needs.

Advocacy
Nursing regulatory bodies and nursing interest groups are assessing what formal direction, if any, they will offer their member nurses as a result of the Carter decision. Nurses may become involved in such professional initiatives, to help prepare the nursing profession for their role in physician-assisted death.

Education
Nurses’ time-honoured professional practice with those who are dying will continue. Given the nature of this legal change, nurses will have to ensure that they are knowledgeable about any corresponding changes to their own practice, which may be established by legislation, professional standards, or both.

For Your Information
The CNPS made written submissions (http://www.cnps.ca/index.php?page=328) to the Special Joint Committee on Physician-Assisted Dying in order to bring to the attention of parliamentarians certain legal implications of the Carter decision for nurses.

For background information on the Carter decision, please refer to the CNPS article, “A Right to Life” is not a “Duty to Live” (http://www.cnps.ca/index.php?page=280).

Conscientious Objection
The Supreme Court acknowledged that the Charter rights of patients (physician-assisted death) and doctors (freedom of religion) will have to be balanced. The Court stated that nothing in its decision compels physicians to provide assistance in dying. This decision focused on physicians as primary care providers. It did not consider the role of other members of the health care team. The Canadian Nurses Association Code of Ethics contains information on ethical considerations in addressing expectations that are in conflict with one’s conscience.
Sister Bertha (Forsey) Porter was born Jan. 16, 1889 in Gambo, Newfoundland. She attended Bonne Bay Academy High School and completed her nursing education at the General Hospital School of Nursing in 1910. After graduation, Nurse Forsey worked at the General Hospital as a Ward Sister in obstetrics, surgery, medicine and “fever” nursing before enlisting with the British Army Medical Corps in the Queen Alexandra’s Imperial Military Nursing Service Reserve (QAIMNSR). In August 1916, Nurse Forsey completed the “Offer of Service” papers to His Majesty’s Principle Secretary of State for the British War Department, and signed on as a Nursing Sister for one year. She renewed her service agreement twice and remained in service until May 30, 1919.

Sister Forsey reported for duty at the Catterick Camp Military Hospital in Yorkshire, England on Aug. 26, 1916. She also served at the Lord Derby War Hospital in Lancashire, England, where Matron Knapps wrote that she was “tempered, energetic and punctual,” that “she accelerated as a sister at this hospital,” was “attentive to the supervision of her staff” and would be “suitable for promotion.” Sister Forsey participated in hundreds of operations, learned how to administer anaesthesia and was placed in charge of a separate military hospital camp reserved for contagious disease cases. She was promoted to nursing supervisor and was responsible for the training of volunteers in the Voluntary Aid Division (VAD).

Bertha Forsey remained in service until six months after the end of the war for a total of two years and twenty-eight days. Near the end of the war she married and changed her name to Porter. She travelled back to Canada aboard the ship the Corsican and arrived safely in Newfoundland in May 1919. Sister (Forsey) Porter received the British War Medal and the Allied Victory Medal for her distinguished service overseas during the war.

References available upon request

Photo Courtesy Saskatoon Public Library - Local History Room
Lieutenant Maysie Parsons was born March 9, 1889 in Harbour Grace, Newfoundland. She graduated from the General Hospital School of Nursing in 1914. On April 6, 1914 she was among the first Canadian nurses to volunteer to serve with Dr. DePage’s unit in the Belgian Medical Service. She began her service at the Queen of Belgium’s Hospital in the Royal Palace in Brussels. Nurse Parsons’ colleagues in Newfoundland presented her with a gift before she left for Belgium, a wristwatch with a luminescent dial, in recognition of the “noble work she has undertaken.” The watch later proved to be a topic of interest for many Belgian soldiers – “they hardly know what to think of it in the night time.”

In a letter home, Nurse Parsons reflected on her trans-Atlantic crossing when her ship was “chased by a submarine….and the periscope could be seen quite plainly.” She wrote of her hospital experience with “guards on duty every 50 yards along the beach” and the “terrible wounds, quite a lot of amputations, eye cases and fractured skulls.” The Canadian nurses were highly regarded by the Belgians as “visiting nurses” who were caring for “heroic Belgians” and deserving of “our warmest thanks.”

On Oct. 4, 1915, Nurse Parsons enlisted with the Canadian Expeditionary Forces in the Canadian Army Military Corp (CAMC). On Dec. 21, 1915 she was posted to the No. 1 Canadian Stationary Hospital in Lemnos, Greece, then on to Salonika on Feb. 2, 1916. She was reported as being “in the field,” meaning close to the front lines, in both England and Greece from Feb. 3, 1916 until March 17, 1919 when she was demobilized back to Canada.

In 1921, during a Memorial Service at St. Andrew’s Presbyterian Church in Harbour Grace, NL, Lte. Maysie Parson’s name was placed on the Veterans Honour Roll. At that service, Reverend Coffin reflected, “Always show them all honour, respect and gratitude at all times and places.” In recognition of Lte. Parsons heroic service in a theatre of war, she was awarded the French Red Cross, the 1914-1915 Star, the British War Medal, the Allied Victory Medal and the Canadian Expeditionary War Service Badge Class “A.” Maysie Parsons was the first of thirteen Newfoundlanders to join the sisterhood of the General Hospital graduate nurses who served overseas in WW1.

References available upon request
GOINGS ON

MUNSON Faculty Member Receives Memorial President’s Award
Dr. April Manuel, Memorial University School of Nursing, received the President’s Award for Exceptional Community Service in December. This award, presented by Memorial University President Gary Kachanoski, recognizes Memorial employees (faculty or staff) who have demonstrated outstanding community service. The President’s Awards recognize excellence in public engagement, teaching, research, service and community service.

Cooks on a Mission
Labrador-Grenfell Health staff at the Mission Store building in St. Anthony recently embarked on a cookbook project as a way to give back to the community. Cooks on a Mission is dedicated to the late Janet Cox, a long-time nurse and midwife who worked in the St. Anthony area, Labrador and the North Shore of Quebec during a career that spanned 43 years. Janet passed away in 2015. The cookbook was a big hit, raising $2,272 for the Grenfell Foundation (South chapter). Cooks on a Mission is available at the Grenfell Interpretation Centre.

Superhero Effort
In December, ARNNL staff received the Top Fundraising Team Award for their efforts in supporting the Newfoundland and Labrador Lung Association’s SuperHero Walk for Lung Health. The ARNNL staff team raised almost $500. Proceeds from the walk, which took place along Rennie’s River trail in St. John’s this past November, will support lung health programs, education and research in Newfoundland and Labrador.

CNPS to Assist Nurses with College Complaints and Related Matters
The Canadian Nurses Protective Society (CNPS) is pleased to announce that it has expanded its range of legal services to include assistance with regulatory matters. CNPS beneficiaries who register for CNPS Supplementary Protection will now be eligible for legal assistance with respect to complaints before their nursing regulatory bodies, in addition to the wide range of legal services already made available by the CNPS. Regulatory matters include complaints to regulatory bodies and their resulting investigations, disciplinary hearings and fitness-to-practise hearings. It is the responsibility of the regulatory bodies to adequately investigate a complaint against a member as part of their mandate to protect the public. Nurses have an obligation to collaborate with an investigation. The process is best served if nurses have the necessary advice to understand the issues and their rights and obligations such that they can participate effectively. CNPS beneficiaries can become eligible for assistance with regulatory matters, in addition to the broad range of CNPS core legal services, by registering for CNPS Supplementary Protection. For more information regarding this new service and how to register for CNPS Supplementary Protection, visit www.cnps.ca/arminfo.
The **Mother Baby Nutrition Supplement** is a monthly financial benefit offered by the Department of Advanced Education and Skills for pregnant mothers and families with children under the age of one who are living on a low income. The supplement is intended to help with the cost of extra food during pregnancy and infancy and aims to improve access to and use of community services. To be eligible for this benefit, the applicant must have a family net income for the previous tax year of less than $24,849.

There are two components of the benefit:

- **Prenatal**: the applicant receives $60 a month. During the month of the child’s birth, there is an additional one-time payment of $90 per child. In the case of multiple births, the applicant receives multiple birth benefits.
- **Postnatal**: the applicant continues to receive $60 a month up to the month before the child turns one year of age. This component is included with the mother’s NL Child Benefit and Canada Child Tax Benefit issued by the Canada Revenue Agency.

For more information please visit: [http://www.aes.gov.nl.ca/income-support/nutritionsupplement.html](http://www.aes.gov.nl.ca/income-support/nutritionsupplement.html). If you work with clients who are pregnant, please refer them to the Program Coordinator at 1-800-508-4788 or to [http://www.aes.gov.nl.ca/forms/mother_baby_supplement.pdf](http://www.aes.gov.nl.ca/forms/mother_baby_supplement.pdf).

**‘Looking to the Future’ at Gerontological Nurses Conference in May**

The Newfoundland and Labrador Gerontological Nurses’ Association (NLGNA) is offering its Provincial Education Conference on May 27 at the Centre for Nursing Studies in St. John’s from 9:00 a.m. to 4:30 p.m. The conference theme is “Looking to the Future: Aging in NL,” and will feature many guest speakers, including: Dr. Veronique Boscart, Keynote Speaker (President, Canadian Gerontological Nurses Association), Nicole Kielly, Registered Dental Hygienist, Dr. Carla Wells, President (NLGNA), Suja Varghese, Clinical Dietician and Dr. Aaron McKim, Physician. Registration is $60 (NLGNA members), $150 (non-members) and $40 (full-time nursing students). Space is limited, so please register early! Contact Sharon Nolan at s.nolan@nf.sympatico.ca for registration information.

**Conferences and Workshops**

**NL Palliative Care Association Annual Conference**

“Timely Topics in Palliative and End of Life Care”

May 6, 2016

NL Housing and Homelessness Network Conference Room, St. John’s


**The 11th National Community Health Nurses of Canada Conference**

“Blueprint for Action, Making Connections”

May 30-June 1, 2016

St. John’s Convention Centre, St. John’s

[https://www.chnc.ca/annual-nursing-conference.cfm](https://www.chnc.ca/annual-nursing-conference.cfm)

**Atlantic Region Canadian Association of Schools of Nursing (ARCASN) Conference**

June 10-12, 2016

Memorial University of Newfoundland School of Nursing, St. John’s

[http://arcasn.ca/](http://arcasn.ca/)

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For more information:

Valda Duke RNBN MN-NP, NLNPA Conference Chair

100 Forest Road, St John’s, NL 709 777-7199

valda.duke@mun.ca
The answer to this question may be found in the Registered Nurses Act (2008) (the “Act”). Section 18(c) of the Act sets out the definitions of conduct deserving of a sanction to include professional misconduct, professional incompetence, conduct unbecoming a registered nurse, incapacity or unfitness to engage in the practice of nursing and acting in breach of the Act, the Regulations or the Code of Ethics. Council has further defined these categories in its by-laws, where conduct unbecoming a registered nurse is defined as:

_**Article X, Section 2(c)**_

Conduct outside the practice of a registered nurse that would be reasonably regarded as disgraceful, dishonourable or harmful to the standing or reputation of the nursing profession. Conduct unbecoming a registered nurse may arise from one incident or a pattern of conduct and does not require that the conduct be relevant to the practice of nursing.

Examples of behaviour that may be characterized as conduct unbecoming a registered nurse include:

- Conviction of a criminal act\(^1\) (e.g. fraud, theft, assault);
- Persistent or egregious conduct towards professional colleagues; and
- Making threatening comments or providing inaccurate or misleading information on treatments to another individual in a public venue/forum (e.g. social media platform, public event) or by way of another method where identifying oneself as a registered nurse or known as a registered nurse.

Including conduct unbecoming a registered nurse in the Act makes it clear that a registered nurse continues to be a registered nurse when he/she is off duty and that obligations as a professional also continue into private life.

You may be asking yourself doesn’t an RN have a right to his/her private life? The short answer is yes, however, although each member holds an individual license to practice and is accountable for his/her behavior, the profession is made up of all members collectively. If a member’s conduct in their private life is inconsistent with the standards and ethical values of the profession (e.g. honesty, integrity) and is made public, this may reflect negatively on the profession as a whole. The public holds the nursing profession in high esteem; conduct that brings discredit to the profession and undermines public trust in registered nurses is a concern. The Act, by including conduct unbecoming of an RN, gives ARNNL the authority to bring a disciplinary action against a member for such conduct. Upholding the public’s trust and demonstrating professional behavior is required under the Standards of Practice for Registered Nurses (Standard 4).

Being subject to regulatory discipline for unbecoming conduct is not exclusive to registered nurses, other regulated professionals such as physicians, lawyers and chartered accountants have been disciplined for off-duty conduct, nor does it automatically mean your license is jeopardized. However, as regulated professionals all members must be cognizant of how their conduct may reflect on them individually and the nursing profession.

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\(^1\)Section 21(3) requires the Director of Professional Conduct Review to file an allegation against a member where a member has been convicted of a criminal offence.
**DISCIPLINE DECISIONS**

Crystal Chippett  
Newfoundland and Labrador Registration No. 18877

**Summary of Adjudication Tribunal Decision**  
*Registered Nurses Act (2008), Section 29(4)*

On November 17, 2014 a discipline panel of the Association of Registered Nurses of Newfoundland and Labrador found Crystal Chippett, ARNNL Registrant # 18877 guilty of professional misconduct deserving of sanction related to actions and inactions of Ms. Chippett between June 18, 2011 and April 10, 2013. The actions and inactions included inappropriately accessing health records as well as poor clinical skills and occurred while Ms. Chippett was practicing in the Central Newfoundland Regional Health Centre at Grand Falls-Windsor. The panel ordered suspension of Ms. Chippett’s nursing license until satisfaction of conditions contained in the Order. All conditions have since been satisfied and Ms. Chippett’s license has been reinstated. However, her return to nursing practice is subject to her securing the cooperation of any future employer on the conditions imposed by the Association, which conditions Ms. Chippett is obliged to disclose to future employers.

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**Disciplinary Updates**

Chad Ford  
Newfoundland and Labrador Registration No. 17776

On July 17, 2015, Chad Ford, Registration No. 17776, met the terms and conditions of the Order of the Adjudication Tribunal dated October 23, 2014 such that he may reapply for a practicing license.

Crystal Chippett  
Newfoundland and Labrador Registration No. 18877

On October 2, 2015, Crystal Chippett, Registration No. 18877 met the terms and conditions of the Order of the Adjudication Tribunal dated November 17, 2014 and December 17, 2014 such that she is eligible to reapply for a practicing license.

Colleen Stamp (Weeks)  
Newfoundland and Labrador Registration No. 17575

On January 27, 2016, Colleen Stamp (Weeks), Registration No. 17575 met the terms and conditions of the Order of an Adjudication Tribunal dated August 19, 2015 such that she is eligible to apply for a practicing license.

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**PRE-AUTHORIZED CHEQUING (PAC) WITHDRAWALS FOR RENEWAL FEES**

For the fourth year in a row members will be able to pay their renewal fees with automatic pre-authorized withdrawals from their chequing accounts. 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 2017-18 fees is June 30, 2016.

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If you sign up for this service, the deductions listed on the left will take place in 2016 to pre-pay for your 2017-18 fees. The totals DO NOT INCLUDE the costs of the Canadian Nurses Protective Society (CNPS) services which you will be required to remit directly to CNPS as part of your renewal application.

If for any reason one of the 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 for this year.

If you have any questions, please contact Lana Littlejohn at llittlejohn@arnnl.ca.
On a regular basis, ARNNL contracts a local company to conduct a public survey to investigate, among other things, the public’s awareness and attitudes towards registered nurses. A random survey of 400 members of the general public over the age of 18 years was conducted in February 2016. Preliminary analysis of the responses shows that the vast majority of those who participated in the survey have positive attitudes towards RNs and their role in the health care system (Figure 1).

Additionally, respondents who indicated that they personally had contact with an RN or NP in a health care situation in the past year were very satisfied with the care they received; 91.7% rated their level of satisfaction as 8 or higher on a scale of 1 to 10.

The final survey report is expected in the spring and will be posted online at www.arnnl.ca/public-surveys.

Figure 1. General public’s attitudes towards RNs and their role in the health care system
On Dec. 1 and 3, 2015, eight fourth year students of Western Regional School of Nursing held an Information Fair at Corner Brook Long Term Care. This fair was a project of the Nursing 4515-Complex Care Course.

Nursing 4515 involved a 13-week placement to learn the role of the nurse in long term care, independence in the role and the importance of the interdisciplinary team. As part of this course, each student chose a topic to research and present.

Under the direction and guidance of leadership at Corner Brook Long Term Care and Western Regional School of Nursing Instructor Glenda Cunning, all eight projects were presented as an information fair, which turned out to be a huge success.

The students set up information booths in the Town Square at Corner Brook Long Term Care. All staff, residents and family were invited to attend. Over the two days, 138 people participated and visited booths on the following topics:

1. Safe Resident Handling
2. Reducing Antipsychotic Collaborative
3. Restorative Care Unit
4. Respectful Workplace
5. Incontinence Care
6. Diabetes Initiatives
7. Role of the Nurse in Long Term Care
8. Fall Prevention

To coincide with the event, an Alzheimer’s Coffee Break was also held and was a great success.

This fair set the framework for future information fairs as a means of engaging and educating staff within the region of Western Health.
For some women, their great desire was to do their part. As soon as war was declared, women offered to serve overseas as nurses, nurses’ aides or as domestic workers in hospitals and military institutions. At least 18 trained nurses left our province to serve in Britain, on hospital ships, in hospitals and in clearing stations.

On July 1st we remember the nurses. Join us for a very special tribute featuring:

• Live musical performance of I Will Sing You Home by The Ennis Sisters and Shallaway Youth Choir
• Dedication of the Fortis Courtyard and Amphitheatre
• Address by The Princess Royal
• Opening of The Royal Newfoundland Regiment Gallery

Visit therooms.ca for event details

Advanced Notice: Call for Applications
Funding will be available in the fall 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

Award criteria are available online at www.arnnl.ca/trust. Applications will be available in July. Deadline: October 15, 2016. Late or incomplete applications cannot be accepted.

Volunteer Opportunity: Research Awards Committee
The Trust is seeking two graduate-prepared registered nurses to join the Research Awards Committee. This committee is responsible for the annual review of research applications and selection of award recipients. Committee members serve a term of three years. RNs interested in joining the committee are asked to contact the Trust Coordinator at trust@arnnl.ca. As per the committee terms of reference, preference will be given to RNs whose graduate program included completion of a thesis and who have a current record of research.

Trained nurses, served at home and overseas.

For some women, their great desire was to do their part. As soon as war was declared, women offered to serve overseas as nurses, nurses’ aides or as domestic workers in hospitals and military institutions. At least 18 trained nurses left our province to serve in Britain, on hospital ships, in hospitals and in clearing stations.

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Visit therooms.ca for event details
TEA AND A CHAT

Nurses raise a cuppa to conversation and action on mental health

By: Marcia Porter, Communications Coordinator, Memorial University, School of Nursing

Green and flowering plants, colorful keepsakes from students and framed art on the desks and walls create atmospheres conducive to conversation in the offices of Drs. Joy Maddigan and Nicole Snow. It’s just the kind of place that encourages you to sit, catch your breath for a few minutes and cradle a cup of tea in your hands.

Drs. Maddigan and Snow share a keen interest in mental health that dates back to their days as bachelor of nursing (BN) students in the SON; for Dr. Maddigan that goes back to the 1970s, for Dr. Snow it was two decades later in the 1990s.

“Mental health tends to draw people who have a natural bent for social justice and equality.” —Dr. Joy Maddigan

“When I teach mental health I try to do my best to instill a very questioning, inquisitive mind in my students,” said Dr. Snow, who received her PhD from the University of Alberta this past fall. “I want them to ask, for example, ‘How do I tolerate the way people with mental illnesses are portrayed?’”

“I felt like I had come home,” said Dr. Maddigan, who was introduced to mental health nursing in the final year of her BN program. “Mental health tends to draw people who have a natural bent for social justice and equality. I went to work in mental health early in my career.”

Psychosocial interventions

Following her master’s in nursing graduation, Dr. Maddigan spent several years working in community mental health in Nova Scotia, and then teaching at the University of New Brunswick before returning to Newfoundland and Labrador to take on various positions within Department of Health and Community Services.

For her PhD research she studied recovery outcomes for Eastern Health’s Early Psychosis Recovery Program. It’s a three-year, community-based program that offers interdisciplinary care for individuals who’ve experienced their first psychotic episodes and need specialized treatment to promote early and comprehensive recovery.

One of Dr. Maddigan’s key findings related to the rate and timing of recovery following a first psychosis. Most recovery gains were made in the first eight to 10 months of treatments, after which there was a plateau in improvement.

“We need to ask what nurses can do after the initial improvement to more effectively help clients achieve a fuller, more stable recovery,” she said. “Patients are not 100 per cent well, and their quality of life is severely impacted by the experience of psychosis. What psychosocial interventions should nurses be implementing in year two and three to enhance a patient’s recovery and return to life?”

“When I teach mental health I try to do my best to instill a very questioning, inquisitive mind in my students,” said Dr. Snow, who received her PhD from the University of Alberta this past fall. “I want them to ask, for example, ‘How do I tolerate the way people with mental illnesses are portrayed?’”

More questions

Those kinds of questions led Dr. Snow to study the use of Community Treatment Orders (CTOs) in the province. CTOs are ordered if a person with severe persistent mental illness is refusing treatment, considered a danger to others and has had a number of involuntary admissions to hospital.

“I’m interested in mental health ethics, and how we can make things better,” said Dr. Snow, who began her PhD program while teaching full-time at the Centre for Nursing Studies.

“I wanted to find out why CTOs were not being used to the extent that they were in other places; even when you looked at things per capita it was really low. I wanted to find out why.”

Though CTOs were introduced for therapeutic purposes, Dr. Snow’s investigation found the orders were being used as a more punitive way of dealing with patients, further contributing to the stigma around mental illness.

Many countries are dealing with issues similar to ones that Drs. Snow and Maddigan have written about in their research, and the two have been asked to present at provincial, national and international conferences.

“I think we need to put a lot of dedicated time into pushing the mental health agenda forward in terms of research, ethics and understanding,” said Dr. Snow. “I know we can do better.”
Jann Arden
One of Canada’s most renowned singer-songwriters, with a compelling and inspiring story to tell

Tim Porter-O’Grady
Health system expert
How you can prepare today for tomorrow

Sheila Tlou
Director of a UNAIDS support team in Africa
Influence decision makers and be a force for change

Sheri Price
Dalhousie University nursing professor
Supporting new nurses in their careers

Dawn Tisdale
CNA board representative, Canadian Nursing Students’ Association
How nurses are putting primary health care into action

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

The TD Insurance Meloche Monnex program is underwritten by SECURITY NATIONAL INSURANCE COMPANY. It is distributed by Meloche Monnex Insurance and Financial Services Inc. in Quebec, by Meloche Monnex Financial Services Inc. in Ontario, and by TD Insurance Direct Agency Inc. in the rest of Canada. Our address: 50 Place Cremazie, Montreal (Quebec) H2P 1B6.

Due to provincial legislation, our auto and recreational vehicle insurance program is not offered in British Columbia, Manitoba or Saskatchewan.

*Nationally, 90% of all of our clients who belong to a professional or an alumni group (underwritten by SECURITY NATIONAL INSURANCE COMPANY) or an employer group (underwritten by PRIMANUM INSURANCE COMPANY) that have an agreement with us and who insure a home (excluding rentals and condos) and a car on July 31, 2015 saved $415 when compared to the premiums they would have paid with the same insurer without the preferred insurance rate for groups and the multi-product discount. Savings are not guaranteed and may vary based on the client’s profile.

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ARNNL’s Annual Awards for Excellence in Nursing

DINNER and presentations of honorary membership

See arnln.ca for more details

In the categories of:
- Practice
- Education
- Administration
- Novice

Dinner: $40

To register, email: jlynch@arnnl.ca

Registration Deadline: May 20, 2016

7:00 p.m.
Greenwood Inn and Suites
Corner Brook

MONDAY
JUNE 6, 2016