

Access

The Magazine of the Association of
Registered Nurses of Newfoundland and Labrador



**NEW WAYS YOU WILL HEAR
FROM ARNNL** 

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Sitting (left to right): *Walter Arnold**; *Lynn Power (Executive Director)*; *Valda Duke (Advanced Practice)*; *Julie Nicholas (President)*; *Patricia Rodgers (Eastern region)*; *Tracy MacDonald (Central region)*; and *Irene Baird**.

Standing (left to right): *Megan Hudson (Practice)*; *Tonya Ryan (Administration)*; *Marie Budden (Western region)*; *Beverly Pittman (Labrador/Grenfell region)*; *Alexia Barnable (Education/Research)*; *Elaine Warren (President-Elect)*; *Ray Frew**; and *Carmel Doyle**. (*Public Representative)

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MESSAGE FROM THE PRESIDENT



Julie Nicholas, RN, BN, MHSM
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Each July 1, Newfoundland and Labrador faces a conundrum with feelings of both reflection and celebration. On the one hand, we commemorate our soldiers and nurse colleagues recalling their great sacrifices during World War I and the Battle of Beaumont-Hamel; On the other hand, we celebrate being part of a great nation by celebrating Canada's birthday. My approach for the day involves a morning reserved for reflection and appreciation for all those who served, and continue to serve to keep our nation safe, with the afternoon dedicated to celebrating Canada.

Last year I promised myself that I would not lay another wreath on your behalf without first taking the time to walk through the Beaumont-Hamel Trail of the Caribou display at The Rooms. Just days before July 1, I completed the tour and was so glad I did. I was taken through the whole experience, from the excitement of the first recruits whose sense of adventure was stirred by the call, to the horrors of the battlefield and the deep sorrow that followed at home as the great numbers of lost boys and men became a reality. As I gazed upon the nurses uniform and remembered the stories of wartime nurses*, I began to realize my career experiences were so different than theirs would have been. I had no reference point to imagine the experiences of these wartime nurses as they attempted to put maimed bodies and broken spirits back together, under less than ideal conditions.

IT ALSO CAUSED ME TO REFLECT ON THE IMPORTANCE OF TAKING THE TIME TO APPRECIATE EACH OTHER IN EVERY DOMAIN OF NURSING, AND TO THANK OUR FELLOW NURSES FOR THE WORK THEY DO EACH DAY.



RNs and retired nurses marched from the Sergeant's Memorial to the War Memorial for the annual ceremony on July 1



ARNNL Council President Julie Nicholas on July 1 holding the Association's wreath

My tour of the exhibit brought the wartime experience to life, telling the stories of sacrifice of our soldiers, nurses, their families and our province. It gave me a greater appreciation of their service and a feeling of pride for their bravery in answering the call of duty. It also caused me to reflect on the importance of taking the time to appreciate each other in every domain of nursing, and to thank our fellow nurses for the work they do each day. I imagine it was the camaraderie and team work that pulled the soldiers and nurses through on the battlefields and in hospitals. This camaraderie still exists amongst nurses, and makes our work life easier when we experience difficult care situations

and challenges every day in our work environments. It has been my experience that there is no greater appreciation than that given by peers.

This year, in celebration of Canada's 150th birthday, the Canadian Nurses Association (CNA) recognised the achievements of 150 nurses across the country, including 10 of our colleagues from this province. The nurses selected from Newfoundland and Labrador included past ARNNL Awards for Excellence recipients, and each honouree was profiled on CNA's website. I invite each nurse in the province to show appreciation for your colleagues informally in your daily work this year, and I also challenge you to consider nominating a fellow nurse for one of ARNNL's awards. When thinking about nominating a peer, consider a fellow nurse who stands out in their practice, is a leader to others, and helps further the profession. We have so many nurses in the province who fit this description yet our nomination numbers are not reflective. The process for nomination is outlined on the ARNNL website and is not complex. Remember, just the act of nominating lets your colleagues know they are appreciated, regardless of winning the award!

A handwritten signature in black ink that reads "Julie Nicholas". The signature is fluid and cursive.

*Three editions of ACCESS profiled wartime nurses leading up to the 100th anniversary of Beaumont-Hamel. Visit ARNNL's website for past editions, and a link to the 150th recipients. In addition to the 150 nurses selected, the summer edition of the Canadian Nurse highlighted nurses who had made a significant impact on the profession from 1998-2014. Of these, 17 were from this province.

FROM THE EXECUTIVE DIRECTOR'S DESK



Lynn Power, RN, MN
lpower@arnnl.ca

Who knew that playing basketball on the street was against the law? At the time of writing, this topic was being publicly discussed due to a case where an individual was ticketed for the offence. What does that have to do with nursing? The answer: Nothing and everything. Standard 1 for RNs and NPs mandates that each one of us must “practice in accordance with relevant legislation, standards and employer policies.” Relevant is the key word in this indicator; however, given the vast array of roles that nurses play, this could make the entire legislative framework put forth by the Government of Newfoundland and Labrador, and Canada, potentially relevant. So how do individual practitioners keep abreast of this important requirement? Media keep an eye on new pieces of legislation or ones that are significantly revised, but their presentation may not always portray what is relevant to nursing. There is no easy one stop shop. In this article, I would like to draw attention to several pieces that are relevant to ARNNL's work and thus you as members.

The *Patient Safety Act*, passed in March 2017, is an inaugural piece of law for this province. Designed to enhance patient safety, this law includes requirements for each Regional Health Authority to establish a policy for ensuring that an adverse health event is disclosed to the affected patient.

MEDIA KEEP AN EYE ON NEW PIECES OF LEGISLATION OR ONES THAT ARE SIGNIFICANTLY REVISED, BUT THEIR PRESENTATION MAY NOT ALWAYS PORTRAY WHAT IS RELEVANT TO NURSING

The *Personal Health Information Act*, or PHIA, which is currently under review, explains obligations for accessing and sharing client information which includes rules that provide individuals with the right to access their own personal health information. Social media is buzzing with debates around when a posting from a nurse is personal, versus client or custodian-related. PHIA offers some of the answers and related interpretations.

Below I have highlighted examples of additional terms and legislation you should get to know for your practice:

- **Consent** - what defines a minor, capacity, and responsibility for obtaining consent. This topic is covered in numerous provincial and federal pieces of legislation. How do those pieces interact with the changes to the Criminal Code which opened the door for medical assistance in dying?
- **Advance health care directives and reportable deaths**; Surprisingly we still receive a lot of questions on these topics which are well defined in legislation.

- The *Adult Protection Act* and understanding the definition of elder abuse. Did you know it includes financial abuse and do you know what that means?
- **Duty to Report** clause in the *Registered Nurses Act (2008)* – see our Regulatory Notes section on page 16 for more on this topic.
- *Federal Food and Drugs Act* which identifies who can distribute drug samples and what constitutes a sample.
- *Children and Youth Care and Protection Act* identifies at least 15 different scenarios which could define a child in need of protective intervention.
- *Donation of Food Act* allows for protection to people donating, in good faith, food to others. Nurses working with community charities might need to reflect on this law which is less well-known.

Although keeping informed of all the potentially relevant legislation might sound challenging, ignorance is not bliss! If you are unsure if there is a law that affects your practice or a specific situation that you find yourself in – ASK! ARNNL could be one source, and always ask your employer if you are unsure.

ARNNL COUNCIL MATTERS

ARNNL Council meetings were held on February 16-17th, May 3rd and June 8th, 2017. Catch-up on all the important Council activities you may have missed in our Update e-newsletter available online.

New RN Regulations Amendments

In June, Council approved the amendments to the *Registered Nurses Regulations (2013)* which the Minister of Health and Community Services gazetted on June 30th. Amendments include removing the need for internationally educated nurses to have a Baccalaureate of Nursing designation as a requirement for registration, and removing the mandatory requirement for remedial education prior to a third attempt on the NP licensure exam.

Council also approved appointments to various ARNNL Committees, such as the Quality Assurance Committee (10 RNs and one public representative): Dena King, Tammy Taylor, Brenda Whyatt, Sam Roberts, Douglas Spracklin, Brenda Jones, Marilyn Kippenhuck, Stephanie Hillier, Debra Moyst, Cathy O'Keefe; and Bea Courtney. And, the appointment of Dena King, as the Workplace Representative for the Resolution Committee. Additional ARNNL Committee appointments include: Sarah Messervey, RN, and Anastasia Knudsen, RN, appointed to the Nominations Committee; with Donna Luther, RN, Shelley Taylor, RN, and Renee Dobbin, RN, reappointed to the Disciplinary Panel.

Welcome Councillors and Volunteers

ARNNL Council elections were held this past Spring. Marie Budden is the new Regional Councillor for Western, with Patricia Rodgers remaining as the Regional Councillor for Eastern through re-election. Welcome Marie, and welcome back Pat.

ARNNL Annual General Meeting

Over 120 people attended ARNNL's 63rd Annual General Meeting (AGM) including RNs, NPs, nursing students and members of the public. The meeting was held on June 9th at the Sheraton Hotel in St. John's with reports from Council President Julie Nicholas, as well as ARNNL's Executive Director Lynn Power. An overview of the financials for the year were provided. The Minister of Health and Community Services, the Hon. Dr. John Haggie, brought greetings acknowledging the contribution of nurses to the health care system.

AGM Motion

During the AGM, a motion was put forward for ARNNL to explore other options such as program accreditation and approval, versus the NCLEX –RN® as the requirement for new graduates to be eligible for registration in this province. Council will discuss the motion at the fall meeting.

Next ARNNL
Council
Meeting!

The next ARNNL council meeting is taking place October 19-20, 2017 at ARNNL House.

Other Important Updates:

- During the meetings, Council directed ARNNL staff to further research options for the replacement of ARNNL offices.
- At Council's meeting on February, and again in May and June, discussion continued on the governance model including envisioning new ENDS. Stay tuned as we will be looking for your input as we move forward.
- Council also approved various policy revisions including changes to the Governance Policy; Council and Committee Expenses Executive Requirement Policies; Financial Planning; Professional Conduct Review; and Registration and Licensure.

ARNNL Honours Excellence

Celebrating its 25th year, ARNNL's Awards for Excellence is the only provincial awards ceremony recognizing excellence for RNs and NPs. On June 9th, following ARNNL's 63rd AGM, the luncheon honoured four provincial recipients at the Court Garden of the Sheraton Hotel. See pages 10-11 Nurse of Note for a detailed list of this year's recipients.

Connecting with Members and the Public

ARNNL hosted an Open House for members and the public for an afternoon event following the Awards on June 9th. It was a great opportunity to learn more about the residence (which is over 160 years old), meet Councillors, and connect with colleagues. ARNNL Council and staff enjoyed hosting everyone that could attend.

New Documents Available

The document *Dispensing by Registered Nurses (RNs) Employed Within Regional Health Authorities (RHAs)* was approved by ARNNL Council at the June meeting. This interpretive document describes information related to the scope of practice and expectations for RNs and NPs in Newfoundland and Labrador (NL) who practice with the approval and under the general supervision of an RHA in relation to dispensing. Visit ARNNL's Document Library online to view.

A consultation process on the draft regulatory document *Nurse Practitioners Providing Medical Assistance in Dying (MAID)* has been completed. Feedback is currently being reviewed by a working group. Once the feedback is reviewed, it will be presented to the NP Standards Committee for consideration which, ultimately, could change the role NPs play in MAID. Currently, in this province, the scope of practice of NPs is restricted to assisting in MAID.

Annual Report

ARNNL's Annual Report was released the end of May and is posted on www.arnnl.ca. Hard copies are available upon request.

*More details about ARNNL Council, as well as ARNNL news and events, are available in *UPDATE*, ARNNL's e-newsletter.

REGISTRATION UPDATE

Your Nursing Practice Hours – Keeping track

By: **Bradley Walsh, RN, MN, Regulatory Officer**

How many hours are needed to maintain licensure?

To be eligible for a practicing license there are a minimum number of nursing practice hours an individual must complete within a defined period of time. This requirement is legislated and set out in the *Registered Nurses Regulations (2013)*.

To maintain eligibility for licensure as an RN you must provide proof of:

- Practice as a Registered Nurse for at least 1125 hours within the preceding 60-month period (five years) or 450 hours within the preceding 24-month (two years) period.

To maintain eligibility for licensure as a NP you must provide proof of:

- Practice as a Nurse Practitioner for at least 900 hours within the preceding 36 months (three years).

There are other options that provide eligibility for licensure renewal. For a full list of licensure renewal eligibility criteria see Section 12 for RNs and Section 8 and 13 for NPs. See <https://www.arannl.ca/legislation-and-bylaws>.

How are practice hours submitted to ARNNL?

ARNNL currently receives electronic hour submissions from the four Regional Health Authorities, Canadian Blood Services, Fonemed, Newfoundland and Labrador Centre for Health Information, and Presentation Convent. The employer submissions are received by ARNNL annually in January-February. Members employed with another employer must provide official documentation to ARNNL confirming the number of practice hours during the licensure year. Speak to your employer to see if they are willing to do direct hours submission to ARNNL. Members who are self-employed must submit documentation signed by an independent third party (e.g., accountant) that verifies their hours of practice. Letter(s) of hours from the employer can be submitted to ARNNL by email to registration@arannl.ca or mailed in hard copy. Self-report of practice hours are not accepted.

For practice hours to be counted you must hold a practicing license.

What if I don't meet the minimum number of hours?

If a member fails to meet the minimum number of practice hours required they are no longer eligible for a practicing license and would


be required to complete the RN Re-entry program, such as the one offered through the Centre for Nursing Studies. This Re-entry program takes up to two years to complete with theory courses delivered online and onsite lab components. There is also a 200-hour medical/surgical preceptored clinical component.

How can I view my practice hours on file with ARNNL?

ARNNL is adding a new module to MyARNNL in Fall 2017. This module will allow all members to view RN practice hours on file for the preceding five year period. NPs will be able to view NP practice hours on file for the preceding three year period. Hours will display by licensure year (i.e., April 1, 2016 – March 31, 2017). Members will not be able to edit hours, any questions should be directed to the ARNNL Registration Department. In addition, the module will display to the member if they are eligible for a practicing license for the current and upcoming licensure year.

What if I feel my hours recorded are incorrect?

While ARNNL can answer questions regarding the documentation on file, if you think the hours reported by the employer(s) are incorrect you must contact your employer(s) for updated documentation. With appropriate validation ARNNL will update your hours. It is important to note that hours submitted by employers should not include leave taken during the year. Examples of leave include annual/vacation, sick, education, maternity/paternity/adoption, workers compensation or other. Overtime hours should be included and reported as straight time.



Member Self Service

Welcome Member

Your current licensing status with the ARNNL is:

Practicing License RN from April 1, 2017 to March 31, 2018

Please select one of the following options:

- [April 1, 2017 - March 31, 2018 Licensure or Membership Renewal Application](#)
- [Update your ARNNL Profile](#)
- [View my Practice Hours](#)
- [Resign your current ARNNL Membership](#)
- [Retrieve your Tax Receipt\(s\)](#)
- [Your Vote: Make it count!](#)

[Send Comments to the ARNNL](#) | [Contact ARNNL](#) | [Logout](#)

ARNNL WORKPLACE REPRESENTATIVE PROGRAM:

Three Nursing Students Take a Look at ARNNL's Program

By: Elaina McDonald, Aimee O'Keefe, and Jessica Owens

In fall 2016 ARNNL participated in an new clinical placement opportunity for three students completing N4501 in their Bachelor of Nursing program. Their work provided insight into the needs and opportunity for changes to the Workplace Representative (WPR) program. Discussion with WPRs around the recommendations is ongoing. Thank you to the students for their great work. Their reflections are shared below.

As fourth year nursing students at the Centre for Nursing Studies, we have practiced in a wide array of settings over the last three years. From September to November of 2016 we were afforded the opportunity to work closely with the ARNNL as part of our Nursing 4501 Community Health Practice course. This was a different clinical experience for us, as previously we had worked directly with patients, providing hands-on care. In this clinical experience, we engaged in a behind the scenes approach in which we gained a greater appreciation of the role ARNNL plays in regulation of nursing practice and education in this province.

Nursing 4501 is a 12-week course that allows students the opportunity to work with a selected aggregate to develop competencies in community health nursing. As a component of our course we completed a needs assessment of the ARNNL Workplace Representative Program. The purpose of this assessment was to determine ways in which the ARNNL could strengthen the linkages between the Association and the workplace representatives. Using the findings from this assessment we developed a supportive resource for the organization designed to enhance support provided to the workplace representatives in their role as a liaison between the Association and RNs and NPs in practice.



Students Jessica Owens, Aimee O'Keefe and Elaina McDonald

IT WAS A PRIVILEGE TO HAVE THE OPPORTUNITY TO DEVELOP THIS BINDER, AND CONTRIBUTE TO THE ONGOING EXCELLENCE OF NURSING PRACTICE WITHIN THE PROVINCE.

Having the opportunity to complete an assessment of the WPR program and work closely with the staff at ARNNL House allowed us to gain insight into the nursing profession, the role of the Association, and current topics and trends in healthcare. Each Monday we worked at ARNNL House where the staff demonstrated the organization's principles of professionalism and inclusion. We were given an office in the basement of the historic building on 55 Military Road; we later learned that this was home to Agnes, ARNNL's resident ghost. Subsequently, we completed a tour of the house and learned about the rich history of the building.

Our 97-page resource manual binder consists of strategies to enhance engagement and communication for the WPRs, and recommendations for the Association to help them in meeting their initial goals. These recommendations include strategies to improve role clarity of the WPRs in the workplace, reformatting the current WPR list, and suggestions

for a new poster promoting the program. While the resource manual is designed for the ARNNL, it contains information and strategies that are directed towards helping the WPRs in their role, which the organization can share. It was a privilege to have the opportunity to develop this binder, and contribute to the ongoing excellence of nursing practice within the province.

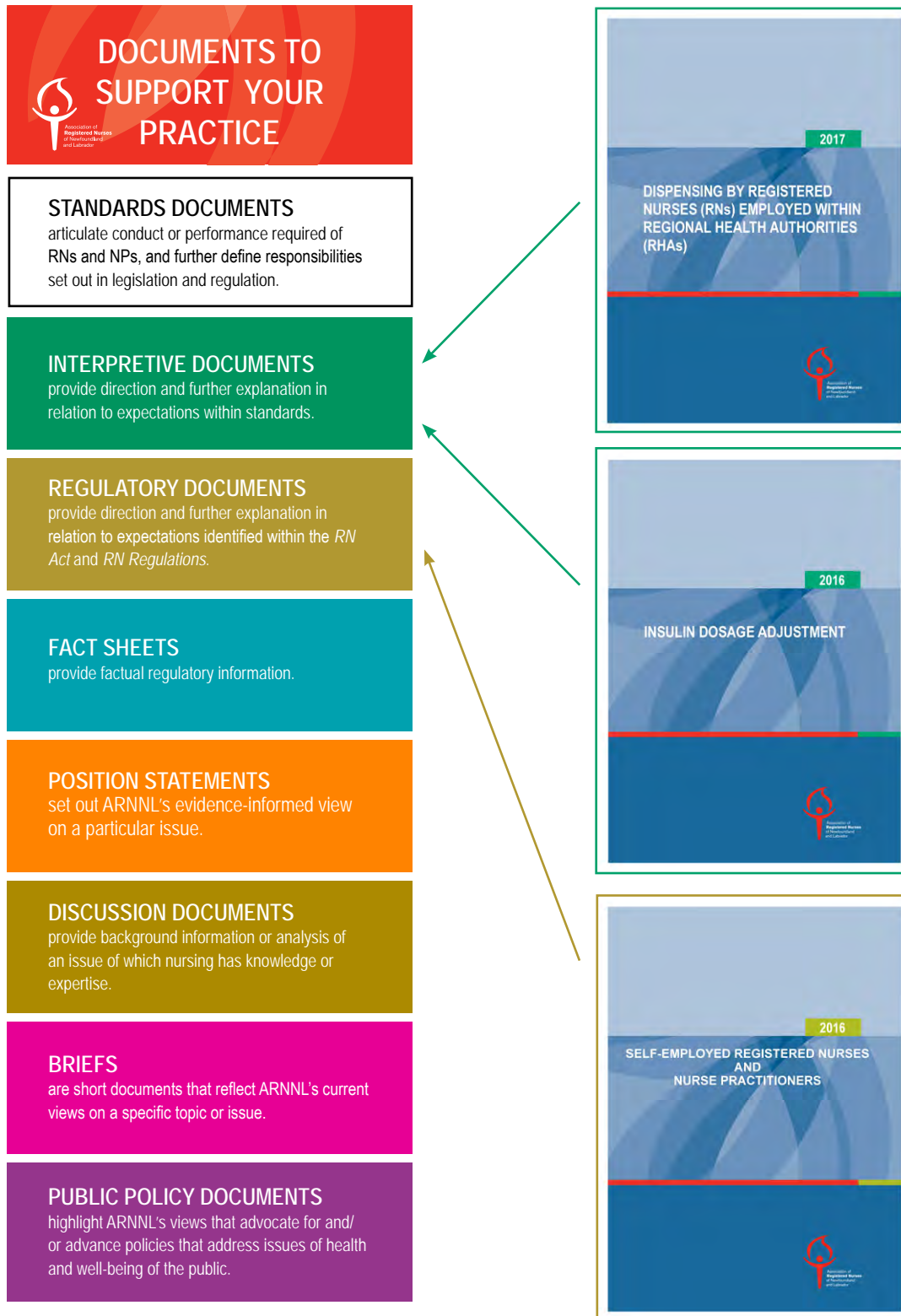
We are due to graduate in the upcoming months, and having the opportunity to work closely with our professional Association was both beneficial and educational. In learning about the WPRs and the WPR program, we have gained insight into their roles and responsibilities, and having gained background knowledge about the program opens doors for us for the possibility of becoming a future WPR after graduation.

For more information on ARNNL's Workplace Rep program please visit www.arnnl.ca or contact siobhainn lewis at slewis@arnnl.ca

SPOTLIGHT ON ARNNL DOCUMENTS

Visit ARNNL's online Document Library to access the below documents. Questions on ARNNL documents? Feel free to connect with one of the nursing consultants at ARNNL House. See the inside front cover for contact information, and visit www.arnnl.ca to view the Library.

ARNNL's newest additions to the document library



THE NURSE PRACTITIONER ROLE AND SUBSTANCE ABUSE DISORDERS AND NEWFOUNDLAND AND LABRADOR:

My Experience

By Trena Snook, NP

Substance Use Disorders, commonly referred to as addictions, can negatively impact individuals, their families and the community at large. The media have portrayed countless stories of the harms associated with drug use, including opioid overdose and deaths. While there are services available to address this problem, there are also gaps in opioid dependency treatment services within the province.

Since graduating from the Nurse Practitioner (NP) program in 1998, I have fulfilled many roles in my career, but Mental Health and Addictions (MH&A) has proven to be the most rewarding. As an NP working at the Recovery Center with Eastern Health in St. John's, my main role is to provide withdrawal management services to clients affected by a substance use disorder. Across Newfoundland Labrador, the addiction rate remains very high and nurses frequently care for individuals suffering from these conditions, regardless of their practice.

NPS COULD HAVE AN INTEGRAL ROLE IN TREATING ADDICTIONS WHEN THEY GET THE AUTHORITY TO PRESCRIBE APPROPRIATE MEDICATIONS

NPs could have an integral role in treating addictions when they get the authority to prescribe appropriate medications, such as Methadone and Suboxone, which are a part of a harm reduction approach to care. The Canadian Nurses Association (CNA) released a joint position statement in 2005 in support of Harm Reduction, recognizing it as a pragmatic, public health approach to reduce adverse effects associated with drug use.

As the Chairperson of the Eastern Health (EH) Nurse Practitioner Council, I can attest to the interest amongst NPs for prescriptive authority for opioid treatments which was communicated to key stakeholders. Collaboration with ARNNL has been ongoing. In fact, advocacy work has been occurring at various levels to include the EH Regional Health Authority, ARNNL and the provincial government.

As an NP – Family/All Ages I am a representative on the ARNNL NP Standards Committee. This Committee is responsible for setting the NP Standards of Practice and designating the drugs NPs can prescribe to include medications such as opiates and other controlled drugs and substances. Upon request from ARNNL, I acted as the Association's representative on the Provincial Opioid Treatment Working Group, which was a valuable opportunity to network and promote the NP role in addictions treatment in Newfoundland and Labrador. In December

2016, I was again afforded the opportunity to highlight the NP role in addictions when I was invited to speak at the Provincial Opioid Forum.

Work has begun on a provincial initiative to create a Newfoundland and Labrador Addictions Training Program for health care providers. I have been asked to sit on this committee as a subject matter expert. In addition, I have been offering education sessions to health care providers in various settings; ARNNL provided additional opportunities for nursing education on addictions through an invite to be a presenter at their June 2016 Annual General Meeting, and also as a guest speaker at an ARNNL Tuesday Teleconference in the fall of 2016.

Recognizing that addictions are a healthcare issue that impacts many people in the province, I feel fortunate in my NP role to be a part of positive change moving forward. More than ever, the need for evidence-based treatments for managing opioid dependency is paramount. In my practice, collaboration with many stakeholders, including the ARNNL, is helping to shape how we manage and treat addictions in our province.

For an update on NP program initiatives,
please see page 14.

NURSE OF NOTE

By Gillian Costello, BA, GradDip P.R., MA, Communications Officer

ARNNL's Awards for Excellence in Nursing recognizes RNs and NPs whose leadership and knowledge set high standards for the profession in the province. The Awards categories span the length of an RN or NP career, from the beginning, with the Novice Nurse, to those who have practice experience crossing diverse areas of the profession, for example, the categories of Practice, Administration and Research.

Award recipients for 2017 are:

- Lucas Baker - Award for Excellence in Nursing – The Elizabeth Summers Novice Nurse Award
- Dr. Pamela Ward - Award for Excellence in Nursing – Research
- Andrea Turpin - Award for Excellence in Nursing – Practice
- Sylvia Diamond-Freake - Award for Excellence in Nursing – Administration



Lucas Baker

Award for Excellence in Nursing – The Elizabeth Summers Novice Nurse Award

Lucas graduated from the Centre for Nursing Studies in May 2016 and obtained ARNNL registration and licensure as an RN in October 2016. His nomination for this award is filled with adjectives to describe him, and his nursing practice. Words like intelligent, kind, confident, enthusiastic and respectful. Lucas works in the Emergency Department at James Paton Memorial Hospital in Gander. His quest for knowledge is evidenced by having already completed many professional development opportunities in his early employment days, such as, Cardiac Rhythm Interpretation and Advanced Cardiac Life Support. He is also currently enrolled in both a Pediatric Advanced Life Support Course and the Trauma Nursing Core Course (TNCC).



Dr. Pamela Ward

Award for Excellence in Nursing – Research

Pamela graduated from Memorial University with a Bachelor of Nursing Degree in 1993. Her practice began with the Victorian Order of Nurses as a staff nurse and coordinator of Workplace Wellness. In 1999, she completed a Master's Degree in Education and in 2001 began a career as a nurse educator with the Centre for Nursing Studies, where she remains today. In 2005, she was named Faculty Associate with MUN's Centre for Collaborative Health Professional Education. Pam completed her PhD in community health in 2012, also from Memorial University. In 2012, she was named Faculty Scholar with the Centre for Collaborative Health Professional Education at MUN, and, Professional Associate with MUN's Faculty of Medicine. Pam is a convener of a research exchange group related to eating disorders, disordered eating and body image with the Newfoundland and Labrador Centre for Applied Health Research, and in 2015 was appointed as an Adjunct Professor with the division of Community Health and Humanities, Faculty of Medicine at MUN. Since 2007 she has, either independently or collaboratively, been awarded over \$500,000 through numerous grants to support her research.



Andrea Turpin

Award for Excellence in Nursing – Practice

Originally from St. Lawrence, Andrea moved to St. John's to pursue a career in nursing. In 1989, she graduated from St. Clare's School of Nursing, and began her practice on the Orthopedic Unit at St. Clare's, later moving to the Dr. Charles A. Janeway Child Health Centre spending 14 years in a variety of units. In 2015, she moved to her current role as Patient Care Coordinator with the Janeway Ambulatory Clinics. Creating standardized orientations for new staff, and standardized educational material for families to use, are examples of initiatives that Andrea has put in place since stepping into her new role. A doer, a problem solver, a mediator and a collaborator are words Andrea's nominators used to describe her, and her practice. But it is in how she enacts these roles that, according to her peers, identify excellence.



Sylvia Diamond-Freake

Award for Excellence in Nursing – Administration

Sylvia received her diploma in Nursing from the Salvation Army Grace General Hospital School of Nursing in 1982 and earned a Bachelor of Nursing Degree in 1991, and a Master's Degree in Business Administration in 2001, both from Memorial University. Sylvia, who has practiced in Central Newfoundland and Labrador for almost her entire career, has worked at James Paton Memorial Hospital as Staff Nurse on surgery, in patient education, as Discharge Liaison Nurse in the pre-admission clinic, as Nursing Education Coordinator, and as a Nurse Manager. For last 11 years, she has practiced in the role of Regional Professional Practice Coordinator for Nursing for all Central Health. Sylvia retired from Central Health at the end of April. Her nomination for this award comes at the culmination of a career dedicated to excellence in nursing. Sylvia's nominees highlighted her professionalism, and her encouraging demeanor taking her role to the 'next level' through empowering managers, front line nurses, and nursing leaders in her organization to collectively support nursing excellence.

ADDRESSING PROFESSIONAL PRACTICE ISSUES

- RNs have a professional obligation to address unsafe or unethical situations in the practice area. This expectation arises out of the RNs obligation to protect clients from harm and to uphold the integrity of the nursing profession.
- The ARNNL *Standards of Practice for Registered Nurses* (Standard 1, Indicator 1.7) and the *Code of Ethics for Registered Nurses* outline the professional obligations that RNs have in preventing, responding to and/or reporting situations where client safety is actually or potentially compromised.
- The initial step in addressing a professional practice issue is identifying the issue, and defining how client services are affected.
- RNs should seek out available resources in their practice area to aid in addressing their concerns. These may include managers, colleagues, nursing professional practice resources, educators, and other lines of authority within the organization.
- Additionally, RNs may seek external supports, such as ARNNL Nursing Consultants, the Canadian Nurses Protective Society, and labour unions for additional information and support. RNs take responsibility to report, document and to follow through in resolving their identified professional practice issues.



Refer to the RNs legal obligation regarding the duty to report under Section 20 of the RN Act on page 16 in this edition for direction related to RNs conduct deserving of sanction.

MASTERS OF NURSING PRACTICUM PROJECTS HELP STRENGTHEN NURSING:

Is there something here you could use in your practice?

By Donna Moralejo, PhD, RN

In June 2017, 10 nurses graduated from the Practicum Option of the Master of Nursing (MN) program at Memorial University School of Nursing. During the program, nurses develop knowledge and skills that will help them contribute to evidence-informed practice as well as provide leadership in nursing. The final step of the program is completion of a practicum project. These projects, drawn from a variety of practice settings, address important issues for nurses, their patients, and the healthcare system. This article briefly highlights some of this year's recent projects.

Deanne Curnew

did a research practicum with Dr. Julia Lukewich, looking at nursing in primary care settings in Atlantic Canada. As part of her project, she conducted a Joanna Briggs Institute scoping review that synthesized evidence related to the roles of nurses in primary care throughout Atlantic Canada. She concluded that the roles of nurses in primary care teams were unclear and inconsistent with respect to chronic disease management, health promotion, and preventive care. This review can help shape future research and interventions to strengthen the contributions of nurses in primary care.

Kara Noseworthy

in collaboration with her supervisor Dr. Sandra MacDonald and the Surgery Program at Eastern Health, developed a nursing mentorship program for RNs working with new graduate nurses transitioning into surgical practice. The program includes specific strategies that can be used to help novice nurses strengthen their skills and confidence following the official orientation period.

The following four projects will contribute to the professional development and competence of nurses in their respective practice areas but are also relevant and available for Newfoundland and Labrador.

Gina Fleming

developed a cancer pain management learning module for RNs in palliative home care in Saskatchewan. Her supervisor was Dr. Creina Twomey.

Dan Robinson

developed a self-directed learning module on psychogenic non-epileptic seizures (PNES) for nurses in his practice setting in Ontario. His supervisor was Professor Mary Bursey.

Jessica Kromhoff

developed an evaluation plan to evaluate the Leadership Institute (professional development for middle and senior managers) at her health care centre in British Columbia. Her supervisor was Dr. Donna Moralejo.

Tricia Woodcock

developed a learning module for BScN students at the University of Ontario Institute of Technology for the risk management of Stage 1 pressure injury. Her supervisor was Dr. Zaida Rahaman.

Congratulations to all of the graduates and thank you for your contributions to nursing!

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

HEALTH IS ALSO A QUESTION OF LANGUAGE

CURRENTLY, there are 3,015 individuals in Newfoundland and Labrador who have French as their mother tongue (source: *Statistics Canada, 2011*). However, many factors limit access to health services in their first language, including lack of knowledge of French-speaking health professionals. In order to improve this problem, the Francophone Health Network has updated the DIRECTORY of French-speaking Health Professionals.

According to many studies, access to health care services in the patient's first language contributes to:

- Increase the prevention and effectiveness of health services where good communication is essential;
- Reduce consultation time and the number of medical examinations;
- Improve the effectiveness of care for which a good understanding of medical terms is essential;
- Improve the quality of treatments, in particular by monitoring dosages;
- Reassure the sick person and those around him.

FrancoTNL.ca/RepertoireSante

54 Health Professionals
on the Directory as of May 2017:

East : 36
West : 3
Centre : 7
Labrador : 8



Being able to be treated in French contributes to the cultural identity preservation of Francophone and Acadian patients.

Would you like to be part of the Directory of French-speaking Health Professionals in Newfoundland and Labrador? If so, please contact the Francophone Health Network at Sante@fftnl.ca or at **709-757-2862** to give your consent and your contact information.



@SanteTNL



Ensemble, nous pouvons créer
des communautés plus en santé
et concernées par le bien-être de tous.

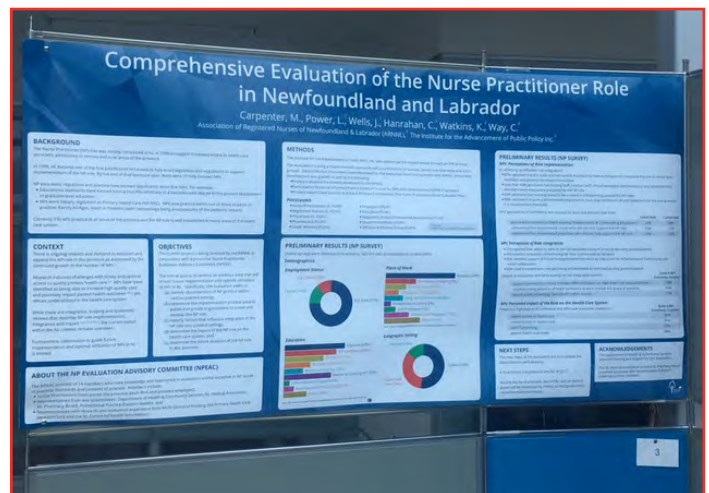


Réseau santé en français de Terre-Neuve-et-Labrador

ADVANCED PRACTICE

Update on Current Nurse Practitioner (NP) Initiatives

- ARNNL is actively engaged in work related to NP prescriptive authority for Suboxone and Methadone. The provincial government and a Regional Health Authority (RHA) have formally requested that NPs be granted authority to prescribe these two medications. ARNNL is currently identifying the requirements for prescribing these medications which will be submitted to the NP Standards Committee and ARNNL Council for approval in the near future. Until that time, NPs are not permitted to prescribe Suboxone or Methadone.
- ARNNL has representation on the provincial committee responsible for establishing a Prescription Monitoring Program for authorized prescribers. It is anticipated the program will be operational in 2018.
- ARNNL had representation on the College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL) Working Group that developed an educational program for safe prescribing of controlled drugs and substances in NL. The course *Introduction to Safe Prescribing Opioids, Benzodiazepines and Stimulants* is being administered through MDcme.ca. It is anticipated that NPs will have access to this course in the very near future. This representative is also sitting on another advisory committee that is developing an educational program on opioid dependence.
- ARNNL has representation on the Provincial Opioid Dependence Treatment (ODT) Working Group that is currently developing a provincial policy for ODT and identifying ways to build capacity amongst service providers to provide a continuum of ODT services in the province.
- ARNNL is currently working with the Centre for Health Information and Analytics (CHIA) to provide NPs with prescribing information on projects related to Choosing Wisely NL and Quality of Care NL. For those NPs who agreed to receive information on programs and services on their licensure renewal application, they will receive an email from ARNNL with a de-identified summary of utilizing data for all NPs, practice points concerning the applicable intervention, best practice recommendations or guidelines, advice on how best to use the intervention, etc., and a unique link for each NP to review their individual results. This project is anticipated to be operational for NPs by late fall. The first campaign will provide data on those tests ordered by NPs within Eastern Health. All new projects will involve prescribing behaviors of NPs in all four RHAs.
- ARNNL is currently tracking, trending and participating in provincial government consultation exploring the complexities of Medical Cannabis and the legalization of Cannabis. Until there is further direction from ARNNL, NPs are unable to provide a medical document for clients to access Medical Cannabis.
- ARNNL's Nursing Consultant recently co-chaired a Canadian Council of Registered Nurse Regulators (CCRNRR) Committee that developed an evidenced-informed guidance document for regulators of NPs and RNs. This document would support implementation of a consistent and standardized approach to addressing the regulatory policy elements associated with opioid use and dependence and harm reduction.
- The Institute for the Advancement of Public Policy Inc., on behalf of ARNNL, has initiated the data collection phase of the NP Evaluation. NPs, RNs, Physicians, Pharmacists and other key stakeholders have been invited to participate in surveys, focus groups and key informant interviews. Data collection occurred over the summer with a final report anticipated by late Fall 2017. The findings will help inform ARNNL's future directions for the NP role.



Poster from Prior event in 2017

Have questions about these initiatives? Want to get involved? Please contact Michelle Carpenter, ARNNL Nursing Consultant at 709-753-6174 or mcarpenter@arnnl.ca.

ARNNL CONTINUING EDUCATION TELECONFERENCE SESSIONS

Tuesdays 1400-1500h (Island Time)

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

SEPTEMBER 19

HEALTHe Newfoundland and Labrador

Carolyn Morgan RN, BN, BA Change Manager, Healthcare Technology & Data Management, Eastern Health

Gillian Sweeney RN, BN, MBA, Vice President, Clinical Information Programs and Quality NL Centre for Health Information

SEPTEMBER 26

Trans Positive Health Care: What You Need to Know When Working with Gender Diverse Clients

Krista Benson RN, BN, B.Sc., M.S (Sexology), Clinical Sexology, Mental Health & Addictions Program, Eastern Health

OCTOBER 10

eConsult Service: A Web Based Tool for Nurse Practitioners

Jean Cook M.Sc. Project Coordinator, Clinical Stabilization Fund (CSF) Newfoundland and Labrador Medical Association

Susan MacDonald MD, CCFP, PC, FCFP Associate Professor of Medicine and Family Medicine, Memorial University

OCTOBER 31

Mental Health for All: An Overview of Canadian Mental Health Association NL Division

Dan Goodyear Med. Chief Executive Officer, Canadian Mental Health Association Newfoundland and Labrador

NOVEMBER 7

Exploring the Key Role Nurses Play in Antimicrobial Stewardship

Mat Wenger RN, BSc, BScN, CNCC(C) Staff Nurse, Eastern Health

NOVEMBER 21

Alzheimer Society of Newfoundland and Labrador's First Link Program

Lauren Matthews B.Sc., M.Sc. First Link Coordinator, Alzheimer Society of Newfoundland and Labrador

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

These sessions will be audio recorded and available online after the event. To access archived teleconference sessions, visit www.arnnl.ca, under News & Events, Archived Teleconferences.



HOW TO ATTEND A LIVE TELECONFERENCE SESSION

1. Access is provided five minutes prior to start time.
2. Dial 1-866-290-0919
3. When prompted, enter the Participant Passcode 398088#
4. If you experience technical difficulties, press *0 (star-zero).
5. All participant lines will be muted during the presentation.
To mute your line during Q & A, press *4 to mute and *4 to turn off mute.

REGISTRATION

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

MISSED A PAST EDUCATION EVENT?

Check out ARNNL's Archived Education Sessions at www.arnnl.ca/archived-education-sessions.

CCP

Attendance at live teleconference events provides formal continuous learning hours.

Viewing archived teleconference sessions provides self-directed continuous learning hours.

REGULATORY NOTES

By: Michelle Osmond, RN, MS(N), Director of Regulatory Services

January's Q & A addressed jurisprudence: having knowledge of and applying relevant law or legal rules to your nursing practice. Building on this, in this issue, RNs and NPs legal obligation under section 20 of the *Registered Nurse Act (2008)* (the "Act") is reviewed.

What is conduct deserving of sanction?

Section 18(c) of the *Act* defines "conduct deserving of 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.

Examples of conduct deserving of sanction are included in the ARNNL By-Laws Appendices https://www.arannl.ca/sites/default/files/By-laws_Amended_June_2016.pdf

Do Registered Nurses have a duty to report conduct deserving of sanction of another Registered Nurse?

Yes. Section 20(1) of the *Act*, making it mandatory to report, provides:

20(1) A registered nurse who has knowledge, from direct observation or objective evidence, of conduct deserving of sanction of another registered nurse shall report the known facts to the Director of Professional Conduct Review.

If a Registered Nurse reports conduct deserving of sanction to their employer does that absolve the Registered Nurse of their duty to report under section 20(1) of the Act?

No. A Registered Nurse needing to report is **separate** from any workplace processes and an employer will have to address issues that arise in the workplace. An employer's duty to report is set out in section 20(2) of the *Act*, which provides:

20(2) A person or a corporation, partnership or association that terminates or imposes restrictions on the employment of a Registered Nurse based on direct knowledge of the RN's conduct deserving of sanction shall report the known facts to the Director of Professional Conduct Review.

However, as most RN/NP's are employees and have internal reporting processes and supports, RNs should inform their relevant supervisor and discuss the reporting process.

What is required for a RN to file an allegation of conduct deserving of sanction against another RN?

Section 21(1) of the *Act* requires that "an allegation shall be in writing and signed by the Complainant or his or her solicitor, and filed with the Director of Professional Conduct Review. The "known facts" of the Registered Nurse's conduct that is alleged to be conduct deserving of sanction must be included in the report, such as name of the Registered Nurse, what occurred, including the date, time and location.

Can a Registered Nurse be sued for filing an allegation with the Director of Professional Conduct Review?

No. Section 20(3) of the *Act* provides that "an action shall not be brought against a Registered Nurse...for the sole reason that he or she...complied "with the duty to report."

Can a Registered Nurse be subject to an allegation of conduct deserving of sanction if he or she fails to comply with their duty to report?

Yes. ARNNL's By-laws provide examples of professional misconduct which under Appendix A, 1(d) includes, "Failing to report conduct deserving of sanction contrary to section 20 of the *Act*".

Can an employer require a Registered Nurse not to report their knowledge of the known facts of conduct deserving of sanction of another Registered Nurse to the Director of Professional Conduct Review?

No. The *Act* is the law governing the practice of RNs and NPs in this province thus you are required to comply with the law.

For more information regarding conduct deserving of sanction and the Professional Conduct Review process contact the Director of Professional Conduct Review, Michelle Osmond at mosmond@arannl.ca or 709-753-6181.

WHERE AM I AND WHAT DAY IS IT AGAIN?

A special project for residents living with Dementia in a Personal Care Home

By Jessica D. White and Aimée E. Philpott

As part of their fourth year community health nursing placement at Western Regional School of Nursing, Bachelor of Nursing students Jessica White and Aimée Philpott completed a project for staff and residents at a personal care home in Corner Brook, Newfoundland and Labrador (NL). The students created custom calendars to assist residents living with dementia, and their caregivers, at the facility. The calendars were created in response to a needs assessment and from a review of research literature indicating information would be beneficial on communication tips for staff, and memory aids for residents living with mild dementia. In 2016, the Alzheimer's Society of Canada estimated that approximately 564,000 Canadians have dementia and this number is expected to reach 937,000 individuals by the year 2031. People living with dementia often have a challenging time orientating to the world around them, even familiar surroundings. As the disease progresses, many people have difficulty perceiving time and how much time there is from days to weeks or even months to years.

The students created the custom calendars as part of their course work, and the information and calendars were presented to the staff and managers in mid-November 2016. The calendars focused on reminders of place, of seasons, and time, with specific communication tips for the staff calendar, and visual memory cues for the resident

calendar (see photos). The calendars clearly illustrated: the day; the month; the season; a short sentence related to the month; and color coordinated boxes to signify holidays. The pictures used were Corner Brook and NL themed, related to the month and season, and were selected to help provide familiar images for the residents. For example, in November the War Memorial from the city was displayed, because this month is associated with Remembrance Day, and the month of July featured fireworks over the downtown area.

The use of custom calendars as memory aids for residents living with dementia is a communication method not well-researched or reported in current literature, with some information found in earlier works. It is hoped that these visual cuing methods to assist residents with memory loss will improve quality of life for persons living in personal care homes, and assist the staff who care for them.

In the development of this project, we would like to thank Trudy Read, RN, Nurse Educator at Western Regional School of Nursing. Special thanks to managers Barbara Baker and Gloria Reid-Burton for their assistance, and the staff at the personal care home.

References are available upon request, please contact Gillian Costello at gcostello@arnnl.ca



Jessica D. White and Aimée E. Philpott (seated, front) and Gloria Reid-Burton (standing, back), Mountain View Retirement Centre, Corner Brook, NL. Photo by Phil Gallant.



Image located on the month of June in the calendars. Photo by Jessica White.

The Resident Calendar

has familiar images and memory cuing, for example:

- You are living in the Mountain View Retirement Centre in Corner Brook, NL.
- In June month, spring ends and summer begins.
- Father's Day is blue; the first day of summer and Quebec's National holiday is yellow; and Discovery Day is green.

The Staff Calendar

has familiar images and communication tips for staff, for example:

- June Communication tip #6: Remember every action has meaning – this is called responsive behavior.
- September Communication tip #9: Avoid using the phrase "remember when ..."

DISCIPLINE DECISIONS

By Michelle Osmond, RN, MS(N), Director of Regulatory Services

Matthew Crawford

Newfoundland and Labrador Registration No. 20353

On November 28, 2016, Matthew Crawford, Registration No. 20353, met the terms and conditions of the Order of the Adjudication Tribunal dated April 13, 2016 such that he is eligible to apply for a practicing license.

Helen Reid

Newfoundland and Labrador Registration No. 21747

On July 24, 2017, Helen Reid, Registration No. 21747 met the terms and conditions of the Order of an Adjudication Tribunal dated February 27, 2017 such that the restrictions on her practicing license have been removed.

Amanda Murphy

Newfoundland and Labrador Registration Registrant No. 20441

In the matter of a Complaint against Amanda Murphy, Association of Registered Nurses of Newfoundland and Labrador, Registrant #20441 (the "Respondent"), a registered nurse whose license to practice had been suspended by Council on July 13, 2016 pending a hearing of the Complaint.

The Adjudication Tribunal accepted an Agreed Statement of Facts in which the Respondent admitted she had engaged in conduct deserving of sanction under the *Registered Nurses Act, 2008* (the "Act") sections 18(c)(i) professional misconduct; 18(c)(iv) incapacity or unfitness to engage in the practice of nursing; and 18(c)(v) acting in breach of the Code of Ethics. The Adjudication Tribunal determined that the Respondent engaged in conduct deserving of sanction, which conduct included misappropriation of a large quantity of narcotics from the employer's medication system in three circumstances: narcotics removed with a medication order but not documented as administered or as wastage; narcotics removed with no medication order and not documented as administered or as wastage; and narcotics removed with no medication order but documented as administered.

The Adjudication Tribunal accepted a Joint Submission on Penalty and pursuant to section 28(3) of the *Act* in a Decision dated February 21, 2017, ordered: the Respondent's license be suspended for a period of two years from July 13, 2016; prior to the reinstatement of her license, the Respondent shall submit to the Director of Professional Conduct Review medical documentation that she is safe to return to nursing practice; following reinstatement, her license shall be restricted for a period of two years such that she shall not practice in a setting where she will be the sole registered nurse responsible for

medication administration; she shall abstain from the use of mood altering medications unless prescribed; she shall authorize her health care providers to communicate directly with the Director of Professional Conduct Review and provide quarterly reports; she shall provide random drug and alcohol screens to the Director of Professional Conduct Review; participate in treatment and counselling; notify her health care providers and employer(s) regarding the Order of the Adjudication Tribunal; immediately withdraw from nursing practice and surrender her license in the event of a relapse of her illness; and pay ARNNL 25% of costs incurred in the investigation and hearing of the Complaint.

The conduct deserving of sanction occurred from on or about March 1, 2013 to February 6, 2015 while the Respondent practiced as a registered nurse at St. Clare's Mercy Hospital. The Complainant was Eastern Health.

Helen Reid

Newfoundland and Labrador Registration Registrant No. 21747

In the matter of a Complaint against Helen Reid, Association of Registered Nurses of Newfoundland and Labrador, Registrant #21747 (the "Respondent"), a registered nurse whose license to practice had been restricted by Council on December 6, 2016 pending a hearing of the Complaint.

The Adjudication Tribunal accepted an Agreed Statement of Facts in which the Respondent admitted she had engaged in conduct deserving of sanction under the *Registered Nurses Act, 2008* (the "Act") sections 18(c)(i) professional misconduct; 18(c)(ii) professional incompetence; and 18(c)(v) acting in breach of the Code of Ethics. The Adjudication Tribunal determined that the Respondent engaged in conduct deserving of sanction, which conduct included failure to provide safe competent nursing care to a patient; failure to seek direction from colleagues; failure to recognize and act on signs that a patient was in distress; failure to provide interventions to a patient; failure to thoroughly review and complete patient documentation; failure to notify a physician and a patient's family of a change in a patient's condition; and failure to be available during a time of crisis.

The Adjudication Tribunal accepted a Joint Submission on Penalty and pursuant to section 28(3) of the *Act* in a Decision dated February 27, 2017, ordered that the Registrant's license be subject to practice restrictions until her successful completion of specified nursing education; a reflective paper to include specified content; a meeting with a Nursing Consultant – Policy and Practice, ARNNL to discuss

her paper and learning. The Adjudication Tribunal further ordered the Registrant shall pay ARNNL 25% of costs incurred in the investigation and hearing of the Complaint.

The conduct deserving of sanction occurred from on or about July 13, 2015 while the Respondent practiced as a registered nurse at Western Memorial Regional Hospital, Corner Brook. The Complainant was Western Health and Robert Carlson.

Christa Simms

Newfoundland and Labrador Registration Registrant No. 19165

In the matter of a Complaint against Christa Simms, Association of Registered Nurses of Newfoundland and Labrador, Registrant #19165 (the "Respondent"), a registered nurse whose license to practice had been suspended by Council on February 6, 2017 pending a hearing of the Complaint by an Adjudication Tribunal.

The Adjudication Tribunal hearing the Complaint accepted an Agreed Statement of Facts in which the Respondent admitted she had engaged in conduct deserving of sanction under the *Registered Nurses Act, 2008* (the "Act") sections 18(c)(i) professional misconduct, 18(c)(ii) professional incompetence, and 18(c)(v) acting in breach of the Code of Ethics. The Adjudication Tribunal determined that the Respondent engaged in conduct deserving of sanction, which conduct included: failure to document numerous client visits and related nursing

documentation in accordance with ARNNL Documentation Standards and employer policies; documented client visits and interactions with clients that did not occur; documented multiple client visits as occurring at the same time on the same day; documented client visits where there was overlap of time; falsified client records; and dishonesty with her employer related to client visits and completion of clinical hours for her nurse practitioner designation.

The Adjudication Tribunal accepted a Joint Submission on Penalty and pursuant to section 28(3) of the *Act* in a Decision dated May 4, 2017 (the "Decision"), ordered that the Respondent's license be suspended for a minimum of six months and reinstated following her successful completion of specified conditions including: nursing education; clinical assessment of her nursing practice; reflective paper to include specified content; and meeting with a Nursing Consultant – Policy and Practice, ARNNL to reflect on her learnings. The Adjudication Tribunal further ordered that the Respondent provide a copy of the Decision following her return to nursing practice to any nursing employer for a period of two years and that she pay ARNNL 25% of costs incurred in the investigation and hearing of the Complaint.

The conduct deserving of sanction occurred during the period from on or about July 7, 2014 to on or about January 21, 2015 while the Respondent practiced as a registered nurse in community health, Port aux Basques. The Complainant was Western Health.



Association of
Registered Nurses
of Newfoundland
and Labrador

ARNNL Member Search – Verify your licensure status

Members are reminded that they are accountable to ensure they hold a current practicing license before commencing nursing practice/returning to work. Practicing without a valid license is in violation of the *Registered Nurses Act (2008)*. It is important to note that you do not hold Canadian Nurses Protective Society (CNPS) liability protection until ARNNL has issued your practicing license. You can verify your licensure status by searching your ARNNL number or name at <https://arnnl.ca/member-search>.

CONNECTING:

New Ways You Will Hear from ARNNL

By Gillian Costello, Communications Officer, ARNNL

At ARNNL we are always sourcing ways to improve how we connect with our members and the public. This year, we took an in-depth look and evaluated how we reach our audiences, as methods of communications are always improving and changing. We are excited to share with you the new ways we will be connecting starting this fall.

Our main communications channels have been the e-newsletter *Update*, our print publication *ACCESS*, as well as our website. During our communications planning this past year, we found that these methods were very well received, with many members using these tools as a primary way to get information from the organization. However, in some cases, newer more efficient methods exist to improve on these tools and will help us communicate any changes and pertinent information to you as members.

Here is a look at some of the changes coming your way this fall.



Update

Update is ARNNL's e-newsletter that is distributed three times per year, usually in the weeks following in-person Council sessions, communicating the decisions, actions and outcomes from the meetings. The information contained in *Update* is important for all ARNNL members to receive as it contains information relating to Council decisions, regulation changes, and ARNNL activities, products and services.

What will change? Starting this fall, the new version of *Update* will launch with a fresh look and easy-to-use format. ALL ARNNL members will receive *Update* in their Inbox to the email provided during registration. What won't change is the important information that has always been in this e-newsletter.

ACCESS

While communications methods are trending towards the use of electronic media and tools as opposed to print, the idea of a hard copy of *ACCESS* magazine landing on the doorsteps of our members twice a year is one we did not want to give-up, and according to our last survey, neither did many of our members. With a connection to the past, and a desire from our members to keep receiving the publication, two editions of *ACCESS* have been factored into our communications plans moving forward. Look for the winter edition of *ACCESS* in your mailboxes in the new year. Past editions of the magazine are also available on our website.



Help Re-name Our E-Newsletter

As you have read, our *Update* e-newsletter is undergoing a refresh. Part of this refresh includes a new name for the newsletter, and we at ARNNL would like your help! Have a good idea for a new name? Does it reflect the newsletter's purpose? (reminder: the newsletter will be sent to all members, and contains information relating to Council decisions, regulation changes, and ARNNL activities, products and services). Please send us your ideas! Email ideas to gcostello@arnnl.ca by October 31.



Social media

Members have reached out to us suggesting an ARNNL presence on social media, and, we listened. Starting this fall ARNNL will launch the organization's first social media account [@arnnlca](https://twitter.com/arnnlca) on Twitter. Make sure to follow us to get all the latest information!

If you are not on Twitter, no problem, you can still follow ARNNL's tweets. Simply text "follow @arnnlca" to 21212 (note, charges may apply depending on your phone package plan).

Q & A: YOU ASKED

By ARNNL Nursing Consultants for Policy and Practice

Q: *My practice domain is administration, yet the Standards of Practice and the Code of Ethics refer to my accountabilities to the 'client.' If I am not in direct care, who is my client?*

A: To understand who is your client you must begin by reflecting on who is the recipient of your nursing expertise, including your knowledge, skill and judgment. RNs and NPs practice in many roles and settings and in various levels within organizations, as well as in self-employment. Therefore, the recipient (client) of an RN's practice might not be a person in a hospital bed, or in a clinical setting. Many people may traditionally understand 'client' to only include the recipient of a clinical service.

Take the role of ARNNL Policy and Practice Consultants for example. Our clients are the RNs for whom we provide practice support, or the members of the public seeking clarification about an RN's scope of practice. The client for an educator is the student. For the RN in a management role, the clients are their employees as well as the clients the employees serve.

Every RN in every role is responsible for adherence to our Standards and Ethical Code, and for applying them in their practice. Once we understand who is our client we can reflect on how we demonstrate adherence to our Standards and Ethical Code. So, what does a client-centred practice look like for a

nursing consultant at ARNNL? In our practice: we work to understand the learning needs of RNs in relation to regulatory information; discuss topics that require further clarification or direction for RNs in Newfoundland and Labrador; and explore which method is best to utilize to share practice information. Being available to RNs in this province for confidential telephone consultation demonstrates a commitment to supporting RNs as they work to provide nursing expertise.

Upholding the public's trust in the profession of nursing is a requirement for all RNs. One way to carry out this expectation is through ensuring one maintains a professional presence. In our role at ARNNL, we participate in many provincial and national meetings and working groups and work with many groups such as government, other health professionals, and community organizations. It is imperative that we represent nursing and the RNs of this province in a knowledgeable, respectful, professional manner.

So, who is your client? The answer depends on who is impacted by your nursing knowledge, skill and judgment.

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.

CANADIAN NURSES PROTECTIVE SOCIETY (CNPS) UPCOMING WEBINARS

For more information about these sessions, or to register, please visit www.cnps.ca/webinars



Legal Risks For New Grads

Thursday, September 14, 2017

12:00 - 1:00 PM EDT

Have you graduated recently? Attend this free webinar on legal issues of interest to newly graduated nurses. Different issues will be presented by a CNPS lawyer, with the opportunity for you to ask questions.



Public Health & Community Health Nursing and the Law

Wednesday, October 11, 2017

12:00 - 1:00 PM EDT

Public health and community health nursing is a unique area of nursing which may present unique challenges for nurses. This webinar will provide nurses an overview of legal risks and direction on how to best protect themselves when practicing in this area.



RN Prescribing and Risk Management

Wednesday, November 8, 2017

12:00 - 1:00 PM EST

Do you prescribe as part of your practice? This webinar will highlight the legal risks of prescribing and discuss means to reduce and manage those risks.

GOINGS ON

Local RN Leading National Engagement

Dr. Julia Lukewich, Assistant Professor, MUN School of Nursing, and member of the Canadian Family Practice Nurses Association (CFPNA), conducted a key stakeholder meeting in Winnipeg in May 2017 to inform next steps related to the development of core competencies for family practice nursing in Canada. This meeting, a critical step in supporting integration and optimization of nursing within primary care teams, was supported by MUN's Public Engagement Accelerator Fund, and a contribution from CFPNA. Dr. Lukewich is now working with a national committee to develop these competencies.



Pictured at the meeting in Winnipeg (L-R) Dr. Claire Belker (President-Elect, Canadian Nurses Association), Dr. Lukewich, Siobhainn Lewis, ARNNL.

Newfoundland and Labrador RN Named One of the Top CEOs in Atlantic Canada



(Right) Charlene Brophy, RN

Charlene Brophy, RN, was named one of the top 50 CEOs in Atlantic Canada by Atlantic Business Magazine at the 19th Annual Top 50 CEO Awards held at the Convention Center in St. John's this past May. In addition to this amazing accomplishment, Charlene was also named the CBC Innovator of the Year. There were only three finalists for this prestigious distinction. Congratulations Charlene on these well-deserved honours.

Publication and Recognition for Eastern Health RN



Mat Wenger, RN

Mat Wenger, RN, is a staff nurse in Med/Surg ICU at the Health Science Centre, Eastern Health, and he has achieved two professional milestones: recognition and publication. Mat has been selected the recipient of the 2017 Canadian Association of Critical Care Nurses Chasing Excellence Award for his exemplary practice as clinician, role model,

teacher, and patient and family advocate. He will receive the award at a ceremony at the Dynamics of Critical Care 2017 Conference in September in Toronto. Mat is also presenting at the conference on his work related to the RNs role in antimicrobial stewardship. Look for his publication "Join the A-Team: Exploring the key role nurses play in antimicrobial stewardship" [Abstract] in *The Canadian Journal of Critical Care Nursing*, volume 28(2). Make sure to catch Mat's ARNNL Tuesday Teleconference titled "Exploring the Key Role Nurses Play in Antimicrobial Stewardship" on November 7.

NL Represented at Governor General Leadership Conference



Yvette Hynes, RN, with Eastern Health

Congratulations to Yvette Hynes who was chosen as one of 250 participants to attend the 2017 Governor General Leadership Conference. Yvette was one of eight people chosen by the selection committee to represent Newfoundland and Labrador out of over 70 applicants. Her attendance was supported by Eastern Health and the Registered Nurses Union of Newfoundland and Labrador (RNUNL).

Canadian Nurses Association (CNA) 150th Celebrations

The nation celebrated its 150th anniversary, and the Canadian Nurses Association (CNA) recognized the milestone by recognizing 150 nurses from across Canada. CNA partnered with ARNNL to include 10 RNs from Newfoundland and Labrador as part of the celebrations. The selected RNs appeared in an electronic photo book on CNA's website. Check out ARNNL's website for more information.

GOINGS ON

National Nursing Week 2017

National Nursing Week was celebrated from May 8-14 with the theme “#YesThisIsNursing.” In this province, the ARNNL and the College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNL) joined counterparts across Canada in recognizing the contributions of nursing professionals. A series of radio and print ads were used to promote the week, along with posters and various events held around the province.



Centre for Nursing Studies faculty and staff celebrating NNW.



St. Antony RNs celebrating NNW with their Wellness Walk.

Changing Public Policy

ARNNL members participated in a research project about health care professionals' attitudes towards the HPV vaccination. The project, led by the Division of Community Health & Humanities at Memorial University of Newfoundland, showed that 91% of registered nurses agreed/strongly agreed that vaccinating male youth would be beneficial and that they would recommend the vaccine. Researchers prepared a policy brief which included a recommendation that the program become gender-neutral (expanded to include boys). In September 2017, the provincial government announced expansion of the publicly-funded vaccination program for school-aged children to include the HPV vaccine for boys.

PRIIME Network

The PRIIME (Primary Healthcare Research and Integration to Improve Health System Efficiency) Network is a network of researchers, primary healthcare providers, policymakers, and patients dedicated to conducting research that will lead to primary healthcare reform to deliver better care to citizens of Newfoundland and Labrador. By conducting research in collaboration with patients, caregivers, providers and policymakers, PRIIME hopes to inform local primary healthcare system changes so they are backed by evidence and lead to the best possible patient outcomes. PRIIME provides healthcare practitioners with an opportunity to connect with other stakeholders in the healthcare system and to get involved in research that matters. If you would like to learn more about PRIIME or join the network, please get in contact with Network Coordinator Nicole Porter, Nicole.Porter@med.mun.ca. You can also check them out online at www.med.mun.ca/phru/priime or on Twitter (@MUN_PHRU).

A Journey to the Big Land

This past February, Eastern Health representatives travelled to Toronto to receive an award for “Journey in the Big Land: Enhancing Cancer Care Services for First Nations, Inuit and Métis in Labrador.” Elaine Warren, Director, Cancer Care Program with Eastern Health (Also ARNNL's President-Elect) was among those who travelled to receive the honour. The three-year funded project has now concluded and Eastern Health are working towards ensuring sustainability of the work into the longer term.



Back Row: Frank D'Onofrio, Katherine Chubbs, Robert Taylor, Dr. Farah McCrate, Tina Buckle, Allan Bock, Elaine Warren. Front Row: Kathleen Benuen, Melita Paul

National Framework Released for MAID

CNA has released their national framework for medical assistance in dying (MAID). The framework outlines the role of nurses and nurse practitioners (NPs) and supports understanding of the broader implications for practice when caring for patients who are considering end-of-life decisions. It also highlights the changes to the criminal code and other federal laws through Canada's new MAID legislation, which permits MAID under certain circumstances. Find the document on CNA's website. See ARNNL's website for the document detailing the provincial requirements.

TRUST NEWS

By: Julie Wells, BSc, MSc, Trust Coordinator



Call for Applications

Applications are now being accepted for awards in the following categories:

Continuing Education Awards

Bursaries for Conferences & Post Basic Courses (up to \$1,000)

Bursaries for CNA Certification (up to \$500)

NL Gerontological Nurses Association Bursary (\$500)

Nancy Llewellyn Pediatric Nursing Bursary (\$500)

Health Educators Continuing Education Bursary (\$750)

Bachelor of Nursing Scholarships (\$1,000 each)

BN (Collaborative) Years 2, 3, 4

BN (Fast Track) Year 2

Flo Hillyard Memorial Scholarship (Year 2)

Post Basic Bachelor of Nursing Scholarships (\$750 - \$1,500)

BN Post RN Scholarship

St. Clare's Alumni Association Scholarship

Graduate Scholarships (\$1,000 - \$2,000)

ARNNL 50th Anniversary Scholarship

Masters or PhD Scholarships (Nursing & Non-Nursing)

Marcella Linehan Scholarship

NL Nurses Respiratory Society Legacy Scholarship

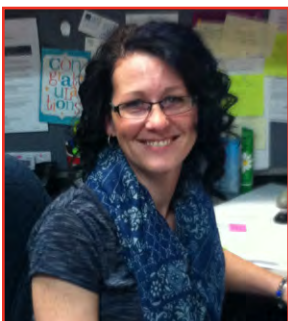
RN Re-Entry Scholarship (\$500)

Nursing Research Awards (up to \$2,500 each)

Criteria and application forms are available at: www.arnnl.ca/trust

Deadline for applications is **October 15th**. Late or incomplete applications **will not** be considered.

ARNNL Education & Research Trust 25th Anniversary Scholarship



Renee Crossman

The Trust is delighted to announce that Renee Crossman has been selected as the recipient of the 2017 ARNNL Education & Research Trust 25th Anniversary Scholarship.

The scholarship, valued at \$4,500, is awarded to a registered nurse from Newfoundland and Labrador who is enrolled in a doctoral program and has demonstrated academic excellence during undergraduate and graduate studies, and leadership in the nursing profession and/or community service.

Congratulations Renee!

For more information about the scholarship, please visit the Canadian Nurses Foundation website (www.cnf-ficc.ca).

Annual Meeting Update

Members of the Trust elected a new Board of Directors at the annual meeting on June 9th, 2017. Congratulations to the members of the 2017-18 Board:

- Janet Templeton, President
- Sara Seymour, President-Elect
- Melvin Layden, Eastern Urban Regional Director
- Wayne Smith, Eastern Rural Regional Director
- Anne Blackmore, Central Regional Director
- Erica Hurley, Western Regional Director
- Brenda Whyatt, Northern Regional Director
- Vacant, Labrador Regional Director
- Tina Edwards, Director-at-Large
- Vacant, Director-at-Large
- Lynn Power, ARNNL Executive Director (non-voting)
- Julie Wells, Coordinator (non-voting)

The Board extends their sincere appreciation to out-going Board members Joan Whelan (Director at Large), Paulette Roberts (Labrador Regional Director) and Tina Drainville (Central Regional Director). It is though the willingness of members to dedicate their time and expertise that the Trust is able to achieve its goals.

Also at the meeting, members approved the 2016-17 audited financial statements and the proposed changes to the Trust Constitution, including updated wording to align with the current activities of the Trust.

Find the Trust's Annual Report online at www.arnnl.ca/trust.

CCP UPDATE

By: Staff Advisory Committee on Continuing Competence



Continuing Competence Program (CCP) And RN/ NP Licensure: When you tick the Box it Means.....

When RNs and NPs declare on their license renewal application that they have completed all requirements of the CCP it means that the registrant has:

- Completed the self-assessment form;
- Developed and implemented a learning plan;
- Completed a minimum of 14 continuous learning hours (minimum of seven formal hours) with some continuous learning related to the learning goal;
- Evaluated the impact of their learning on their nursing practice; and
- Completed forms in their entirety at the time of renewal.

Registrants who answer "Yes" to the CCP question on their renewal application will see a pop-up screen asking members to ensure they have answered correctly. The screen also reminds registrants that if selected for the annual CCP audit, they will be required to submit their learning plan, evaluation form and continuous learning hours.

- Practice NL is a web portal for continuous nursing education. It provides free access to 15 modules under the "Our Courses" page of the website. The site requires a free registration and will provide a certificate of completion that can be used for formal learning.
- The Canadian Nurses Association (CNA) and the Canadian Nurses Protective Society (CNPS) provide a variety of webinars. If you attend the live webinar, then the continuous learning opportunity can be used for formal hours.
- ARNNL offers Tuesday teleconferences from 1400 – 1500 throughout the fall and winter. If you attend live, they can be used for formal hours.
- Choosing Wisely NL also offers live webinars on a variety of topics that offer formal learning opportunities.
- MUN Office of Professional Development offers formal learning through a variety of media.

Note: Previously recorded teleconferences, webinars etc., are self-directed learning opportunities.

MyARNNL.CA Licensure/Membership Renewal

Personal Information	Membership	Education	Work History	Employment	Employment Information	Additional Questions	Nurse Practitioner	Application Review	Payment & Declaration	Completed
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Step 7 - Additional Questions

1. Have you completed all requirements of the Continuing Competence Program for the April 1, 2016 - March 31, 2017 licensure year?

Registrants are required to complete the requirements for CCP while they are off work during the licensure year (April 1st – March 31st) if they intend to obtain a practicing license in the future. RNs and NPs must obtain 14 continuous learning hours (a minimum of seven formal hours) even if they are out of the work environment due to maternity leave, sick leave, long-term disability, worker's compensation, etc., or hold a non-practicing membership and want to return to practice.

Registrants can find examples of opportunities to obtain formal learning hours on ARNNL's website at www.arannl.ca on the CCP webpage found under the Practice and Advanced Practice tab. For example:

For further examples of formal and self-directed continuous learning, please visit:
https://www.arannl.ca/sites/default/files/CCP_Continuous_Learning_Activities.pdf

At the time of licensure renewal, for members who declare on the renewal application that they have not completed all aspects of CCP, a 90-day conditional license will be issued to complete the CCP documents. Every year in April a random sample of members are selected for the CCP audit.

Have questions about the CCP? Please connect with Michelle Carpenter ARNNL's Nursing Consultant via email, mcarpenter@arannl.ca or call 709-753-6174.

ARNNL would like to acknowledge the Committee: Anne Rowsell, Joanne Baird, Catherine Burke, Patricia Grainger, Marcella Greene Feder, Rhonda McDonald, Lisa Hussey, Heather Hunt-Smith, Tracy MacDonald, Cynthia Davis, Michelle Carpenter, Pam King-Jesso

CLINICAL CORNER

Back to school

Did you know that the NL Department of Health and Community Services website is home to many educational materials for health care professionals and members of the public? Posters, brochures, and manuals from topics such as Lyme disease, handwashing, antibiotic resistant organisms, air quality, head lice, sexually transmitted infections, and food safety are readily available for download.

Go to www.gov.nl.ca/health/publichealth

CHOOSING the question WISLEY

The Canadian Nurses Association (CNA) Choosing Wisely Canada nursing list outlines nine things RNs/NPs and patients should question. Full detail and rationale for these recommendations and references are available on the CNAs website (<https://cna-aiic.ca/en/on-the-issues/better-care/patient-safety/choosing-wisely-canada-nursing-list>).

1. Don't insert an indwelling urinary catheter or leave it in place without daily assessment.
2. Don't advise routine self-monitoring of blood glucose between appointments for clients with type 2 diabetes who are not taking insulin or other medications that could increase risk for hypoglycemia.
3. Don't add extra layers of bedding (sheets, pads) beneath patients on therapeutic surfaces.
4. Don't use oxygen therapy to treat non-hypoxic dyspnea.
5. Don't routinely use incontinence containment products (including briefs or pads) for older adults.
6. Don't recommend tube feeding for clients with advanced dementia without ensuring a shared decision-making process that includes the known wishes of clients regarding future care needs and the perspectives of carers and the health care team.
7. Don't recommend antipsychotic medicines as the first choice to treat symptoms of dementia.
8. Don't recommend antimicrobials to treat bacteriuria in older adults unless specific urinary tract symptoms are present.
9. Don't routinely recommend antidepressants as a first-line treatment for mild depressive symptoms in adults.



Pack it Light! Wear it Right!

Excessive weight in your backpack can cause pain and injury. It is recommended that Adults not carry more than 15% of their bodyweight in their backpack, and for kids it's 10%. Use both shoulder straps, space out the load, and pack heavier items closer to your body. (British Columbia Chiropractic Association www.bcchiro.com)

Self Employment

The titles "RN" and "NP" are protected, and can only be used by RNs and NPs holding a current practicing license and in association with the provision of nursing service (*Registered Nurses Act, 2008*). Before beginning self-employed nursing practice, RNs and NPs should review ARNNL's regulatory document, *Scope of Nursing Practice - Definition, Decision-Making and Delegation (2006)* and other resources to determine whether the planned service falls within the practice of a RN.

To clarify if a practice constitutes nursing practice or to determine the percentage of a business that may qualify as nursing hours RNs and NPs should contact ARNNL at registration@arnnl.ca.

For more information about RN/NP self-employment refer to the ARNNL document *Self-Employer Registered Nurses and Nurse Practitioners* in the ARNNLs Document Library.

Documentation

It is important that documentation reflect all aspects of the nursing process, including client education. The ARNNL Standards of Practice for RNs identify the RN's requirement to maintain timely and accurate documentation (Standard 2.8).

The ARNNL Documentation Standards further outline the expectations for RNs in relation to this Standard. The Documentation Standards is available in the Resources and Publications section at www.arnnl.ca.

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CALL FOR NOMINATIONS

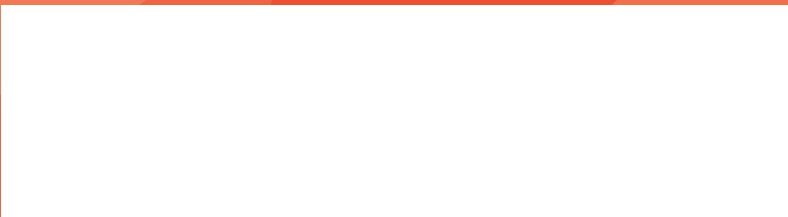
Nominate and RN or NP for an ARNNL Award for Excellence in Nursing!!

The Awards for Excellence have five categories:

- Nursing Practice
- Nursing Education
- Nursing Administration
- Nursing Research
- Elizabeth Summers Novice Nurse Award

Please view our *Celebrating Excellence in Nursing: The Nomination Process* teleconference on our website for more information about the Awards and how to nominate.

Nomination Deadline: December 9, 2017



PW40069117



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