



VOTE IN ARNNL COUNCIL ELECTIONS

PAGE 5

IN THIS ISSUE

My Experience as an RN with Team Broken Earth in Haiti – Page 24

Now Open! Licensure/Membership Renewal – Page 6-7

Q&A: You Asked: Cannabis – Page 18-19

CONTENTS

Message from the President.....	3
From the Executive Director's Desk.....	4
Council Matters.....	5
Registration Update.....	6-7
Advanced Practice View:	
New Legislative Requirements for Nurse Practitioners for Reporting MAID.....	8
NPs and Choosing Wisely NL (CWL) and Quality of Care NL (QCNL) Campaigns.....	9
ARNNL's Honorary Membership Award.....	9
CCP Update.....	10
Submission: Public Engagement and Professional Practice: Student Perspective.....	11
CNA/CNPS Cannabis Critical Thinking Pathway.....	12
Regulatory Notes: Discipline Proceedings: What Does the Public Need to Know?.....	13
Discipline Decisions.....	14
ARNNL Continuing Education Schedule.....	15
ARNNL/NLASW Education Session.....	16
Nurses of Note.....	17
Q&A: You Asked.....	18-19
Submission: Family Practice Nursing Coming to Newfoundland and Labrador.....	20
Volunteer Spotlight.....	21
Goings On.....	22-23
Submission: My Experience as an RN with Team Broken Earth in Haiti.....	24
Submission: Master of Nursing Practicum Projects: Graduates of October 2018.....	25
Trust News.....	26

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
753-6040 | tbutton@arnnl.ca

James Sheppard, Communications Officer
753-6198 | jsheppard@arnnl.ca

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

Rolanda Lavalley, Nursing Consultant, Policy & Practice
753-6019 | rlavalley@arnnl.ca

Peggy Rauman, Nursing Consultant, Policy & Practice
753-6193 | prauman@arnnl.ca

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

Robyn Williamson, Regulatory Officer
753-0124 | rwilliamson@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 & 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

Editor Gillian Costello
Creative Design Brenda Andrews, Image 4

Advertise in the next issue of ACCESS
Call 709-753-6198

ACCESS is the official publication of the Association of Registered Nurses of Newfoundland and Labrador. ACCESS is published two times a year in January and September. Subscriptions are available to non-members for \$25 per year.

©Association of Registered Nurses of Newfoundland and Labrador (ARNNL). All rights reserved. For editorial matters, please contact the editor. The views and opinions expressed in the submissions, articles and advertisements are those of the authors or advertisers and do not necessarily represent the policies of ARNNL.



Back (L-R): Megan Hudson, Stacey Knudsen, Crystal Northcott, *Louise Pinsent Parsons, *Stephen Clark, Tracy MacDonald and Marie Budden
Front (L-R): *Glyn George, Valda Duke, Lynn Power, Elaine Warren, Beverly Pittman, Pat Rodgers and Valery Goulding

Missing from photo: Dale Colbourne

*Denotes a public representative

ARNNL COUNCIL

Elaine Warren	President	2018-20
Beverly Pittman	President-Elect	2018-20
Pat Rodgers	Eastern Region	2017-20
Tracy MacDonald	Central Region	2018-21
Marie Budden	Western Region	2017-20
Stacey Knudsen	Labrador/Grenfell Region	2018-21
Valda Duke	Advanced Practice Councillor	2016-19
Megan Hudson	Practice Councillor	2016-19
Valery Goulding	Education/Research	2018-21
Crystal Northcott	Administration	2018-21
Stephen Clark	Public Representative	2018-21
Dale Colbourne	Public Representative	2018-21
Glyn George	Public Representative	2018-21
Louise Pinsent Parsons	Public Representative	2018-21
Lynn Power	Executive Director	
Representatives from nursing student societies (observers)		

MESSAGE FROM THE PRESIDENT



Elaine Warren RN BN MN
president@arnnl.ca

It is my pleasure to update you on the opportunities I have had, since June, to fulfill my role as president of ARNNL. It has been a busy fall interacting with many stakeholders and professional colleagues. In my role I have had the opportunity to attend several events and have found that a common theme that underpins all these opportunities is the importance of collaboration. On day one as president I had the privilege to meet with members during one of the most important events of the year, our Annual General Meeting (AGM). This year the AGM was held in Grand Falls-Windsor and the 90 people in attendance engaged in a robust example of collaboration exploring four resolutions and one motion from the floor. As ARNNL Council evaluates this input there will undoubtedly be many more opportunities to collaborate with both those present and other members and organizations that are impacted by that dialogue. More detail on this will be posted to the ARNNL website.

On a national level, I sat for my first meeting as ARNNL's representative at the Canadian Nurses Association's Board. We explored ways in which the nursing profession as a whole, and as a country, can collaborate on topics such as pharmacare. It was also an opportunity to collaborate with all of Canada as I joined in on the November 11th Remembrance Day ceremonies in Ottawa commemorating the importance of nurses during wars.

**THE REPORT IDENTIFIED FUTURE WAYS TO COLLABORATE.
COLLABORATION ALSO BUILDS STRONG NETWORKS OF NURSES
ACROSS THE PROVINCE, INCLUDING THE MANY INTER-RELATED
ROLES ARNNL HAS WITH THE SCHOOLS OF NURSING.**

I recently brought greetings at the Registered Nurses Union of Newfoundland and Labrador (RNUNL) biennial convention in St. John's. The theme of this year's meetings was *Taking Care. Giving Care* and is both a timely and important topic for all nurses. The importance of collaborating to adopt a preventive approach in the workplace to enhance our mental health as well as the importance of working together to create healthier work environments for RNs really resonated with me as president of the ARNNL.

Other examples of collaboration can be found at a project level. ARNNL Council participated in a discussion on a recently completed evaluation of the 20 years of Nurse Practitioner practice in the province. This report was an excellent example of collaboration between practitioners,

employers, Government and other agencies such as the Newfoundland and Labrador Medical Association. More importantly, the report identified future ways to collaborate. Collaboration also builds strong networks of nurses across the province, including the many inter-related roles ARNNL has with the Schools of Nursing. Over the fall, there was consultation on several important processes with the schools that fulfill Council's governance and regulatory responsibilities, such as the entry level competencies and program approval. It is through collaboration that we get the best outcomes as students within these programs become our next generation of nurses.

Collaboration with employers is equally important. I have been engaged in discussions on how together we can clarify the role of nursing within the societal changes that have occurred with the new laws around cannabis, how we collectively promote professionalism and how we address both the risks and benefits of social media.

Finally, I want to acknowledge that I have most enjoyed the events where I have had the opportunity to collaborate with individual RNs and NPs, listening to their ideas and considering how they impact ARNNL's Strategic Outcomes. My recent trip to Harbor Breton (pictured on page 22) is one such event.

I want to extend my thanks to our nursing organizations, Regional Health Authorities and employers for the continued support of ARNNL. These collective collaborative efforts ensure the RN is and remains a visible, respected role in our society.

A handwritten signature in blue ink that reads "Elaine Warren".



Nursing Monument, Hall of Honour, Parliament.

FROM THE EXECUTIVE DIRECTOR'S DESK



Lynn Power RN MN
lpower@arnnl.ca

Today and Tomorrow

We all look to the internet to find out the latest. It may not be completely accurate, but it is certainly current. In nursing practice, we look to research as evidence of what is accurate or at least the best-known evidence, but it is not always timely. Almost 95% of RNs and NPs are employed within an organization, thus we need to also layer on top employer policy. Given that effective policy must be contextualized to each situation policies can be different between organizations. Finally, each individual nurse is expected to assume a client centered approach, and this adds another layer of analysis. So, how do all these data points collide in our professional lives, knowing that as nurses we need to provide safe competent care now.

Cannabis is a great example where the amount of information on the world wide web is extensive but on the flip side quality research is limited. Employers are diligently analyzing their context to develop policies and people (our clients) are making personal decisions about their own usage.

The best way to manage addictions is another evolving field. Every day more "data" is added in this field as new drugs and treatment options become available in health care and on the streets. The vast plethora of resources available to assist people with mental health challenges to self-manage their life is another area that contains both good and not so good options where nurses need to be aware.

CANNABIS IS A GREAT EXAMPLE WHERE THE AMOUNT OF INFORMATION ON THE WORLD WIDE WEB IS EXTENSIVE BUT ON THE FLIP SIDE QUALITY RESEARCH IS LIMITED.

The Choosing Wisely campaigns that are running nationally and provincially are trying to tackle some traditional practices (based on old data) with new data. There are numerous projects looking at diagnostics and interventions that were once accepted practice. For example, there is information being explored that questions routine q2 hourly turning of bedridden clients.

How do all the advancements in technology impact nursing practice? What information will we need to analyze as we explore how artificial intelligence becomes an even bigger part of health care?

What does the nurse do today?

It is important that you critically analyze each context. That you look at old and new information. That you discuss what is considered today's evidence from all relevant sources within your interprofessional team. That you are knowledgeable of your organization's policies and keep abreast of relevant legislation and regulatory positions. Sounds daunting. Not really, as RNs and NPs you have been prepared to think critically. At this point in time your critical judgement ability has never been more in need.



ARNNL COUNCIL MATTERS

Face-to-face ARNNL Council meetings are held three times a year. Catch-up on all the important Council activities in our *Regulation Matters* e-newsletter sent via email to all ARNNL RNs, NPs and non-practicing members.

Registration is Open!

Licensure/membership renewal opened January 9 and will close midnight on March 31, 2019. Visit myarnnl.ca.

Call for Resolutions to the ARNNL Annual General Meeting

Resolutions are an important way to raise issues for discussion by colleagues at the Annual General Meeting and by elected ARNNL Council representatives. Resolutions must be consistent with the Registered Nurses Act, Registered Nurse Regulations and the ARNNL By-Laws.

Resolutions may be submitted by mail, fax, or email. For guidelines on submission of resolutions, visit www.arnnl.ca (under "News & Highlights") or contact Michelle Nawfal at (709) 753-6088 or mnavfal@arnnl.ca.

Deadline for submission of resolutions: May 10, 2019.

Member Survey

Periodically ARNNL conducts a telephone survey to reach members to find out their opinions on relevant matters to the organization. These surveys are very important to help inform Council on progress towards achieving the Strategic Outcomes. Previous surveys are available on our website. The 2019 survey is tentatively planned for February, please participate if you are contacted.

Be a voter

Council Election

Two positions are open for Council for 2019-2022. They are Practice and Advanced Practice. Five candidates have put their name forward and members can vote for both positions. See below for details:

Domain Councilor for Advanced Practice:

- Margot Antle, Nurse Practitioner, Long Term Care, Eastern Health
- Kelly Barron, Nurse Practitioner, Pediatric, Neonatal, Eastern Health

Domain Councilor for Practice:

- Krysta Simms, Registered Nurse I, Bonne Bay Health Centre, Rural Health/Medicine/Emergency/Long Term Care, Western Health
- Tamara Taylor, Regional Home Support Program Coordinator, Community Supports Program, Eastern Health
- Mark Tipple, Mental Health Crisis Intervener, Mental Health and Addictions, Eastern Health

Don't forget to cast your vote during licensure/membership renewal!

SAVE THE DATE

ARNNL will be holding the Awards for Excellence ceremony and Annual General Meeting this June!

- The Awards will be held on Sunday, June 9 at the Bungalow in Bowring Park from 5-7pm.
- The Annual Meeting will this year be held by provincial teleconference on June 10, 2019 from 7-9 pm.

Stay tuned for more details in 2019.

REGISTRATION UPDATE

By Bradley Walsh, ARNNL Regulatory Officer

The start of a new year means its time to renew your license, or membership if you are non-practicing. The 2019-20 renewal period opened January 9th. Registrants received an email confirming the date the renewal module is open. Ensure your email address on file with ARNNL is up to date. Reminder emails will be sent throughout the renewal period as required. Please note that all emails to registrants regarding licensure/membership renewal will come from registration@arnnl.ca.

March 1st Administrative deadline: Registrants renewing a practicing license who fail to submit their application by March 1 will automatically be subject to a late fee (\$50 plus HST) that will be added to the licensure fee. The March 1 deadline does not apply to members renewing a non-practicing membership.

The below provides information related to each step of the licensure/membership renewal process.

Step 1 – Complete your ARNNL 2019-2020 Renewal Application

- RN & NP 2019-2020 Licensure fee = \$482.15
- Non-practicing fee = \$48.30: 65 years or older fee = \$34.52
- Confirm correct mailing address and email address
- Confirm/Update all employment information (including self-employment)
- Declare if you have completed the Continuing Competence Program (CCP)
If you did not complete CCP a 90-day Conditional license will be issued
- Carefully read all declarations on the final step of application
- ARNNL will receive the names for registrants enrolled in their employer payroll deduction program, and the employer has deducted the full licensure fee. If ARNNL has received your payroll fee you will not be prompted to pay the ARNNL fee portion online.

Step 2 – Complete Canadian Nurses Protective Society (CNPS) Process

- For all registrants renewing a practicing license only. Members renewing a non-practicing membership do not need to complete the CNPS process
- CNPS RN Fee = \$48 (plus HST)
- CNPS NP Fee = \$122.50 (plus HST)

Supplementary Protection = \$85 (plus HST)

- Optional – not required for licensure under the RN Regulations
- Assists with Regulatory matters regarding your nursing care and any disciplinary and fitness-to-practice hearings
- For more information, visit cnps.ca/complaints or call 1-844-4MY-CNPS

Canadian Nurses Association (CNA) Fee Increase Reminder

In June 2016, CNA announced a three-year incremental membership fee increase for individual RNs and NPs. For the upcoming 2019-2020 licensure year registrants will see the second increase reflected in the ARNNL licensure fee. Under ARNNL Bylaws a registrant who holds a practicing license with ARNNL shall have membership in CNA. We encourage you to visit the CNA website to learn more about the value of membership <https://cna-aic.ca>.

Licensure Year	CNA Increase (Pre-Tax)	Total CNA Amount
2019-2020	\$2.90	\$60.60
2020-2021	\$3.05	\$63.65

Step 3 – Submit Required Documentation

- If registered/licensed to practice in another province, territory or country within the last 12 months, you will be required to provide a verification of registration document from that regulatory authority. Your practicing license will not be processed until the verification is received
- If employed outside an RHA, including self-employment, ensure documentation confirming your hours of practice for the 2018-19 licensure year is forwarded to ARNNL
- If you declared your registration/license to practice in another province is under investigation/review or you declared you have been convicted of an offence, which you have not disclosed to ARNNL, detailed information is required, contact ARNNL Registration at arnnl.ca

Step 4 – Verify License Status

- You and your employer can confirm your licensure status online via <https://arnnl.ca/member-search>. You must confirm your licensure status before commencing practice for 2019-20
- Unauthorized Practice Fee, the penalty fee for practicing without a license, is \$100.00 per shift worked with no maximum amount. Also, an allegation of conduct deserving of sanction will be filed in accordance with section 21 of the Registered Nurses Act (2008) where a nurse practices without a license for more than three (3) shifts from and including the first shift worked. Documentation from the employer verifying the number of shifts practiced without a license will be obtained
- Official receipts for tax purposes are sent electronically to the email address on file. Receipts are sent weekly. You can retrieve current and previous year receipts via <https://myarnnl.ca>

New Research Consent Question: Registrants will see a new question on their renewal application related to consent for research. This year, you will have the option to consent to receive an email from ARNNL about research projects. This replaces the consent to release your contact information to researchers. All research projects are screened by ARNNL. This question does not apply to any member surveys or request for input on draft documents that ARNNL may send to members from time to time.

Pre-authorized Chequing (PAC) Withdrawals for Renewal Fees

Reminder that members are 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. The deadline to sign up for the PAC payment option for 2020-21 fees is June 30, 2019.

Withdrawal Date (2019)	RN/NP \$485.66	Non- Practicing \$48.30	Non Practicing (65+)\$34.52
July 15	\$80.94	\$8.05	\$5.75
August 15	\$80.94	\$8.05	\$5.75
September 16	\$80.94	\$8.05	\$5.75
October 15	\$80.94	\$8.05	\$5.75
November 15	\$80.95	\$8.05	\$5.76
December 16	\$80.95	\$8.05	\$5.76

If you sign up for this service, the deductions listed above will take place in 2019 to pre-pay for your 2020-21 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 all 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.

ADVANCED PRACTICE VIEW

New Legislative Requirements for Nurse Practitioners for Reporting Medical Assistance in Dying (MAID)

On June 17, 2016, *An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)* came into force allowing physicians and nurse practitioners to provide MAID to eligible Canadians. Federal monitoring, which refers to the collection and analysis of MAID data, is a critical feature of this legislation, however, regulations specifying what information is to be reported to the federal government has only just been released.

On November 1st, 2018 the Federal Government enacted new legislation called *The Regulations for the Monitoring of Medical Assistance in Dying (the Regulation)* that requires physicians, nurse practitioners and pharmacists to provide information related to requests for, and the provision of MAID, through the Canadian Data Collection Portal. The Regulations support the collection of consistent, comprehensive information on MAID across the country by setting out reporting requirements for physicians and nurse practitioners who provide this service and pharmacists who dispense the necessary drugs.

The federal government has also created a guidance document that provides specific directions on the reporting requirements outlined in the Regulations. When a written request for MAID is received, NPs will need to report in most cases, even if the request doesn't result in MAID for reporting purposes. A patient's written request may take any form (e.g., unsigned patient request through email or text, a patient's request through a care coordination service or a referral from another practitioner, etc.). It must be an explicit request for MAID and not just an inquiry about MAID or a request for information. To help clarify this process, the document also provides six scenarios where reporting of MAID is required and exceptions where reporting is not required.

For further information on these regulations, other regulatory and/or legislative requirements or initiatives pertinent to NP practice, please check out the advanced practice resource page found on the practice and advanced practice page on ARNNL's website.

Resources

Guidance Document for MAID Reporting Requirements which includes information on Reporting Timelines at a Glance and Reporting Checklists:
<https://www.canada.ca/en/health-canada/services/medical-assistance-dying/guidance-reporting-summary.html>

Regulations for the Monitoring of Medical Assistance in Dying (the Regulation):
<http://www.gazette.gc.ca/rp-pr/p2/2018/2018-08-08/html/sor-dors166-eng.html>

Information Requirements for Federal Monitoring of Medical Assistance in Dying
https://cnps.ca/upload-files/Canada_Gazette_Part_2_SOR_2018-166_27_July_2018-Regulations_for_Monitoring_of_MAID_timeline_graphs.pdf

Health Canada: Reporting Requirements for Medical Assistance in Dying
https://cnps.ca/upload-files/Health_Canada_Reporting_requirements_for_medical_assistance_in_dying_09_Aug_2018.pdf

NPs and Choosing Wisely NL (CWL) and Quality of Care NL (QCNL) Campaigns

NPs will see a new consent question on the 2019-20 licensure renewal application. Those who wish to receive information on their individual prescribing behaviors and notice of campaigns with CWL and QCNL (e.g., antibiotics, blood urea, etc.) will be able to indicate their consent to receive data directly from the Centre for Health Informatics and Analytics (CHIA) by checking the new consent box on the renewal application. NPs are also able to update the consent question throughout the year by selecting the 'Update your ARNNL Profile' feature in MyARNNL.

Quality of Care NL/Choosing Wisely NL (QCNL/CWNL) is a collaborative effort between the leading healthcare entities in Newfoundland and Labrador who are working to ensure the right treatments get to the right patients at the right time. Their work is driven not only by the strategic direction of their partners, but also by the people of Newfoundland and Labrador, through a public, patient-

centered priority setting process. Their partnership with Choosing Wisely Canada builds upon established national guidelines and recommendations that cross all disciplines to support the reduction of low-value healthcare, particularly where harms outweigh benefits.

As a research initiative, QCNL/CWNL drives evidence-based health care practice and efficient use of resources. It encourages physicians and nurse practitioners and patients to discuss and determine the best course of treatment together by educating, raising awareness, and providing tools to guide those conversations. This initiative strives to be innovative in their approach and work closely with key partners, aligning efforts to find the best solutions for providing the best healthcare possible to the people of Newfoundland and Labrador.

If you have questions, please contact Michelle Carpenter, Nursing Consultant - Policy & Practice or Julie Wells, Research & Policy Officer.

ARNNL'S 2018 HONORARY MEMBERSHIP AWARD

Each year ARNNL Council bestows Honorary Membership on individuals who have given freely of their time to the advancement of the nursing profession and/or the Association to improve the quality of care provided to the residents of the province. Last year, we were honored to add Janet Murphy Goodridge's name to the prestigious list of Honorary Members to recognize her achievements posthumously. While Janet's family were unable to make the ceremony in Grand Falls-Windsor this past June, her contributions and memory were celebrated during a ceremony at ARNNL House on October 18.

For decades, Janet advocated for and promoted the health of young families in Newfoundland and Labrador. She was known in the nursing community as a breastfeeding expert.



Family of Janet Murphy Goodridge at ARNNL House's ceremony on October 18 with Council President Elaine Warren.

CCP UPDATE

By: Staff Advisory Committee on Continuing Competence



Become Engaged with ARNNL: Call for Continuing Competence Program (CCP) Auditors for 2019

ARNNL is seeking Registered Nurses (RNs) and Nurse Practitioners (NPs) interested in volunteering as CCP auditors for the 2019 Audit.

Criteria: Auditors must be licensed RNs/NPs in good standing whose licenses are not under review/investigation or subject to an allegation. If you were a 2018 Auditor and wish to participate in the 2019 Audit, you will need to resubmit your application.

Time Commitment: Auditors will be required to attend one full day at ARNNL House on May 23, 2019 to review CCP documents submitted from registrants. Travel expenses are paid by ARNNL.

How to Apply: Please complete the volunteer form available at www.arnnl.ca/volunteer-ccp-auditor. Deadline to apply is February 28, 2019.

Upcoming CCP 2019 Audit

A total of 300 practicing registrants (RNs and NPs) will be selected to participate in the audit process.

A registered letter will be sent to the selected registrants in April 2019 indicating they are required to submit CCP documentation for the 2018-19 licensure year (April 1, 2018 – March 31, 2019) (Professional Development Learning Plan, Professional Development Evaluation Form and evidence for verification of seven formal learning hours).

Members will be given 21 days to submit the required CCP documentation via email or mail. Documents cannot be submitted by fax. All documents will be de-identified for the audit. Registrants will receive an email from ARNNL confirming receipt of CCP Audit documents.

The audit will be conducted by members of the ARNNL Advisory Committee on Continuing Competence and volunteer RN/NP auditors in 2019.

The audit process monitors evidence of participation in the CCP for the 2018-19 practice year. To learn more about the 2019 audit process, please visit www.arnnl.ca.

Overall Audit Results (2017-18 Licensure Year)

Last year 250 registrants were audited. Of these:

- 92.4% met initial audit requirements; an increase of 6.4 percentage points from the previous year.
- 7.6% failed to meet audit requirements and required follow up by an ARNNL Consultant and were required to resubmit incomplete or omitted documentation.
- As of July 23, 2018, 99.6% of audited registrants met CCP requirements. Only one registrant failed to meet the audit requirements and that person's file has been referred to the Director of Regulatory Services for follow up.



Front Row L-R: Carolyn Buckle, Rhonda McDonald, Linda Mercer, Marie Clarke, Michelle Carpenter
Back Row L-R: Robyn Williamson, Lisa Jesso, Dena King, Dawn Lanphear, Novelette Delisser-Francis, Patricia Grainger, Marie Powell, Marcy Greene-Feder, Lisa Hussey, Tracy MacDonald, Peggy Rauman

Examples of Reasons for not meeting CCP 2018 Audit Requirements

- The continuous learning (CL) activities submitted did not relate to the identified learning goal.
- Failure to submit the required 14 hours of continuous learning (CL).
- Failure to submit verification of a minimum of seven formal CL hours.
- CL activities did not fall within the audit year (April 1– March 31).

Have questions about the **CCP Audit**, please connect with ARNNL's Regulatory Officer, Robyn Williamson, at 709-753-0124 or rwilliamson@arnnl.ca

CCP Evaluation Results

In 2018, ARNNL conducted an evaluation of the CCP Program and invited members to participate in the data collection process (focus groups and survey). The final report including analysis of the findings and recommendations is due March 31, 2019. Stay tuned in 2019-2020 for a refreshed CCP Program.

To learn more about CCP, please join the ARNNL Tuesday Education Session on **January 29th, 2019 at 2 p.m.** Please register for the session at www.arnnl.ca/events-calendar.

PUBLIC ENGAGEMENT AND PROFESSIONAL PRACTICE: STUDENT PERSPECTIVE

By Charity Drover, Fourth Year Nursing Student

Nurses employ an upstream approach to health promotion—one where we work to inhibit preventable diseases by altering the social determinants of health. In Canada, a large portion of preventable or modifiable diseases stem from heart disease and stroke. One in twelve Canadians have diagnosed heart disease, and stroke is one of the leading causes of death and disability in Canada, with over 700,000 people in this country living with the effects of stroke.

Both heart disease and stroke have risk factors that are inextricably linked to determinants of health, such as diet, education and personal health practices. Therefore, the occurrence of heart disease and stroke can be positively impacted by health promotion campaigns, as public education provides the knowledge needed to commit to lifestyle changes. Public engagement is imperative to sustainable health promotion programs.

MUNSON'S FIRST RED DRESS EVENT & AUCTION WAS A MAJOR SUCCESS FOR THE HEART & STROKE, AND AN INFORMATIVE EVENING FOR BOTH OUR PATRONS AND OURSELVES AS NURSING STUDENTS.

In 2017, MUN School of Nursing Students (MUNSON) held their Red Dress Event & Auction at the Johnson GeoCentre. This event provided an opportunity for us to engage the public in dialogue about the factors predisposing Newfoundlanders to heart and stroke disease. The collaboration with the Heart and Stroke Foundation (HSF) and members of the community provided me the opportunity to understand the impact of heart disease and stroke on the lives of those affected and their family members. I was touched by their stories of survival. Despite the hardships they have lived through, they have become educators and leaders in our community, in the fight against these prevalent diseases.

Initially, the event was an important way for me to give back to my community, however, it became apparent that the event was giving back to me, and all who attended. Nursing is a profession that places value in public engagement, with the goal of promoting health and well-being. Listening to the stories of the guest speakers who recapped statistics about heart and stroke disease and how it affected their family enriched my learning, augmented my practice, and will make me a better nurse. I now understand how public engagement activities can provide insights on best practice guidelines and inform healthy public policy. It is a nursing role to foster awareness about the impact of the social determinants of health on chronic diseases and raise awareness and advocate for change in the healthcare system. Engaging the public in venues such as the Red Dress Event provides an opportunity for all people affected by heart and stroke disease to come together and share experiences in an effort to shape nursing practice.

As stated, MUNSON's first Red Dress Event & Auction was a major success for the Heart & Stroke Foundation, and an informative evening for both our patrons and ourselves as nursing students. I look forward to our second Red Dress Event in September, and finding more opportunities to fulfil the vital role my profession has to play in public engagement settings.



L-R: Stephanie Roberts and Charity Drover co-planners of the event



Cannabis Critical Thinking Pathway for Nursing Practice

What does the federal cannabis legalization mean for nurses?

As of October 17, 2018, the federal *Cannabis Act* and *Cannabis Regulations* are in effect and are the governing law in Canada regarding recreational and medical cannabis.

The existing *Access to Cannabis for Medical Purposes Regulations* will no longer be in force.

Federal legislation

Besides the permissions, limitations and restrictions set out in the *Cannabis Act* and *Cannabis Regulations*, what else do nurses need to be mindful of?

Provincial or territorial legislation

It is important to remember that a multilevel framework governs nursing practice.

Provincial or territorial nursing regulatory body regulations

Nurses who are considering participating in any activity related to recreational or medical cannabis should be familiar with the governing federal legislation and any applicable provincial or territorial legislation to determine what is permitted versus what is prohibited, limited or restricted.

Employer position (e.g., policies/procedures/guidelines)

A nurse’s regulatory body and employer could further restrict a nurse’s activities related to medical cannabis.

Individual competencies

Finally, nurses should be guided by their individual sphere of competence and expertise. Nurses should be satisfied that they have the required skills, knowledge and judgment to participate in any activities related to medical cannabis.



REGULATORY NOTES

By Michelle Osmond, Director of Professional Conduct Review

Discipline Proceedings: What Does the Public Need to Know?

In the words of the iconic Bob Dylan “the times they are a-changin’!” The internet and social media have had a significant impact on public expectations regarding access to information about public bodies, including regulators. The mandate of a self-regulated body is public protection. In accordance with this mandate there is increased recognition by regulators across the country that the public needs access to appropriate information to trust that self-regulation is working effectively.

Historically, the challenge for self-regulated bodies has been balancing the extent of information made available to the public in a manner that is also fair to registrants. In recent years, this balance has been lessened for many regulators as governments across the country and internationally have intervened and legislated the type of information that must be made available to the public. Because each province has its own legislation for regulating professional bodies, the information made available to the public in relation to discipline proceedings varies significantly across the provinces, ranging from extensive transparency with respect to a registrant’s conduct to a professional conduct review process that is “private and confidential”.

In Newfoundland and Labrador, the legislation for self-regulated bodies in relation to the professional conduct review process is similar. For example, in specified circumstances, such as when an Adjudication Tribunal suspends or restricts a licence, publication of a summary of the decision of the Adjudication Tribunal in a newspaper of general

circulation where the registrant practices is mandatory (unless a court orders otherwise). However, outside of those specified circumstances set out in the legislation, the extent of the information a regulatory body shares with the public regarding an allegation against a registrant is determined by the governing board and varies amongst regulators in this province.

To illustrate, considerations as to what the public needs to know when an allegation has been filed against a registrant may include information related to an Alternate Dispute Resolution Agreement¹, a Caution or Counsel² by the Complaints Authorization Committee, details of the registrants conduct and publication of full Adjudication Tribunal decisions³.

In accordance with its mandate under the *Registered Nurses Act, 2008*, one of the Strategic Outcomes of ARNNL Council is “Public Confidence in Self-Regulation” requiring that ARNNL’s governance and regulatory processes and policies to be “objective, accessible, fair and appropriately transparent”. With the growing trend across Canada, internationally and with other regulators in this province to increase transparency and accountability to the public, in June 2018 ARNNL Council increased the information available to the public with respect to registrants granted De-registration⁴. ARNNL Council is currently reviewing all of its By-laws and polices regarding the information shared with the public for registrants who are engaged in the professional conduct review process. A future article will provide an update on the new policies and implementation as they are developed.

¹A process to resolve a dispute with the consent of the Registrant and the Complainant.

²A decision of the Complaints Authorization Committee where it is of the opinion that there are reasonable grounds to believe that the Registrant has engaged in conduct deserving of sanction.

³A written decision following a disciplinary hearing setting out the findings and sanctions.

⁴A process whereby a registered nurse or former registered nurse against whom an allegation of conduct deserving of sanction is made who is struck from the register, their rights and privileges as a registered nurse cease, and they are not permitted to apply for reinstatement or readmission at any future date.



DISCIPLINE DECISIONS

By Michelle Osmond, Director of Professional Conduct Review

Summary of Adjudication Tribunal Decision

Registered Nurses Act (2008), Section 29(4)

In the matter of a Complaint against Gregory Rowe, Association of Registered Nurses of Newfoundland and Labrador, Registration #15914 (the "Registrant"), an Adjudication Tribunal found the Registrant guilty of conduct deserving of sanction under the *Registered Nurses Act (2008)*, section 18(c)(i) professional misconduct, in that the Registrant breached an agreement he entered into to resolve an allegation filed against him by his nursing employer. Pursuant to section 28(3) of the *Registered Nurses Act (2008)* on August 17, 2018 the Adjudication Tribunal accepted an Agreed Statement of Facts and a Joint Submission on Penalty and in a written Decision dated August 23, 2018 ordered the suspension of the Registrant's license to practice nursing pending his successful completion of specified courses, and further ordered that the Registrant attend an ARNNL workshop; meet with an ARNNL Nursing Consultant, Policy and Practice to reflect on his learnings with respect to accountability as a registered nurse; and pay the ARNNL \$1,250.00 towards its costs incurred.

The conduct deserving of sanction occurred on or about January 9, 2018 while the Registrant was working in Corner Brook. The Complainant was Western Health.

Michelle Osmond, RN MS(N)
Director of Professional Conduct Review

CANADIAN NURSES PROTECTIVE SOCIETY



Who is the CNPS? ARNNL members have access to the CNPS, which serves as a source of comprehensive professional liability protection and legal assistance with a wide range of legal proceedings. The CNPS provides risk management information to assist you in providing safe care to your patients and navigate the broad range of legal issues that can arise in your practice.

Assistance can also be made available in the event a complaint is received by your nursing regulator, with advance individual registration for this optional program. (See www.cnps.ca/supp for more information.)

How can the CNPS assist nurses? CNPS assistance focuses on prevention, by helping you address questions that can arise day to day in your practice, taking into account resources made available by your employer and your union. For example: • Does an occupational health nurse in a safety-sensitive workplace have a duty to report a client's use of cannabis to the employer? • How should I respond to a request for an interview from the police? • When is it appropriate to make a late note? • What are the legal risks in administering drugs not approved by Health Canada?

Have a legal question? CNPS beneficiaries have access to a CNPS lawyer to receive confidential legal advice and support related to a legal issue in their nursing practice. You can contact the CNPS at anytime by dialing **1-800-267-3390** or emailing your request to info@cnps.ca. The CNPS also provides a wide range of online resources, webinars and group workshops designed to reduce risk in nursing practice. Visit cnps.ca for more information.

ARNNL CONTINUING EDUCATION TELECONFERENCE SESSIONS

Tuesdays 1400-1500h (Island Time)

Please check ARNNL's website as dates or times are subject to change.

January 22

Child Protection Services

Colleen Smith MSW, RSW, Policy and Program Development Specialist, Department of Children, Seniors and Social Development

Erin Daley MSW, BSW, RSW, Program and Policy Development Specialist, Department of Children, Seniors and Social Development

January 29

ARNNL's Continuing Competence Program

Michelle Carpenter RN, BN, MEd., Nursing Consultant – Policy & Practice, ARNNL

Robyn Williamson RN, BN, MN, Regulatory Officer, ARNNL

February 5

RNs & NPs Role in Choosing Wisely and Quality of Care NL

Dr. Robert Wilson PhD, Research Associate, Project Lead for Long-Term Care Research with Translation and Personalized Medicine Initiative, Project Manager for Choosing Wisely NL

February 12

Diversity and Inclusion: Fostering Cultural Competence in Practice

This session, hosted jointly by ARNNL, NLASW and CLPNNL, will be available by webinar and in-person at the Health Sciences Auditorium from 1400-1600h.

There are separate login instructions for this session. See p. 16 for details.

March 12

Legalities of Collaborative Practice

Giselle Incze RN, Director of Member Engagement, CNPS

May 14

A Conversation with ARNNL President

Elaine Warren RN, BN, MN, Vice President, Clinical Services, Eastern Health

Please visit the website for additional details and updates on sessions.

These sessions will be recorded and available online after the event. To access archived teleconference sessions, go to www.arnnl.ca/archived-education-sessions.



HOW TO ATTEND A LIVE EDUCATION SESSION

Access is provided five minutes prior to start time.

To view the presentation online go to: <https://imeet.com/arnnl/education>

Click **"Use the Browser"** and follow the instructions to login and connect your audio (via phone)

To connect via teleconference: Dial 1-866-290-0919

When prompted, enter the Participant Passcode: 398 088#

If you experience technical difficulties while on the teleconference, press *0 (star-zero)

All participant lines will be muted during the presentation.

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

DIVERSITY AND INCLUSION: FOSTERING CULTURAL COMPETENCE IN PRACTICE

- What does cultural competence mean in practice?
- What are some of the cultural considerations within our provincial context?
- What should health professionals consider in their assessments and interventions?
- What initiatives are organizations taking to foster cultural competence?
- What standards or resources exist?

TUESDAY, FEBRUARY 12, 2019
2 p.m. - 4 p.m. (Island Time)

In-person: Health Sciences Centre, Main Auditorium OR

Webcast: <http://www.arntl.ca>, <http://www.nlasw.ca> or <http://www.clpnnl.ca/>

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

RNs requiring CCP certificates can register at www.arntl.ca.

LPNs requiring CCP verification can email wsquires@clpnnl.ca.

RSWs claim CPE hours as per NLASW CPE Policy.

Panel Presenters:

Mollie Butler RN, PhD, BScN, MPA, *Regional Director Professional Practice and Indigenous Health, Eastern Health*

Jim Oldford MSW, RSW, *Social Worker, Janeway Family Centre, Child and Adolescent Mental Health*

Rob Sinnott MSW, RSW, *Social Worker, Mental Health & Addictions, Eastern Health*

Katie Dicker, *Senior Aboriginal Patient Navigator, Eastern Health*

Moderators:

Annette Johns MSW, RSW, *Associate Director of Policy and Practice, Newfoundland and Labrador Association of Social Workers*

Peggy Rauman RN, BN, MN, *Nursing Consultant, Policy & Practice, Association of Registered Nurses Newfoundland and Labrador*



NURSES OF NOTE



ARNNL Council President Elaine Warren meets with nurses in Harbour Breton.

Community Nursing: A Harbour Breton Story

Harbour Breton is located near the southern tip of the Connaigre Peninsula on the north side of Fortune Bay. It has a magnificent land-locked harbour and is one of the oldest and largest fishing centres on the south coast of Newfoundland. Since 1935, Harbour Breton has been providing health services to residents along the south coast of the province. The Connaigre Peninsula Healthcare Centre is a modern, state of the art facility that provides clinical, emergency, acute and long-term care for the residents of the south coast. A dedicated group of 14 RNs and one NP work in a collaborative model with other members of the healthcare team.

Most of the nurses employed in the healthcare centre, call Harbour Breton their home. These nurses belong to the community which is composed of their brothers, sisters, cousins, relatives, in-laws, and others. Growing up in the community, the nurses have experiential and expert knowledge regarding the community's social determinants of health, and the strengths and challenges affecting the health of the population. As professional nurses, they chose to practice nursing there, as a means to give back to the community. They occupy a unique and important position as they are both members of the community and the nursing profession, as such they truly understand what happens both inside the health care centre's walls and outside the walls in the community, especially in relation to facility-based client-centred care and intersectoral collaboration, and community partnerships.

Each day, these nurses provide care in such a way as to maintain the right balance of a personal and professional approach, ensuring their clients (who may also be their neighbors/friends), receive safe, competent, compassionate, ethical and confidential care, while also ensuring that their services are responding to the needs of the community. These nurses are skilled and competent practitioners who have an impressive, diverse knowledge base. Practicing in a rural and remote location requires that they are well prepared and ready to manage anything. A typical day includes caring for long-term care residents, managing acute care client needs in the clinics, and responding to any urgent client need that comes through their emergency department, which could be anything from a motor vehicle accident to an unexpected delivery. Therefore, they are not only required to be knowledgeable of current best practices, policies and procedures, they must be skilled in implementing them. Outside of the healthcare centre, they also contribute to the regional picture. As part of Central Health, they are also knowledgeable about programs and coordinate services outside of the community to best support their clients. They do all of this while overcoming the challenges of rural and remote community life.

The nurses with whom we spoke were confident, competent, providing all these services with a caring attitude and a warm smile, making them the nurses to note!

Q & A: YOU ASKED

By ARNNL Policy & Practice Consultants

Q: What legislation address the role of RNs and NPs with the administration or distribution of medical cannabis?

A: In Canada prior to October 17, 2018, the use of medical cannabis was regulated through the *Access to Cannabis for Medical Purposes Regulations (ACMPR) (2016)*, the *Narcotic Control Regulations*, the *Controlled Drugs and Substances Act (CDSA)*, and the *Food and Drugs Act*. Prior to this date, the use of recreational cannabis was illegal.

On October 17, 2018, the *Act respecting cannabis and to amend the Controlled Drugs and Substance Act, the Criminal Code and other Acts (Bill C-45) and Bill C-46* came into force. *The Cannabis Act* and the *Cannabis Regulations* are now the primary federal laws governing cannabis in Canada. In addition, as of October 17, 2018, the ACMPR was repealed and the legislative requirements for the use of medical cannabis are now contained in Part 14 of the *Cannabis Regulations*.

Under the *Cannabis Regulations (2018)*, distribute is defined as “administering, giving, transferring, transporting, sending, delivering, providing or otherwise making available in any manner, whether directly or indirectly, and offering to distribute.”

Under the *Cannabis Regulations (2018)*, a “hospital” is defined as “a facility that is licensed, approved or designated by a province under the laws of the province to provide care or treatment to individuals suffering from any form of disease or illness; or that is owned or operated by the Government of Canada or the government of a province and that provides health services”. NPs and RNs should consult with their employer to determine which facilities within the province of Newfoundland and Labrador would satisfy the definition of “hospital” within the *Cannabis Regulations*.

Q: Can NPs and RNs administer or distribute medical cannabis?

A: NPs and RNs may engage in activities related to the care of clients receiving medical cannabis, which may include the administration or distribution of medical cannabis, if the following conditions are met:

The NP or RN must:

- be knowledgeable of applicable federal legislation, e.g., *Cannabis Act* and *Cannabis Regulations*; and provincial legislation, e.g., *Cannabis Control Act*, that came into force on October 17, 2018;
- have the individual competence (be educated and authorized) to administer or distribute medical cannabis;
 - have the necessary knowledge, skill and judgement and individual competence to administer or distribute medical cannabis safely, evaluate its effectiveness, and identify and manage adverse effects following administration or distribution (e.g., including but not limited to, proper understanding of the substance in its various forms and how the form may impact dosage, knowledge of possible drug interactions, risks of usage, side effects, contraindications, the risks to pets and children, etc.),
 - have employer authorization through policy, guidelines, etc. Administration and distribution **can only** be undertaken if the **hospital permits** it. NPs and RNs should also refer to ARNNL’s Medication Standards. It is important for NPs and RNs to know their organizational policy and, if no policy exists, to advocate with their employer for the development of policy;

- verify that the client has a medical document or written order to authorize administration or distribution. Within a hospital setting, there is generally a requirement for a client specific order. NPs and RNs should review the written order authorizing medical cannabis for a patient to ensure it meets all required elements, including the daily quantity that the health care practitioner authorizes;
- have a reliable means of authenticating the substance and determining the dosage (i.e., it has been received from a licensed producer and the nurse has a means to determine if cannabis is from a reliable source. Patients who receive medical cannabis from a licensed producer are to present to the nurse the substance in a container that will generally include a description of the content);
- ensure that informed consent is obtained from the client. NPs and RNs should consider if they require special consent for the administration or distribution of medical cannabis to a youth; and
- document their assessment of the client, discussions regarding consent, procedures, collaboration and communication with the health care team, and any other pertinent information in accordance with legislative and regulatory requirements, documentation standards and employer policy.

Q: *Can RNs and NPs object to the administration and distribution of medical cannabis?*

A: NPs and RNs can conscientiously object to the administration or distribution of medical cannabis. Registrants should reflect on their Code of Ethics and determine if they are willing to participate when faced with this ethical dilemma. If nursing care is requested that conflicts with the nurse's moral beliefs and values but in keeping with professional practice, the nurse is expected to provide safe, compassionate, competent and ethical care until alternate care arrangements are in place to meet the person's needs or desires. If nurses can anticipate a conflict with their conscience, they have an obligation to notify their employers in advance so that alternate care arrangements can be made.

If registrants have specific questions related to medical cannabis, they can contact ARNNL. They could also contact CNPS to better understand the relevant provisions of the Cannabis Act and the Cannabis Regulations.

Please note: This Q & A does not address the NP's role in providing access to the medical document for the client to access medical cannabis through a licensed producer.

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

FAMILY PRACTICE NURSING COMING TO NEWFOUNDLAND AND LABRADOR

By Julia Lukewich, RN, PhD

Registered Nurses (RNs) are the cornerstone to delivering effective and efficient primary healthcare services for patients and families. RNs in primary care work in partnership with physicians, nurse practitioners, and other healthcare providers delivering a broad range of healthcare services to diverse populations, across the lifespan. Across Canada, this role is typically known as a 'family practice nurse' or 'primary care nurse' (hereon referred to as a family practice nurse). Family practice nurses fall under the broader umbrella of community health nursing, which also includes home care and public health nursing. Each of these areas of community health nursing make unique contributions to patient care. It is within the scope of practice of a family practice nurse to engage in the provision of preventative health screening, health education, comprehensive assessment, treatment of minor acute illnesses, chronic disease management, case management, system navigation, therapeutic interventions (e.g., wound care, vaccinations), and medication review. The role of a family practice nurse varies considerably across practice settings. It generally depends on

NEWFOUNDLAND & LABRADOR (NL) HAS PROGRESSED AT A MUCH SLOWER PACE FORMALLY IMPLEMENTING THE FAMILY PRACTICE NURSING ROLE IN COMPARISON TO OTHER PROVINCES/TERRITORIES.

funding (private vs. public), scope of practice (i.e., functions that the nurse is authorized, educated, and competent to perform), and patient needs.

The Canadian Family Practice Nurses Association (CFPNA) represents family practice nurses nationally. Provincial groups affiliated with the CFPNA include the Family Practice Nurses Association of Nova Scotia (FPNANS), Primary Care Nurses of Ontario (PCNO), Manitoba Primary Care Nurses Association (MPCNA), and Alberta Primary Care Nurses Association (MPCA). Family practice nurses who are members of CFPNA and/or provincial group(s) are able to connect and network with each other, engage in on-going educational opportunities, access various resources and supports, and can become actively involved in the integration and advancement of the family practice nursing role in primary care.

Newfoundland & Labrador (NL) has progressed at a much slower pace formally implementing the family practice nursing role in comparison to other provinces/territories. In NL, there are an array of health system issues that affect access and continuity of care, including the increasing

prevalence of chronic diseases, high rate of physician turnover in rural communities, and care delivered by physicians working alone without the support of a healthcare team. Family practice nursing represents a feasible solution to address these issues, and a few on-going novel and timely initiatives should facilitate change in the province. Notably, the Government of NL has committed to integrating family practice nurses in primary care as a strategy to address issues facing its primary healthcare system. In collaboration with the Family Practice Renewal Program, Dr. Joan Tranmer (Queen's Health Services Policy Research Institute, Queen's University) and Dr. Kris Aubrey-Bassler are leading the development of a comprehensive program designed to support physicians and RNs working to full scope of practice within a primary care setting. Memorial University Assistant Professor, Dr. Julia Lukewich (School of Nursing) is a member of this team. Furthermore, in collaboration with the CFPNA, Canadian Nurses Association, Canadian Association of Schools of Nursing, and a national team of researchers, Dr. Lukewich is leading the development of family practice nursing competencies. Through the completion of these initiatives, NL may finally see the formal integration of family practice nurses in primary care teams.

VOLUNTEER SPOTLIGHT: ARNNL WORKPLACE REPRESENTATIVES

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.



Cheryl Dyke RN BN MN

Cheryl is an Instructional Coordinator with the Practical Nursing Program at the College of the North Atlantic, Carbonear Campus. Cheryl graduated with a Bachelor of Nursing in 2002 and a Master of Nursing in 2008. She is a member of the Practical Nursing Program Curriculum Committee, she became a Workplace Representative with ARNNL in 2016 and joined the 'Journal Club' in Carbonear in 2018. Cheryl loves the fact that nursing is always changing and continues to present new learning experiences. She has never lost sight of the reason why she became a nurse and enjoys teaching student nurses and their enthusiasm. Cheryl is married with three children. She is a Girl Guide Leader, volunteers weekly with Brownies, and enjoys watching her children play hockey and dance.



Loretta Bennett RN

Loretta is a Clinical Nurse Educator in Acute Care and Long-Term Care with Green Bay Health Centre and Valley Vista Senior Citizen's Home, Central Health. Loretta received her Nursing Diploma from Western Regional School of Nursing in 1994, a Certificate in Continuing Care from St. Francis Xavier University in April 2017, a Certificate in Gerontological Nursing from St. Francis University in June 2018 and is currently enrolled in Distance BScN program at St. Francis Xavier University. She is a member of Central Health's Immunization Awareness Committee, Continence Care Committee, Regional Policy Review Committee, and recently became a Workplace Representative with ARNNL. Loretta enjoys helping others, whether it's assisting and supporting patients/residents or providing education, guidance and support to staff and enjoys her role as a Clinical Nurse Educator.



Hannah Brown RN BN

Hannah is a Registered Nurse in Acute Care, ER, and Long-Term Care with Green Bay Health Centre and Valley Vista, Central Health. Hannah graduated with a Bachelor of Nursing in 2017 from Western Regional School of Nursing. She was previously a Nursing Student Representative with ARNNL and became a Workplace Representative in March 2018. Hannah is actively involved with children and youth programs in her community and has an interest in underdeveloped countries. As a nursing student, she had the opportunity to volunteer in the Dominican Republic, particularly with community development, pre and post-natal care, and community nursing. As a Registered Nurse, she loves being able to provide hands on care to patients and acting as their advocate. As a new RN, she enjoys working in an autonomous profession that allows her to grow and learn.

GOINGS ON

NCLEX-RN® Practice Test Now Available

NCSBN has developed an NCLEX® Practice Exam designed to provide the look and feel of the NCLEX exam candidates will take on their test day. There are three different versions of the NCLEX Practice Exam: English version for the NCLEX-RN; English version for the NCLEX-PN; and a French version for the NCLEX-RN. To learn more, visit www.nclex.com

RNUNL Biennial Convention

Council President Elaine Warren was proud to bring greetings at the Registered Nurses Union of Newfoundland and Labrador's Biennial Convention in November where she discussed the importance of collaboration (see the President's Address on page 3).



Become a Workplace Representative!

ARNNL Workplace Representatives (WPRs) are RNs volunteering to serve as links between ARNNL and nursing colleagues. Activities a WPR may undertake to enhance their professional practice environment in their workplace include providing a communication link between RNs in the workplace and ARNNL. For more information on becoming a WPR, please contact Jennifer Lynch at jlynch@arnnl.ca

Community Health Nurses of Canada (CHNC)

Community Health Nurses of Canada (CHNC) is a national organization for registered nurses in health centers, homes, schools and other community-based settings.

CHNC

- serves as a Centre of Excellence for community health nursing
- has developed National Standards, Competency sets, and a CNA certification exam
- holds educational events throughout the year
- advocates and collaborates in important health policy venues to improve the health of all Canadians

Membership in CHNC strengthens community health nursing as a specialty nursing focus.

Provincial Smoking Cessation Program Update

Effective December 4, 2018, the Provincial Smoking Cessation Program began covering more nicotine replacement therapy products under the program, specifically gum, lozenge and inhaler. This builds on the existing coverage of the patch and prescription medications. Healthcare provider and client brochures are available at www.gov.nl.ca/cssd/quitsmoking.

CNPS Upcoming Webinars

The Canadian Nurses Protective Society (CNPS) will be hosting the following upcoming webinars, which are free to ARNNL members. For more information or to register, please visit www.cnps.ca

Independent Practice

January 16, 2019 12:00 - 1:00 PM EST

NP Series: Legal Considerations in Prescribing Controlled Drugs

January 22, 2019, 12:00 - 1:00 PM EST

Learn about CNPS: More than Liability Protection

February 7, 2019, 12:00 - 1:00 PM EST

Social Media and Technology

February 13, 2019, 12:00 - 1:00 PM EST

NP Series: Third Party Requests for Records and Reports

February 26, 2019, 12:00 - 1:00 PM EST

Medical Cannabis: What Every Nurse Needs to Know

March 4, 2019, 12:00 - 1:00 PM EST

An Introduction to Health Law for Students

March 19, 2019, 12:00 - 1:00 PM EDT



President Elaine Warren and Executive Director Lynn Power visiting with nurses in Harbour Breton.

GOINGS ON



Become a Referring Partner Today!

As health care professionals you are in the perfect position to refer to the Alzheimer Society's First Link Program. When you refer your clients to the Alzheimer Society it enables us to connect with them and provide much needed education and support regarding Alzheimer's and other types of dementia.

A diagnosis of dementia can be overwhelming. Too often families struggle to cope with these challenges alone, only reaching out for help when a crisis occurs, such as an emergency room visit or when the caregiver just can't do it anymore. The Alzheimer Society's First Link program is designed to reach out to people before these stressful situations occur so we can provide them with the support and education they need to live better with all levels and types of dementia.

When you refer to First Link your client will be contacted by the coordinator and informed about how the program works and how it can help them as caregivers get the education and support that they need in order to make informed decisions and enjoy the best quality of life.

For further information please contact Sharon Brown, First Link Coordinator at firstlink@alzheimernl.ca

Research Study to Prevent & Support Occupational Stress Injury among Registered Nurses in NL

A study is underway to assess the occurrence, and impact of, prolonged feelings of burnout or psychological distress among RNs as a result of their work. The study includes a survey and individual interviews. Results will be used to create a program to decrease occupational stress injury among RNs. For more information, contact Anne Kearney (Principal Investigator) at akearney@mun.ca or Maureen Brennan (Co-Principal Investigator) at maureenbrennan1@hotmail.com.



Do you live with Anxiety? Does Anxiety affect your life?

Do you get
overwhelmed at
work or school?

Do you avoid
crowds or
social events?

Do you worry
about your
relationships?

Do you avoid
making or going
to appointments?

I CAN (Conquer Anxiety and Nervousness) offers telephone and online support for adults ages 18-30 to learn skills to overcome their anxiety and cope with life stressors. For more information please call toll-free at 1-866-470-7111 or email info@strongestfamilies.com. You may also self-register by visiting BridgethegApp <https://www.bridgethegapp.ca/adult/online-programs/>.

SaferMedsNL: Improving Medication Use Across Newfoundland and Labrador

SaferMedsNL is a three-year initiative of the Department of Health & Community Services, Memorial University and the Canadian Deprescribing Network that aims to decrease the use of potentially inappropriate medications and improve the quality of life of Newfoundlanders and Labradorians. The focus will be on reducing the inappropriate use of proton pump inhibitors in year one, sedative-hypnotics in year two and opioids in year three. Stay tuned for details on the resources and tools available to healthcare providers to mobilize knowledge and promote deprescribing.

Catch up on all our latest news with the spring edition of Regulation Matters

ARNNL is now on Twitter, follow us at @arnnlca. Don't have Twitter? No problem, just text "follow @arnnlca" to 21212 to get our updates.

MY EXPERIENCE AS AN RN WITH TEAM BROKEN EARTH IN HAITI

By Jennifer Mackey, RN BN

Early in the morning on September 25th, 2018, I arrived at the St. John's International airport to begin my journey to Port-au-Prince, Haiti, with Team Broken Earth NL. Although many past and present team members briefed me about their experiences, I still felt nervous as I did not know what to fully expect. I was excited, as I always dreamed of being part of the team since they began in 2011. Regardless, I was still anxious, stepping out of my comfort zone into the unknown. Every member of the Team, however, greeted me with open arms and offered guidance and support from the time we hopped on the plane, to the time we got home, and even beyond.

Port-au-Prince is a colorful city. It is hard to imagine what it would have been like before the tragic earthquake in 2010. You can still see remnants of the event, and the impact upon the Haitian people. Through all this, however, you can feel the gratefulness and hope. The people are so kind, and appreciative of the services Team Broken Earth have provided, and continue to deliver.

With my background as an Emergency Room (ER) nurse, I volunteered in the ER and Intensive Care Unit (ICU). On this trip, Team Broken Earth provided the local staff education on Advanced Cardiac Life Support (ACLS), while myself and the other volunteer Registered Nurses (RNs) provided care to the patients. With guidance from our volunteer physicians, and hospital staff, I learned so much. Even though I performed old and new skills, I learned that a lack of supplies and medications, does not interfere with caring and compassion. There are many people and experiences I will never forget. In particular the discussions about comfort and compassionate care were of specific interest to me as I am currently completing my Master's degree in Health Ethics.

Throughout the week, my knowledge of the French language was an asset, and proved to be quite useful. I was able to communicate and provide comfort to a young girl who was scared about surgery. My



The NL Broken Earth Nursing Team.

French speaking ability was also advantageous as it helped me connect with several patients, families, as well as hospital staff.

On my day off I took advantage of a bus tour around Haiti. I learned about the history of the country and visited historical sites. I also had the opportunity to visit one of Haiti's orphanages, which was extraordinary, yet overwhelming at the same time. These experiences furthered my understanding for the need of humanitarian work.

I applied for the Carolyn Churchill Scholarship¹ due to my desire to provide medical relief to those less advantaged. I accomplished what I had hoped for, and much more. I learned about the relief work provided by Team Broken Earth, and in turn, I also learned a lot about myself. I left with new friendships and a sense of pride. I am honoured to have been selected for this experience, and proud to be a part of an amazing group of people. It was truly an amazing experience. Team Broken Earth has done, and continues to do tremendous work, and I am excited to one day return again to help those in need.



Jennifer Mackey, RN BN, with one of the young girls from the orphanage.

¹Ms. Churchill was a dedicated registered nurse and was one of Team Newfoundland's first participants. Carolyn contributed immensely to the growth of Team Broken Earth in early days, participating in various fundraising initiatives. Carolyn passed away at the age of 54 in September 2015.

MASTER OF NURSING PRACTICUM PROJECTS HELP STRENGTHEN NURSING: *Graduates of October 2018*

By Donna Moralejo, RN, PhD

In October 2018, six nurses graduated from the Practicum Option of the Master of Nursing (MN) program at Memorial University School of Nursing. Five projects were based in Newfoundland and Labrador and one in Nova Scotia.

Matthew Brake (Mt. Pearl, NL)

Creating a Data Analysis Plan for the Communication and Teamwork Skills Assessment Tool to Measure the Impact of High Fidelity Interprofessional Education. Matthew created the code books and both developed and tested the data analysis plan so that the research team is ready for analysis once data collection has been completed. His supervisor was Dr. Sandra MacDonald.

Ashley Crocker (Eastern Passage, NS)

Teaching Nurses Chemotherapy Administration in the Adult Population: A Scenario Based Simulation. Ashley developed a module that incorporates both theory and practice-based learning. This module will facilitate RNs' practice of systemic therapy skills in a safe environment, strengthening both their skills and confidence. Her supervisor was Jill Bruneau.

Chantille Haynes (Mt. Pearl, NL)

Promoting Clinical Psychiatric Mental Health Nursing Research through the Creation of a Research-Practice Collaboration: A Feasibility Study. Chantille's research practicum involved establishing a research team with direct care mental health nurses and the collaborative development of a clinical nursing research project, *Exploring the Benefits of Nurse-led Community Meetings on an Acute Psychiatric Unit*, which will be implemented in January 2019. Her supervisor was Dr. Joy Maddigan.

Cynthia Higdon (Conception Bay South, NL)

Evaluation of Adherence to an Oncology Clinical Practice Guideline. Cynthia's evaluation of referrals that met recommendations in an oncology clinical practice guideline pre and post implementation identified areas for clarifying the guideline and for strengthening education and collaboration. Her supervisor was Dr. Donna Moralejo.

Lindsay Hunt (St. John's, NL)

Development of a Learning Resource for Intellectual and Developmental Disabilities (IDDs) in Long Term Care. Lindsay developed four booklets: 1) IDDs in LTC; 2) challenging behaviours; 3) dementia and IDDs; and 4) social isolation and loneliness. They will be helpful for nursing staff who care for residents with IDDs. Her supervisor was Dr. Donna Moralejo.

Taylor Kerr (St. John's, NL)

Development of Recommendation for Discharge Planning in Community Health. Taylor developed evidence-informed recommendations, a sample discharge-planning checklist for front line community health nurses, and a chart audit tool. Her supervisor was Dr. Donna Moralejo.

For further information about any of the projects, please contact Dr. Donna Moralejo, Associate Dean (Graduate Programs) at MNSON@mun.ca.

Congratulations Award Recipients!

The ARNNL Education and Research Trust held ceremonies in Corner Brook on December 4th and St. John's on December 17th to present recipients with their awards. To date, a total of 75 scholarships and bursaries have been awarded for the 2018-2019 competition year, including:

- 11 scholarships to basic nursing students;
- 1 scholarship to an RN who completed the Re-Entry program;
- 13 scholarships to nurses studying in Master's and Doctoral programs;
- 4 awards to teams of RNs conducting nursing research; and
- 46 awards and bursaries to RNs participating in continuing education events.

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

If you attended the awards ceremony in St. John's and would like a copy of your picture, please contact the Trust at trust@arnnl.ca.

Call for Applications

Special Funding Competition

The Trust is holding a special funding competition for scholarships and bursaries that were not awarded in the Fall 2018 competition. Applications will be accepted for the following:

- Florrie Penney Continuing Education Bursary
- Health Educators Bursary
- Bay St. George Chapter Scholarship
-

The deadline for receipt of applications for the Special Funding Competition is **March 1, 2019**.

Spring Funding Competition

The Trust will be holding a spring competition for Continuing Education Bursaries. Applications will be accepted for post-basic specialty courses, conferences and CNA Certification.

The deadline for receipt of applications is **April 15, 2019**.

Information and applications for the Special Competition and the Spring Competition are available on the Trust website (www.arnnl.ca/trust).

Applications for the Canadian Nurses Foundation Scholarships and Research Grants are available at <http://cnf-fiic.ca>.
Deadline to apply: February 20, 2019

For information about the Carolyn Churchill Scholarship from Team Broken Earth, please contact Chris Bonnell, Executive Director, Team Broken Earth at chris@brokenearth.ca



Trust Awards Ceremony in St. John's, NL.



Trust Awards Ceremony in Corner Brook, NL.

An exciting benefit for you as an Association of Registered Nurses of Newfoundland and Labrador member.

Get preferred rates and coverage
that fits your needs.



You save with
preferred
insurance rates.

Take advantage of your
member benefits.

As an ARNNL member, you have access to the TD Insurance Meloche Monnex program. This means you can get preferred insurance rates on a wide range of home, condo, renter's and car coverage that can be customized for your needs.

For over 65 years, TD Insurance has been helping Canadians find quality insurance solutions.

Feel confident your coverage fits your needs.
Get a quote now.

An affinity program with



HOME | CONDO | CAR | TRAVEL

▶ Get a quote and see how much you could save!
Call **1-866-269-1371**
or go to **tdinsurance.com/arnnl**



CALL FOR NOMINATIONS

Nominate an RN or NP for an ARNNL Honorary Membership

During ARNNL's Awards for Excellence ceremony the Honorary Membership is bestowed upon an individual who has helped advance the nursing profession and improve the quality of care provided to the people of the province.

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

Visit www.arntl.ca for details and to submit a nomination. For questions, email Rolanda Lavalley at rlavalley@arntl.ca.

Nomination Deadline: Feb. 28, 2019



PM40069117



55 Military Road
St. John's NL A1C 2C5
Tel 709 753-6040
Toll Free 1 800 563-3200 (NL only)
Fax 709 753-4940
info@arntl.ca
ARNNL.CA
[@arntlca](https://twitter.com/arntlca)

ARNNL advances nursing excellence for public protection and optimal health of the Newfoundland and Labrador population.

ARNNL exists so that there will be:

1. Public Confidence in Self-Regulation
2. Accountable Professionals
3. Evolution of the Profession