



WEEDING THROUGH THE EVIDENCE ON MEDICAL CANNABIS

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ARNNL COUNCIL

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Cover Photo: ARNNL 2018 Awards for Excellence recipients with Council President Elaine Warren RN. Read more on page 17

Editor Gillian Costello
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MESSAGE FROM THE PRESIDENT



Elaine Warren RN
president@arnnl.ca

I am honored to assume the role of ARNNL President at this exciting time in our nursing history. I have thoroughly enjoyed the past two years as President-Elect and have learned much. It has been a pleasure to interact with the dedicated ARNNL Council and staff as they work to maintain nursing standards and advance the nursing profession in the interest of the public. Being a volunteer member of ARNNL Council allows me to be involved in the privilege of self-regulation, a role I very much enjoy, and I encourage others to explore ways to become involved.

My term as president began in June of this year at our Annual General Meeting (AGM) in Grand Falls-Windsor. There, I had the opportunity to attend the awards banquet honoring fellow RNs who received awards to recognize their outstanding contributions to nursing. Listening to the achievements of these nurses was very inspiring. I encourage all nurses to review the award categories and consider nominating a deserving colleague (see the back cover). The next day was an education session and AGM. We would like to extend our thanks to Central Health for supporting nurses to attend both events. At the AGM, several resolutions were brought forward for consideration by Council for the upcoming year. I look forward to continuing the dialogue on these important issues.

AS I REFLECT ON THE NEXT TWO YEARS AS PRESIDENT, AND WHAT WE AS COUNCIL CAN ACCOMPLISH WITHIN THAT TIMEFRAME, I THINK ABOUT OPPORTUNITIES TO SUPPORT RNs AND NPs TO EXPAND THEIR SCOPES OF PRACTICE.

In June, I also had the pleasure of interacting with nurses from across the country at the Canadian Nurses Association (CNA) AGM and convention in Ottawa. The convention theme: *From Insights to Impact: It Starts with Nursing* focused on the positive impacts that nursing has on care delivery and health outcomes through engaging their clients and drawing on evidence and experience. This event showcased innovative nursing solutions being put into action by nurses throughout the country. The meetings started with a very passionate speech where we heard a commitment from the Honourable Ginette Petitpas-Taylor, Federal Minister of Health, for a renewed health care system, we listened to stories from Canadian and international nurses who are engaged in primary health care in their communities (including our own) and heard about progress towards improving the health of Indigenous Canadians. A theme running throughout the conference was the high regard for Canadian nurses both in our country and internationally, and the power of our nurses to influence positive change.

A historic and emotional moment at the CNA AGM occurred with the passing of a motion to amend the Canadian Nursing Association Bylaws to expand the family of nursing to include Registered Nurses (RNs), Nurse Practitioners (NPs), Registered Psychiatric Nurses (RPNs) and Licensed Practical Nurses (LPNs).

As I reflect on the next two years as President, and what we as Council can accomplish within that timeframe, I think about opportunities to support RNs and NPs to expand their scopes of practice. Other issues at the forefront for our profession include our roles in medically assisted dying, leadership opportunities afforded by a shift in health care delivery to a primary health care focus and the positive influences we may have in support of health equity and health partnerships for indigenous populations.

Over the next two years it is my commitment to facilitate the work of Council on your behalf. I follow in Julie's footsteps. Her mentorship over the past two years has been invaluable, many thanks, Julie. Congratulations to Beverly Pittman as she takes on her role as President-Elect and I also wish to welcome all new Council members. Lastly, thank you to past and present Council members for your interest in professional volunteerism.

A handwritten signature in cursive script that reads "Elaine Warren".

FROM THE EXECUTIVE DIRECTOR'S DESK



Lynn Power, RN, MN
lpower@arnnl.ca

Times are Changing

Changes are taking place across the nursing regulatory landscape in Canada. In fact, by the time you read this article changes in the structure of British Columbia's nursing regulatory system will have already been implemented.

As of September 4, 2018, all three nursing regulatory bodies will be merged under the one organization entitled BCCNP- British Columbia College of Nursing Professionals. This monumental event will see a combined approach to regulating RNs, NPs, RPNs and LPNs in the public interest. The three boards of the nursing regulatory bodies in BC agreed that a single nursing regulatory body would have numerous benefits for the public and nurses by increasing operational efficiencies, providing a more coordinated approach to public protection, and creating a single point of contact for the public, nurses and stakeholders. The new College will be governed by a board that will include an equal number of nurses from each of the four nursing designations, as well as members of the public appointed by government. – *Cynthia Johansen, BCCNP*

A similar process is underway in Nova Scotia.

Currently, the College of Licensed Practical Nurses of Nova Scotia (CLPNNS) oversees the practice of LPNs and the College of Registered Nurses of Nova Scotia (CRNNS) regulates

RNs and NPs. After much analysis and thoughtful consideration, it was determined by the governing bodies of each College that the public of Nova Scotia would be better served if the teams came together and co-created one nursing regulator for the province. Stakeholder consultation has been key to this initiative and an important part of the process since the early days of exploring the feasibility of creating one nursing regulator. The new legislation being proposed will support the ongoing ability to regulate one nursing profession in the public interest, demonstrate its accountability, and remain a current, relevant and nimble regulator in an evolving health care system. It could be proclaimed as soon as early 2019. – *Sue Smith, CRNNS*

In light of these shifts, it is no surprise that the Canadian Nurses Association (CNA) took the leap and opened their membership to the entire nursing profession in Canada. We also asked Mike Villeneuve to share with you their perspective on this change.

The Canadian Nurses Association's members believe that nurses are stronger when they work strategically together. Every day across this country, nurses from each of the regulated groups can be found in the same workplaces. To reflect this reality, on June 18, during CNA's annual general meeting in Ottawa, voting delegates — all of whom were RNs — made clear that they support the importance of an inclusive model when they voted overwhelmingly to open CNA membership to all regulated nurses in Canada.

Since its founding in 1908, CNA has been the national professional home and voice of RNs and more recently, NPs. The June vote means that any of the more than 400,000 nursing professionals in Canada will be able to join the association to promote and contribute to intra-professional collaboration.

This landmark decision is the first step in opening the door for LPNs/registered practical nurses and RPNs to become members of CNA and be part of CNA's work to strengthen nursing and the Canadian health system. CNA now must review its governance and membership models to evaluate the structures that are needed to reflect the unique and collective needs of these different regulated nursing groups.

– *Mike Villeneuve, CNA*

How does all this change impact nursing in our province? It is certainly exciting, lets talk about it.

A handwritten signature in black ink that reads "Lynn Power". The script is fluid and cursive.

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.

Welcome New and Returning Council Members

ARNNL would like to welcome new and returning Council. See page 2 for a listing of this year's Council.

Approval of Financial Statements

Council approved the 2017-18 Financial Statements prepared by KPMG. Financial information was shared at the AGM and is posted on ARNNL's website. The membership approved the re-appointment of KPMG as ARNNL's Auditors for a three-year term (2019-2021).

ARNNL's Annual General Meeting (AGM)

This year marked ARNNL's 64th AGM. The meeting was held on June 8 in Grand Falls-Windsor with approximately 100 people in attendance. Attendees heard reports from then Council President Julie Nicholas, as well as ARNNL's Executive Director Lynn Power. Elaine Warren was installed as the 28th Council President.

AGM Resolutions and Motions

AGM resolutions received by ARNNL by the May 9 deadline were distributed via email and were posted on arnnl.ca. There was one motion from the floor related to informing members about CNPS supplementary protection (see page 8).

ARNNL Honours Excellence

ARNNL's Awards for Excellence is the only provincial awards ceremony recognizing excellence for RNs and NPs. On June 7, ahead of ARNNL's 64th AGM, the gala event honoured three provincial recipients in Grand Falls-Windsor. See page 17 Nurse of Note for details on this year's recipients.

Public Survey

ARNNL's Public Survey was conducted by phone from February 8th to 13th with a random sample of 400 residents aged 18 or older. Feedback was collected from the public in regards to the nursing profession and insights from the data will help to inform organizational activities. It is of note that the data showed: 93-96% were very satisfied/satisfied with various aspects of care with the average rating of satisfaction with care being 9.3 out of 10. Ninety-one percent rated overall satisfaction as 8 or higher. See the full survey results www.arnnl.ca/public-surveys

Annual Report

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

Change in NP Scope of Practice

Please visit ARNNL's Document Library on www.arnnl.ca for details and page 8 for ongoing changes.

Appointments Committee Report

Council approved the following RNs for re-appointment to the Disciplinary Panel:

- Vanessa House
- Paul Alyward
- Melvin Layden
- Carol Ann Mason
- Marie Clarke
- Joanne Rideout

Council approved the following RNs for appointment to the Disciplinary Panel:

- Diana Oake
- Justin Penney

Changes to the Timing of Council Elections

Council approved proposed changes to the Bylaws, specifically in Article VII – Committees, and Articles IX – Elections and Voting.

The approved changes will allow for a change in the timing for ARNNL Council Elections. The Call for Nominations will now begin in the fall (as opposed to the winter) with voting for Councillors to take place during registration and renewal from January-March. See page 9 for important dates and information around the new Council Elections process.

CNA AGM

Ten delegates from this province participated in the CNA AGM held in Ottawa in June. Thank you to those nurse volunteers.



Newfoundland and Labrador RN Voting Delegates at CNA AGM

SAVE THE
DATE

The next ARNNL Council meeting is taking place October 18-19, 2018 at ARNNL House.

REGISTRATION UPDATE

RN & NP Registration Highlights 2017-18

By Brad Walsh, Regulatory Officer and Julie Wells, Research and Policy Officer

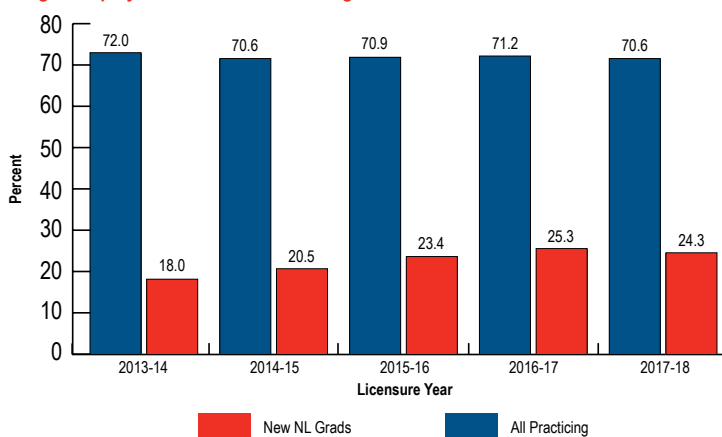
As the regulatory authority for RNs and NPs in Newfoundland and Labrador (NL), ARNNL collects member data related to demographics, education, employment and practice settings. These data serve multiple purposes including research, health and human resources planning and member education. Nationally, our data are provided to the Canadian Institute for Health Information (CIHI) for current trends in nursing practice across Canada. Provincially, our data are provided to the Department of Health and Community Services for workforce planning and to the Newfoundland and Labrador Centre for Health Information (NLCHI) for the provincial Provider Registry and the Pharmacy Network. This article will highlight some of the key registration statistics for the 2017-18 licensure year.

In 2017-18, ARNNL issued 6,357 practicing licenses, a decrease of less than 1% over the previous year. Practicing members represent 92% of ARNNL's total membership. Graduates from NL schools of nursing make up the majority of new entries each year (n=204) with 62 educated in other Canadian jurisdictions and internationally.

Table 1. Age of Practicing Members

	n	Average Age	% 58+ years
All Members	6,357	42.7	9.6
Direct Care	4,741	40.9	7.4
Advanced Paractice	174	46.9	12.6
Managment	388	49.2	14.7
Faculty	97	50.2	16.5
RNs in Long Term Care	472	46.5	17.8

Fig 1. Employed Full time in NL Nursing Workforce



The average age of practicing members at year end was 42.7 (Table 1). According to CIHI, this makes us among the youngest nursing workforce in the country. A higher average age for RNs in advance practice, management, and faculty positions is expected given the additional experience and educational requirements.

The percentage of practicing members employed full-time in the provincial workforce has declined slightly over the last five years but remains above the national target of 70% (Fig. 1). The trend of high rates of casual employment of new graduates continued with the majority of 2017 graduates employed casual (75.1%). Most who work casual report that they desire full-time employment.

Nurse Practitioners

NPs make up 2.6% of the ARNNL practicing membership. In 2017-18 ARNNL issued 169 NP licenses. This represents a 33% increase in the number of NPs compared to five years ago. A greater proportion of NPs are male (14.8%) compared to the ARNNL membership as a whole (6.4%). The average age of NPs is 46.1 years; slightly more than half (52.7%) are between 40 and 54 years. The majority of NPs employed in NL identified their primary employer as a Regional Health Authority. Approximately 11% of NPs are employed outside an RHA. The majority of NPs are employed full-time (79.3%) with their primary employer and one in five NPs (21.5%) have more than one employer.

If you would like to learn more about ARNNL RN and NP statistics visit our website <https://arnnl.ca/statistics> and reference the 2017-18 Annual Report.

Canadian Nurses Protective Society (CNPS) Fee Increase Notice

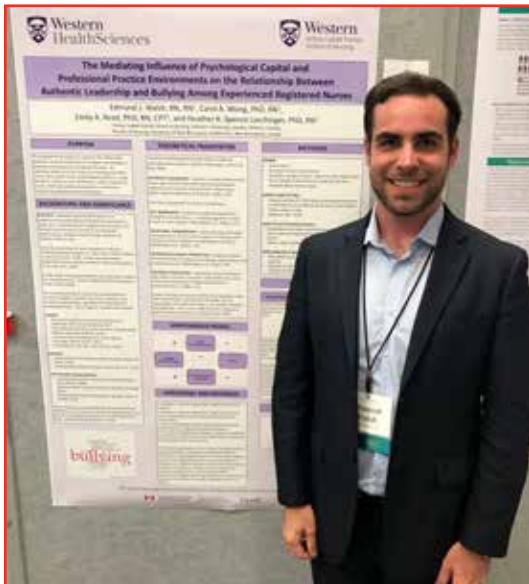
In February 2018, CNPS announced a fee increase for the 2019-2020 licensure year. ARNNL members who hold a practicing RN or NP license complete the CNPS renewal application and pay the fee directly to CNPS. For additional information on the fee increase see <https://www.cnps.ca>

Licensure Year	Current Fee (excluding HST)	2019-20 CNPS Fee (excluding HST)
2019-2020	RN = \$34 NP = \$85.50	RN = \$48 NP = \$122.50

AUTHENTIC LEADERSHIP:

An Opportunity to Reflect

By Edmund J. Walsh, MScN, RN



Edmund J. Walsh, MScN, RN, is a nursing PhD student at Western University in London, Ontario. He graduated from the BN program at Memorial University in 2014.

Take a moment to pause and think about nurse managers. What makes a great manager? Do you have a manager you find particularly thoughtful and inspiring? If so, perhaps he or she is an authentic leader. Authentic leadership is comprised of four main components, that is, *self-awareness*, *internalized moral perspective*, *balanced processing*, and *relational transparency*, each of which will be discussed in turn based on the work of management scholars, Bruce Avolio, William Gardner, Fred Walumbwa, and their colleagues.

Authentic leaders exhibit *self-awareness* - They routinely take time to engage in self-reflection. They work hard to gain a true appreciation of their strengths, weaknesses, and values. They even seek feedback from others to ensure they understand how they are perceived by and impact others. Seeking honest feedback from others may be unsettling, but it encourages greater self-awareness and authenticity.

Being a manager in a healthcare organization is no easy feat. They interact with workgroups with differing goals and values. These workgroups, or even society in general, may try to sway leaders. However, authentic leaders possess an *internalized moral perspective*. In other words, they understand their true morals and values, and they act in accordance with them, even when others try to exert influence.

BEING A MANAGER IN A HEALTHCARE ORGANIZATION IS NO EASY FEAT. THEY INTERACT WITH WORKGROUPS WITH DIFFERING GOALS AND VALUES. THESE WORKGROUPS, OR EVEN SOCIETY IN GENERAL, MAY TRY TO SWAY LEADERS.

Managers make complex and consequential decisions. Authentic leaders are willing to listen to the opinions of others when doing so. In life, it is certainly tempting to seek the opinions of only those who are like-minded. However, authentic leaders engage in *balanced processing* - They make sure to seek out those who disagree with them and consider their viewpoints fairly.

Finally, authentic leaders embody *relational transparency*. Some people find being open with others inherently challenging. When it is appropriate, authentic leaders are open and honest with their staff about their feelings and opinions. Staff members are encouraged by such leaders to also exhibit openness, promoting trusting relationships.

So, what does the evidence say? In a systematic review by Bayan Alilyyani and colleagues, authentic leadership was found to be linked to numerous positive outcomes for nurses and organizations, including increased health and well-being of nurses, higher work satisfaction, and improved work environments. Considering its benefits, striving to maintain or achieve greater authenticity is a worthy endeavour for leaders as well as staff nurses, who are leaders in their own right. This article is not intended to be critical of leaders – Newfoundland and Labrador is fortunate to have many hardworking and inspirational nurse managers. This is simply an opportunity to reflect. Being authentic may appear relatively simplistic; however, these behaviours are challenging to enact consistently in dynamic healthcare organizations.

Article references are available upon request. Contact Gillian Costello at gcostello@arnnl.ca

ADVANCED PRACTICE VIEW

Update on NP Initiatives

ARNNL's Standards for Nurse Practitioner Practice underwent consultation during June 21-July 23, 2018. Relevant feedback will be incorporated into the document and presented to NP Standards Committee with plans to go to ARNNL Council for approval in the spring.

The requirement for prescribers and dispensers to check the current patient medication profile in the Pharmacy Network under the Newfoundland and Labrador's Centre for Health Information (NLCHI) Health NL Viewer went into effect on June 30th, 2018. In addition, prescribers are expected to use the new Tamper Resistant Prescription Drug Pad. This pad has a check box that validates the prescriber has checked the client's medication profile on the Pharmacy Network.

NPs are encouraged to visit ARNNL's Advanced Practice Resource page to access resources for their practice and to provide consent to have future Choosing Wisely NL and Quality Care NL Practice Points/Campaigns and their individual prescribing data sent to them. Past campaigns can be found under this resource page.

ARNNL received the final report for the NP Evaluation Study from the Institute for the Advancement of Public Policy, Inc. The report will be released this fall once presented to ARNNL Council. A teleconference to share the results is scheduled for November 20th 1400-1500. All welcome!

On May 19th, 2018, Health Canada published regulatory amendments that change the way methadone is regulated under the Controlled Drugs and Substances Act (CDSA) and the Narcotic Control Regulations (NCR). These amendments provide an opportunity for practitioners to explore prescribing, administering, selling and providing methadone without applying for and obtaining an exemption under subsection 56(1) of the CDSA. This is for both the treatment of opioid use disorders and for analgesia.

ARNNL RN Volunteer Index 2018-2019

The RN Volunteer Index is a database of RN Volunteers who are interested in contributing to achieving the goals of the regulatory body. Members are needed to participate on ARNNL committees, represent ARNNL on external committees, serve as a link between ARNNL and colleagues in the workplace and participate in relevant public policy initiatives. If you are interested in volunteering and are not already enrolled in the volunteer index, please visit our website www.arannl.ca (Members- Get Involved).

Please note, members are contacted as opportunities become available with the organization.

CNPS SUPPLEMENTARY PROTECTION

How would you respond to a regulatory complaint about your nursing care?

Supplementary Protection generally assists with:
Regulatory matters regarding your nursing care
Disciplinary and fitness-to-practice hearings

ARNNL members have the option to register for CNPS Supplementary Protection at the time of their licence registration or renewal for \$85 (plus tax).

For more information, visit cnps.ca/complaints or call 1-844-4MY CNPS.

CCP UPDATE

By: Staff Advisory Committee on Continuing Competence



New Program Evaluation

The current Continuing Competence Program (CCP) went live in 2010, and eight years later it is time to evaluate the program. Consequently, ARNNL is inviting all members to participate in the CCP evaluation data collection process that will take place during the summer and fall 2018.

Since the inception of the Continuing Competence Program, ARNNL has continually been trending and tracking the literature related to continuing competence and following changes in other regulatory bodies' CCP programs. We have reviewed CCP audit results and continue to speak to members related to their experiences in completing the program and participation in the audit. Hence, it is time that the program was formally evaluated.

ARNNL has hired an external Consultant, Ms. Patricia Grainger, to perform the evaluation. While it is recognized that CCP will always

remain a legislative requirement under the *Registered Nurses Regulations (2013)*, ARNNL has the opportunity to create a new, innovative and engaging program for nurses in the province. As such, part of the evaluation will focus on the literature related to engagement and exploring the notion that engaged professionals are naturally competent professionals.

The consultant will be conducting a number of focus groups over the summer and early fall with members and other key stakeholders, and has already met with a number of ARNNL advisory committees. Data collected from the focus groups will be used to inform the development of the CCP evaluation survey that will be distributed to the membership in the fall of 2018. ARNNL values member insight and feedback and invite members to participate in this data collection process.

Call for Nominations for ARNNL Council

Would you like to contribute to the decisions that govern your professional regulatory body and learn more about our regulatory and policy roles? Run for a position on Council, or nominate an RN you feel has the potential to make a valuable contribution to the profession.

Available positions in 2019:

- Advanced Practice
- Practice

To be a candidate for election you must:

- Hold an ARNNL practicing license in good standing throughout the term of the position.
- Be interested in advancing the professional standards of nursing.
- Be willing to serve a three-year term (2019-22).
- Be able to attend meetings and events throughout the term.

A detailed Call for Nominations and criteria, along with nomination forms, may be obtained at www.arnnl.ca or by contacting Christine Fitzgerald at (709) 753-6183 or cfitzgerald@arnnl.ca. Deadline for receipt of nominations: 4:30 p.m. on October 26, 2018.



CALL FOR NOMINATIONS

Published in September *ACCESS*
Nomination Form available on
www.arnnl.ca

1

Deadline: **OCTOBER 26th**



KNOW YOUR CANDIDATES

Candidate bios will be sent to
members by e-mail and posted on
www.arnnl.ca

2

Posted by: **NOVEMBER 30th**



BE A VOTER

Vote online using *MyARNNL*
during licensure/membership
renewal **** NEW ****

3

Deadline: **MARCH 31st**



AND THE COUNCILLORS ARE

Candidates notified by mid-April
Election results announced at
ARNNL's Annual General Meeting

4

AGM: **JUNE 2019**

NURSING: FROM LOCAL TO GLOBAL

By Lisa Little, RN, BNSc, MHS, Board of Directors, International Council of Nurses

As RNs, the focus of our practice tends to be on our current employment position and policies/standards set by our provincial regulatory body/association that may affect our practice. However, nursing is affected by a broader sphere of influence at the national and international levels through the Canadian Nurses Association (CNA) and the International Council of Nurses (ICN). Members of ARNNL are members of CNA, the national and global professional voice of Canadian nursing, representing over 139,000 registered nurses and nurse practitioners in Canada. ICN is a federation of more than 130 national nurses' associations, including the CNA, representing more than 19 million nurses worldwide. This provides RNs in Newfoundland and Labrador the opportunity to influence nursing and health policy from a local to global level.

I feel truly privileged and honored to have been nominated by the CNA and elected to the ICN board of Directors in June 2017. I had participated in ICN events for over a decade, but little did I realize the breadth of ICN's activities or the far-reaching impact. As I participate in ICN forums, I realize that while the contexts may be different, the issues in nursing are common across countries. There are experiences to be shared and lessons to be learned from each other. ICN is continually striving to promote excellence in nursing and promote healthy public policy to improve the quality of health care for all worldwide.

To influence global health policy at the highest level, ICN led a delegation of nurses at the World Health Assembly in Geneva, Switzerland. ICN Board members, including myself, delivered interventions calling for the role of nursing to be strengthened and supported within the context of several policies including health, environment and climate change, public health, tuberculosis, physical activity, among others. ICN was commended by many governments and WHO for its strong presence.

ICN continually brings forward the message that investment in the nursing workforce is a key driver of effective health systems, positive population health outcomes and prosperous economies. The longstanding and growing challenges facing the nursing workforce need to be addressed in order to achieve the sustainable development goals (SDGs), universal health coverage and strengthen primary health care around the world. The WHO estimates that nurses and midwives represent nearly one half of the total number of health workers around the world. However, for all countries to reach sustainable development

goal three of health and well-being for all at all ages, WHO estimates that the world will need an additional nine million nurses and midwives by 2030.

ICN has recently partnered with Burdett Trust for Nursing and the WHO to launch Nursing Now, a three-year global campaign aimed at raising the profile and status of nursing. I encourage you to learn more about the campaign by visiting <http://www.nursingnow.org> or on Twitter @NursingNow2020. Follow ICN on Twitter @ICNurses or on Facebook at <https://www.facebook.com/icn.ch>



Nursing Now Launch (left to right): Carolyn Pullen, Director of Policy, Advocacy and Strategy, CNA; Barb Shellian, Past President, CNA; Lisa Little, Canada, ICN Board of Directors; and Robin Buckland, Executive Director and Chief Nursing Officer, Indigenous Services Canada.



The launch of Nursing Now with Her Royal Highness the Duchess of Cambridge who is the Patron of Nursing Now.

WELCOME ARNNL STAFF MEMBERS



Rolanda Lavallee, RN, BN, MN

Rolanda joined ARNNL in January 2014 as a Regulatory Officer and in April 2018 assumed the role of Nursing Consultant – Policy and Practice. Rolanda graduated from the Salvation Army Grace General Hospital School of Nursing in 1994, completed her BN (Post-RN) from MUN in 1999 and a Master of Nursing (Teaching Focus) from Athabasca University in 2012. Rolanda brings a wealth of knowledge from over 24 years experience as a Registered Nurse in a variety of areas in Atlantic Canada. The majority of Rolanda's experience was in the specialty of Perioperative Nursing in a variety of roles: Educator with the Registered Nurses Professional Development Centre, Nova Scotia Community College, with an Adjunct Appointment at Dalhousie School of Nursing; and Clinical Educator and staff nurse with the Nova Scotia Health Authority. Prior to joining ARNNL, Rolanda was a Quality & Safety Lead at Eastern Health.



Peggy A. Rauman, RN, MN, PhD (c)

On April 9th, 2018, Peggy became the newest member of the ARNNLs Nursing Consultant – Policy and Practice team. Peggy graduated with her Bachelor of Nursing Degree in May 2002 from the Centre for Nursing Studies (CNS), followed by a Master of Nursing from Memorial University of Newfoundland (MUN), and currently she is completing her Doctoral of Philosophy - Department of Medicine, Division of Community Health and Humanities at MUN. Peggy brings with her over 15 years of experience working in the acute-care medical surgical setting with specialties in critical care and nursing education. Prior to assuming her new role, Peggy spent over nine years with the CNS as a nurse educator, with the last four years as the Coordinator for Continuing Nursing Studies.



Robyn Williamson, RN, BN, MN

Robyn joined ARNNL in April where she assumed the role of Regulatory Officer. Robyn earned her Bachelor of Nursing Degree from Memorial University School of Nursing in 2009 and went on to complete her Master of Nursing (Teaching Focus) Degree from Athabasca University in 2017. Robyn began her career as a staff nurse with the Medicine Program at St. Clare's Mercy Hospital and transitioned to the Long-Term Care Program-Eastern Health in 2014 where she practiced as a Clinical Nurse Specialist responsible for a portfolio including Pharmacy, Ethics and Policy Development. Prior to assuming her current position at ARNNL, Robyn was a Resident Care Manager with the Long-Term Care Program-Eastern Health where she gained invaluable experience in clinical leadership and quality healthcare service delivery. Through working in a variety of healthcare roles, Robyn brings strong leadership and interpersonal skills to the Regulatory Officer position.

REGULATORY NOTES

By Michelle Osmond, Director of PCR with ARNNL and Trudy Button, ARNNL Legal Counsel

Resolving an Allegation: How Long Will the Process Take?

One of the most frequently asked questions from both a registrant who has had an allegation filed against them and the complainant, the person filing the allegation, is “How long will the process take?”

The process to address an allegation is set out in Sections 18-35 of the *Registered Nurses Act, 2008*. This is a statutory process meaning it is mandatory for the ARNNL Director of Professional Conduct Review, the Complaints Authorization Committee, Council and the Disciplinary Panel to adhere to the process.

The law also requires that ARNNL, in fulfilling its primary mandate to protect the public, must do so in accordance with the principles of procedural fairness, such as providing a registrant with notice of the allegation, the specific details of the allegation and right of a registrant to be provided the opportunity to respond to the allegation. Compliance with the principles of procedural fairness may thus extend the timeline for resolving an allegation.

Over the past five years, an average of 46% of all new allegations were resolved¹ within the year that they were received. There have been allegations which have been resolved within a couple of months and others which have taken a number of years to resolve for a variety of reasons.

In addition to adhering to the principles of procedural fairness, a number of other factors may impact the amount of time required to resolve an allegation, including:

- The complexity of the allegation and whether expert opinion is required;
- The number of issues identified in the allegation, for example, ARNNL has periodically received allegations requiring a review of hundreds of patient charts;
- Whether the allegation can be resolved by way of an agreement between the registrant and the complainant;

- The availability and cooperation of witnesses during the investigation of an allegation and whether the investigator must engage legal processes such as issuing Subpoenas and securing a process server;
- Whether the registrant is involved in other legal processes related to the allegation such as criminal charges under the *Criminal Code of Canada* or charges under the *Personal Health Information Act* which may delay ARNNL's ability to proceed with the allegation in a timely manner;
- The wellness of a registrant; and
- The availability of the registrant's Legal Counsel.

There have also been allegations where a registrant and a complainant have challenged the legal interpretation of sections in the *Act*. For example, in one case a complainant filed a court Application challenging the investigative powers in the *Act* where the investigator requested disclosure of certain documents and witness information. While the complainant provided the witness information just prior to the court hearing, disclosure of the documents ultimately required a Court Order from the Court of Appeal as the complainant appealed the decision of the trial judge. The documents were provided by the complainant 47 months after the original request. Legal processes such as this illustrate how the timely resolution of an allegation may be subject to challenges outside of the control of ARNNL.

As the above information demonstrates, there are a variety of factors which may impact on a timely resolution of an allegation. However, to ensure transparency in the professional conduct review process, periodic updates are provided to both the complainant and the registrant regarding the status of an allegation.

The Professional Conduct Review (PCR) process is a very important role for ARNNL and in both the public and professional interest it must be done right, and sometimes right takes a little longer.

¹Resolved – for the purposes of this discussion means an allegation that has been either dismissed, a caution/counsel issued to the member, an Alternate Dispute Resolution Agreement, a disciplinary hearing held with decision rendered, or De-Registration granted by Council.

DISCIPLINE DECISIONS

Update

On May 30, 2018, Margot Bishop, Registration No. 17623 met the terms and conditions of the Decision Order of an Adjudication Tribunal dated February 11, 2011 such that the conditions placed on her practicing license have been removed.

WHAT DOES RELATIONAL PRACTICE MEAN FOR RNs?

By ARNNL Practice Consultants Michelle Carpenter, Rolanda Lavallee and Peggy Rauman

“Good morning, how are you?” is a common phrase individuals use to greet one another. Most often, the natural response to the question is “fine” or “good”, reciprocated with a “how are you?”. For anyone witnessing this interaction, it would be considered “relational” because the interaction was friendly, kind and pleasant; and it indicated a connection between two or more people. There are many examples of relational activities in everyday life. However, there is a significant difference between being ‘relational’ in our everyday interactions and the expectation for RNs to maintain a ‘relational practice’.

Sometimes, relational practice within the context of nursing has been oversimplified as being ‘relational’, meaning the RN engages with the client with a friendly and professional demeanor and smiling as they go about completing their nursing activities. Relational practice, however, extends beyond being approachable, kind, caring, and compassionate. Hartrick defines relational practice as “a humanely involved process of respectful, compassionate, and authentically interested inquiry into people’s experiences”. It requires an appreciation of people’s connectedness, the development of relational awareness, and an interest in the movement of relationships.

The keys to relational practice for RNs are:

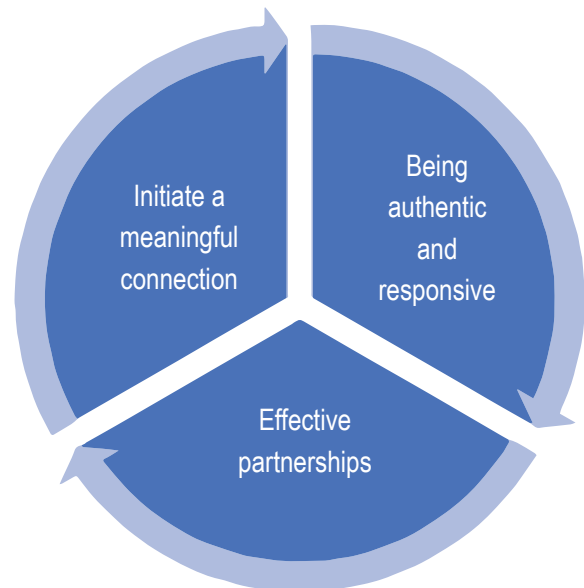
1. the initiation of a meaningful connection with the client;
2. the RN’s ability to be authentic and responsive in their interactions;
and
3. the establishment of effective partnerships to achieve improved health and well-being.

When asked by an RN, the question “Good morning, how are you?”, is not merely a pleasantry. Therefore, a response of “good or fine” is insufficient, and the interaction does not end. Instead, the RN is genuinely interested in making a meaningful connection and understanding exactly how the client feels. This is achieved through effective dialogue and it results in the establishment of a therapeutic nurse-client relationship. This dialogue is further strengthened as relational practice extends beyond the client to include the RN’s peers and other members of the interprofessional team.

One of the entry-level competencies (ELCs) required for entry into professional nursing practice is that RNs have a theoretical and practical knowledge of relational practice and understand that relational practice is the foundation for all nursing practice. It is important to understand that the concepts inherent in relational practice exemplifies the RN’s commitment to the profession of nursing and the clients that RNs serve; and that relational practice underpins the Standards of Practice for RNs (Responsibility and Accountability; Knowledge-Based Practice; Client-Centered Practice; and Public Trust), the Code of Ethics for RNs and the concepts of Professionalism.

“To act intelligibly at all is to participate in relationship”

— K.J. Gergen



Find our Interpretative document *Therapeutic Nurse Client Relationship - Expectations for Registered Nurses (2014)* in our Document Library on arnnl.ca

Article references are available upon request. Contact Gillian Costello at gcostello@arnnl.ca

WEEDING THROUGH THE EVIDENCE ON MEDICAL CANNABIS

By Dr. Janice Mann, Knowledge Mobilization Officer - CADTH

On August 24, 2016, Health Canada announced the Access to Cannabis for Medical Purposes Regulations, which allow Canadians access to a reasonable amount of cannabis prescribed by health care practitioners for medical purposes. Conditions treated with cannabis include nausea and vomiting, loss of appetite, and pain. Patients, clinicians, and others in the Canadian health care system have been asking for evidence on the medical use of cannabis to help guide treatment decisions. Below are just a few of the questions that have been posed to CADTH — and the answers we were able to find.

Does cannabis work to treat chronic pain?

For one evidence review on this topic we were asked to look specifically at nabilone — a synthetic version of cannabis — to see if it works to treat chronic pain. There wasn't a lot of evidence to help answer this question and there were some limitations to it — but the evidence we did find shows some positive benefits and limited harms when nabilone is used to treat chronic pain. As is often the case though, more research is needed to be able to definitively answer this question.

For a second review of the evidence on this topic, we were asked to look specifically at a cannabis-based spray to see if it works and if it's safe to treat neuropathic pain or other types of chronic pain. It's a combination of two products, delta-9-tetrahydrocannabinol and cannabidiol (THC:CBD) marketed under the name Sativex®, and is taken by spraying it under the tongue or inside the cheek. Five systematic reviews were found, and they show that the spray may lead to favourable outcomes for patients in the short term, including reduced pain, and is well tolerated when compared with a placebo (no active medication). However, whether treatment of pain with the cannabis-based spray is beneficial and safe over the long term is uncertain. And there was no evidence comparing the spray to other pain treatments, so it's not clear how well it works compared to other medications. One evidence-based guideline does recommend TCH:CBD spray as a third-line option for the treatment of neuropathic pain when other treatments are not adequate.

Does cannabis work to treat other conditions, like post-traumatic stress disorder (PTSD)?

CADTH has been asked to look at the evidence to answer this question a number of times since 2009. Our most recent review looked at how well both cannabis and synthetic versions work to treat PTSD and whether there were any clinical practice guidelines to guide their use. One systematic review was found that included six individual studies. The included studies weren't considered high-quality but they did find evidence to support the effectiveness of smoked marijuana, oral THC,

and nabilone in reducing some symptoms of PTSD. Side effects were covered in only one of the studies on nabilone and were reported to be mild to moderate. No guidelines offering recommendations on the use of cannabis to treat PTSD were found.

Is cannabis safe to use with other medications? Does cannabis interact with other medications, drugs, or alcohol?

This is an important question but unfortunately there isn't a lot of evidence to help with an answer. In our review of the evidence, one systematic review shows that nabilone may decrease the need for other medications such as opioids, NSAIDs, tricyclic antidepressants, dexamethasone, and ondansetron when used together, but it may make the effect of diazepam (a drug that depresses the central nervous system) stronger when taken together with codeine and alcohol. This isn't much evidence and whether it's high quality evidence isn't clear, so it isn't a lot to go on to guide decisions. But this is an area we're likely to see more evidence on in the near future as medical use of cannabis increases.

Can cannabis help in the treatment of addictions?

Although cannabis may itself be addictive, it may also have anti-addictive properties that could help to treat addiction. In one CADTH review of the evidence, we looked to see if cannabis works to help treat addiction in residential transition or addiction programs. And despite our search efforts, we did not find any evidence to help answer this question. The role of cannabis in treating addiction remains uncertain.

These are just a few of the evidence reviews that CADTH has been asked to do on topics related to medical cannabis. You can find all of our related evidence at www.cadth.ca/cannabis. But CADTH is just one organization of many working to answer your questions about the medical use of cannabis. The Canadian Centre on Substance Use and Addiction (CCSA) has a focus on marijuana research including the Clearing the Smoke on Cannabis series. Health Canada also has many resources on the medical use of cannabis, and these and other resources can be accessed directly or through the additional resources section of our cannabis evidence bundle.

If you'd like to learn more about CADTH and our evidence reviews on this and other topics, please visit: www.cadth.ca, follow us on Twitter at @CADTH_ACMTS, or speak to Sheila Tucker, CADTH's Liaison Officer for Newfoundland and Labrador at Sheilat@cadth.ca.

This article is based on an Evidence Matters article appearing in the January 2018 edition of Hospital News – Canada's health care news and best practices.

ARNNL CONTINUING EDUCATION TELECONFERENCE SESSIONS

Tuesdays 1400-1500h (Island Time)

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

September 18

Alternative Dispute Resolution: Resolving Allegations Outside of Disciplinary Hearing

Michelle Osmond RN, BN, MN, Director of Regulatory Services, ARNNL

Trudy Button, Legal Counsel, ARNNL

September 25

Immuno-Oncology: Essentials for Nurses Caring for Patients with Cancer

Bernadine O'Leary RN, MN, CON(c), Clinical Educator, Cancer Care Program, Eastern Health

October 16

NPs Providing Medical Assistance in Dying (MAID)

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

November 6

Family Practice Nursing in Newfoundland & Labrador: The Time Is Now

Dr. Julia Lukewich RN, PhD, MUN School of Nursing

November 20

Results of Nurse Practitioner Evaluation Study

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

Julie Wells BSc (Hons), MSc, Research & Policy Officer, ARNNL

December 4

Vision Loss Rehabilitation NL – Services and Supports

Lynsey Soper-Thistle BA, MSW, RSW, Vision Loss Rehabilitation Newfoundland and Labrador – A CNIB Organization

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.

CCP

Attendance at live teleconference events provides formal continuous learning hours.

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

WOUND MANAGEMENT QUICK REFERENCE POCKET GUIDE

By Mary Beresford-Osborne BN, RN, MN, IIWCC(08), GNC(C), Clinical Educator, Eastern Health; Donna Moralejo BA, B.Sc., MSc(A), PhD, RN, Professor, Memorial University; Valery Goulding BN, RN, GNC (C), Clinical Educator, Eastern Health; Pam Morey MN, RN, NP, IIWCC (15), Regional Wound and Skin Care Nurse Practitioner, Western Health; and Alicia Hennebury, MN, RN, IIWCC(13), Clinical Nurse Specialist, Eastern Health.

Wound management can be complicated. There are many factors that need to be considered when making evidence-informed wound care plans. Wound Care Resource Nurses (WCRN) from Western Health recognized these issues and requested a compact resource that could be accessed close to the point of care. To meet this need, a Wound Management Quick Reference Pocket Guide (QRG) was developed. The guide has been available within Western Health (WH) since 2013 and Eastern Health Long Term Care (EH LTC) since 2015.

After distribution within EH LTC an evaluation of the QRG was conducted with Registered Nurses and Licensed Practical Nurses within WH and EH LTC. The feedback indicated that the QRG was a useful resource that was still being used by nursing staff. The guide was rated as one of the top three resources utilized by participants when making wound care decisions. Suggestions for revisions included; adding a glossary and more pictures, printing it on more durable paper, and implementing formal education sessions on using the guide in practice. The final report of the evaluation is available upon request. Revisions to

the guide were completed in 2017 based on feedback and the updated 2017 Wound Care Best Practice Guidelines.

The content of the guide includes multiple different wound management topics. Fundamental principles are summarized with a focus on assessment and interventions. Algorithms are featured that provide considerations for decision making. A glossary and table are provided to simplify appropriate product selection based on wound management goals, for example moisture retention or odour control. See Image 1 for the Table of Contents page and Image 2 for Fundamentals of Wound Management page from the QRG.

The QRG is small enough to fit in a pocket and comprehensive enough to cover commonly encountered areas in wound management. The guide will be made available in fall 2018. Please connect with your local Wound Care Specialist/Consultant for details on how to access the guide to support your wound care practice.

Image 1

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***Italicized words** are defined in the Glossary of Terms

Image 2

FUNDAMENTALS OF WOUND MANAGEMENT 3

1. Risk Assessment and Prevention: Use risk assessment tool (e.g., Braden Scale)
2. Considerations for Chronic Wounds

Client

- Ability to adhere to care plan
- Psychosocial needs
- Social support network
- Quality of life issues
- Educational needs
- Pain tolerance

Practice Tip

Delayed wound healing will occur when:

- Hemoglobin is less than 100 g/L
- Albumin is less than 30 g/L

Cause

- Investigate why the wound developed
- Complete a careful history
- Perform a physical assessment (e.g., vascular status if leg or foot wound is present)
- Complete and review supportive diagnostic tests (e.g. pre-albumin, albumin, CBC, X-ray, HGBA1C, glucose)
- Implement interventions to address the cause of the wound or contributing factors for delayed healing

Wound

- Wound assessment
- Wound cleansing
- Consider debriding
- Identify and treat infection
- Apply appropriate dressing

Practice Tip

Exposed bone in **wound bed** is a strong indicator of a bone infection. Bone changes may not show on X-ray for a minimum of 4 weeks. Explore treatments for osteomyelitis.

NURSE OF NOTE

Congratulations to the three ARNNL Awards for Excellence recipients: Beverley Mclsaac; April Manuel and Donna Moralejo. Recipients were honoured during the annual Awards Gala held this year in Grand Falls-Windsor on June 7.



Beverley Mclsaac

Award for Excellence in Practice

Beverley Mclsaac NP completed a Diploma in Nursing from Western Memorial Regional Hospital School of Nursing in 1979, a Nurse Practitioner Certificate in 1998, a Bachelor of Science in Nursing in 2002, and a Master's Degree in Nursing (Advanced Practice) in 2005. Beverley has practiced as a Registered Nurse and Nurse Practitioner throughout the province, and in Canada's North. She has worked as a Nurse Educator at the Centre for Nursing Studies and was a Nursing Consultant with ARNNL. Currently, Beverley is employed with Western Health as a Nurse Practitioner and remains active on many nursing and health care committees.



April Manuel

Award for Excellence in Education

April Manuel PhD RN is a Professor at Memorial University School of Nursing, St. John's, Newfoundland. She holds an Undergraduate and Master's degree in Nursing and a PhD in Medicine. Her area of expertise is in the field of genetic linked cardiovascular diseases and qualitative research methodologies. Dr. Manuel is a very active member of the community. She is well known for her work with the Heart and Stroke Foundation. As such in 2015, she received the Memorial University President's Award for Exceptional Community Service.



Donna Moralejo

Award for Excellence in Research

Donna Moralejo PhD RN has a background in microbiology, nursing, epidemiology, and infection prevention and control. She led the team that developed the Public Health Agency of Canada's Critical Appraisal Tool Kit, and has authored two Cochrane systematic reviews on interventions to promote hand hygiene and routine infection control practices. Much of her work now as a professor at Memorial University School of Nursing involves teaching critical appraisal of research, while her projects and her graduates students' projects generate evidence or apply evidence to inform practice change, policy, or education.

Nominate and RN or NP for next year's Awards for Excellence.

See back page for more information.

GETTING IT RIGHT

By Lynn Taylor, Manager, Quality of Care NL/Choosing Wisely NL and Robert Wilson, PhD, Operational Lead, Choosing Wisely NL

It sounds simple: get the right treatment to the right patient at the right time; more is not always better.



Like anything that sounds simple, however, it is easier said than done. In a time when abundant data and information is readily available, it is difficult to know what deserves attention. Quality of Care NL/Choosing Wisely NL (QCNL/CWNL) is a collaborative effort between the leading healthcare entities in Newfoundland and Labrador. As a research initiative, QCNL/CWNL drives evidence-based healthcare practice and efficient use of resources by combining readily-available best practices, many from Choosing Wisely Canada, with Newfoundland and Labrador-specific data and analysis to suggest “home grown” solutions. QCNL/CWNL provides healthcare providers with up-to-date, easy to understand information on best practices, data on their own practice behaviours, and tools to help facilitate conversations with patients. And, we deliver it straight to your email.

In recent months, QCNL/CWNL has partnered with ARNNL to further the conversation with NPs and RNs, a team of healthcare providers that is critical to the delivery of quality, sustainable healthcare in the province. Already, QCNL/CWNL has circulated personal ordering data to NPs on Antibiotic Utilization, as well as Blood Urea test ordering, and plans are underway to circulate further data that will help NPs reflect on their own practice.

QCNL/CWNL has also engaged RNs and NPs in continuous learning opportunities through the ARNNL network. For projects requiring a more in-depth implementation strategy, the QCNL/CWNL team has created an Implementation Team that will utilize the principles of implementation science to partner with clinicians, managers, and front-line staff, including NPs and RNs. The team will identify challenges and facilitate the development of solutions that encourage guideline adherence and a collaborative approach to health care delivery.

Getting the right treatment to the right patient at the right time sounds simple, but the healthcare system is complex. QCNL/CWNL is working hard to make it easier for healthcare providers to deliver the best care possible. Look for us on YouTube, in a poster on a clinic wall, in our Practice Points Journal, or direct to your email! But if you can't wait, all of our publicly-available information for patients and healthcare providers is easy to access straight from our website www.qualityofcarenl.ca.

We also invite NP's and RN's to become a part of our Clinical Leader Team. Clinical Leaders are champions that support and promote the use of evidence-based research, as well as recommendations and guidelines to drive clinical best practice. This year, we are expanding our Clinical Leader Program to include RNs and NPs. For more information, please contact Robert.Wilson@med.mun.ca.

We look forward to working with you !

NO AMOUNT OF ANTIBIOTICS WILL GET RID OF YOUR COUGH, COLD OR FLU.

The best way to treat colds, coughs or sore throats is plenty of fluids and rest. For more advice, talk with your pharmacist or doctor.

Choosing Wisely NL | Choosing Wisely Canada

The poster features a white hand holding several black and blue capsules against a blue background. The text is in white and black, with the main message in large, bold, black letters.

Q & A: YOU ASKED

By ARNNL Practice Consultants Michelle Carpenter, Rolanda Lavallee and Peggy Rauman

Q: *How do I know what I am allowed to do in my practice? I cannot find the “list”.*

A: There is no “list” of activities you can reference in determining what you are “allowed” to do in your practice. Since 2006 RNs and NPs in Newfoundland and Labrador have used a decision-making framework to identify the scope of nursing practice. The framework for RN scope is outlined in the ARNNL Documents *Scope of Nursing Practice: Definition, Decision-Making and Delegation* and the *Standards of Practice for Registered Nurses (2013)*. NP scope of practice is articulated in the *Registered Nurse Act (2008)*, *Registered Nurse Regulations (2013)* and the *Standards of Practice for Nurse Practitioner Practice Newfoundland and Labrador (2013)*. By definition, scope of practice is the range of roles, functions, responsibilities, and activities which RNs and NPs are **educated** and **authorized** to perform; in essence, the “circle” you work within. It is important to note that there are differences in the “circle” of the whole nursing profession, and your individual “circle” or scope of practice. Any one practitioner is not competent to do everything that is within the practice of the profession.

The boundaries for your circle are identified by what you are **educated** and **authorized** to do.

EDUCATED
AUTHORIZED

Knowing what you are educated to do requires reflection on basic nursing education and your continuing education. Education may be formal or informal, but always consists of both theoretical and practical components and is a life-long process.

Each RN and NP must also be aware of what they are authorized to do. Authority comes through legislation and through employer direction. You also must consider is this safe for an RN or NP to perform and are you able to manage the outcomes. Many practices are easily identified as nursing practice but others may not be. Consultation with ARNNL is advised in these cases.

You must also ensure there is no limitation in legislation. Some Acts list which categories of health care professionals are permitted to perform a function, for example, the Vital Statistics Act in Newfoundland and Labrador is one such legislation and it authorizes RNs and NPs in certain circumstances to certify death. The *Registered Nurse Regulations (2013)* provide authority for NP practice to include ordering forms of energy and lab tests, and prescribing drugs.

Lastly, if you are an employee of an organization you must ensure that your employer supports you carrying out this practice in your specific practice area. For example, RNs working in select long term care facilities may be authorized to certify death, but the same employer may not authorize RNs on Medicine to do the same. There may be limitations to what tests the employer allows NPs to order. These authorizations are often articulated in a policy.

So, before you forge ahead, or hold yourself back, think about those two key words: **educated** and **authorized**. Do I have the knowledge, skill, ability, and judgment to perform the task? Does my education prepare me to perform the task using evidence informed knowledge, skill and judgment? Have I attained a level of proficiency to provide safe, competent care? Can I manage the outcomes? Does my employer support this practice? Are there legislative considerations?

Seek out professional practice resources within your employer setting and/or consult with ARNNL practice consultants. After all, as an RN or NP your practice must safely, competently, ethically and compassionately meet the needs of your clients.

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

IMPROVING ACCESS TO DIETITIANS IN NEWFOUNDLAND AND LABRADOR

By **Natalie Thomas RD**

In April 2018, the Government of Newfoundland and Labrador launched its first tele-dietetics service called Dial-a-Dietitian.

Dial-a-Dietitian is a FREE service that offers evidence-based healthy eating advice, delivered by local dietitians by calling the NL 811 HealthLine. Dial-a-Dietitian connects residents directly to a dietitian. No referral from a health care provider is needed.

The province collaborated with Dietitians of Canada to launch this service. The vision for the program is for all Newfoundland and Labrador residents to have free, easy access to nutrition advice from anywhere in the Province.

Registered dietitians with the service provide advice for nutrition related concerns. Examples include: healthy eating, meal planning, heart disease, diabetes, weight management, food safety, breastfeeding, infant feeding, picky eaters, nutrition for seniors, and food allergies and intolerances. Advice is provided by phone or email and, when necessary, Dial-a-Dietitian will refer to local services for in-depth counselling or further support.

Wondering what kind of questions you may ask? Some examples of common questions: What should I feed my baby? How can my family

eat healthy on a budget? What foods contain hidden gluten? How can I lower my risk of heart disease? I have diabetes; what kind of meals should I cook?

Registered dietitians are trained, regulated nutrition experts, passionate about food and its potential to enhance lives and improve health. Dietitians respect traditional food knowledge, values and health practices.

Health care providers can use the Dial-a-Dietitian services as well. You can call on behalf of a client, yourself, friend/family or direct your patients to our services. Dial-a-Dietitian is available to all residents throughout the province. Dietitians are available from 9:00 a.m. to 12:00 p.m. and 1:00 p.m. to 4:00 p.m., Monday to Friday. Calls outside of regular hours will be returned next working day. Dietitians are also able to respond to email inquiries anytime by using the Dial-a-Dietitian link at www.yourhealthline.ca. Questions will be answered within three business days or less.

Dial-a-Dietitian service is online and ready for your calls and emails. We look forward to supporting good nutritional choices for all residents of Newfoundland and Labrador.

Upcoming Conferences and Webinars

Upcoming CNPS Webinars, check www.cnps.ca for additional offerings this fall:

Legal Risk Management for Nurses Practicing in Mental Health Environments

September 12, 2018, 12:00 - 1:00 PM EDT

Legal Risks for New Grads

September 13, 2018, 12:00 - 1:00 PM EDT

Communicating with the Police

September 19, 2018, 2:00 - 3:00 PM EDT

Documentation

October 24, 2018, 2:00 - 3:00 PM EDT

Med Safety Webinar Series

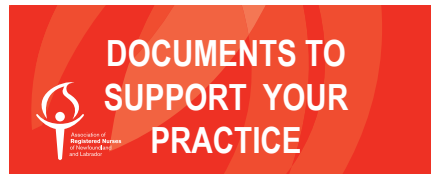
The Institute for Safe Medication Practices Canada is hosting a Med Safety Exchange Webinar Series. The first (of five) webinar of the series took place on July 25th, with the second webinar scheduled to take place on Wednesday, September 26. The remainder of the series are scheduled to take place Nov. 28, Jan. 23 and March 27. To learn more about these upcoming sessions, please visit https://www.ismp-canada.org/MedSafetyExchange/?utm_source=prodserv&utm_medium=email&utm_campaign=ps180711

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. Find our Document Library by going to arnnl.ca – Resources and Publications

Newest additions to ARNNL's document library

- The Regulatory Document *Nurse Practitioners Providing Medical Assistance in Dying (MAID)* approved by ARNNL Council in June 2018, supports a change in the scope of NP practice, granting authority to NPs in Newfoundland and Labrador to **provide** MAID. This regulatory document provides direction for NPs, in relation to regulatory responsibilities in providing MAID.
- The Position Statement *Transition to Practice for Newly Registered Nurses* approved by ARNNL Council in June 2018 highlights the importance of transition to practice programs or processes, in addition to orientation, to assist newly licensed RNs to transition into professional practice. Newly licensed RNs, during their first year of practice can experience transition shock which involves an apparent contrast between the relationships, roles, responsibilities, knowledge and expectations in the academic setting versus the practice setting. This reinforces the need to provide bridging between undergraduate curricula and workplace expectations.
- The Discussion Document *A Toolkit for Resolving Professional Practice Issues (2018)* is a resource designed to help identify, communicate and attempt to resolve complex professional practice issues RNs/NPs may encounter in their clinical area/practice environment.



STANDARDS DOCUMENTS
articulate conduct or performance required of RNs and NPs, and further define responsibilities set out in legislation and regulation.

INTERPRETIVE DOCUMENTS
provide direction and further explanation in relation to expectations within standards.

REGULATORY DOCUMENTS
provide direction and further explanation in relation to expectations identified within the *RN Act* and *RN Regulations*.

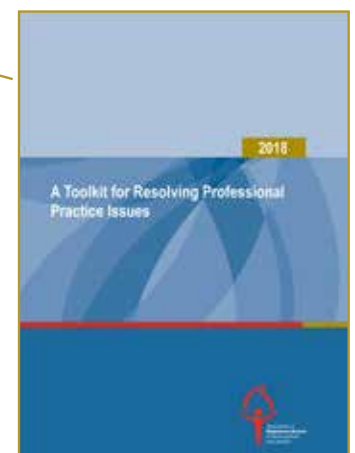
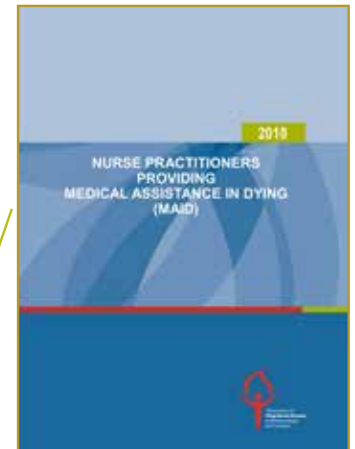
FACT SHEETS
provide factual regulatory information.

POSITION STATEMENTS
set out ARNNL's evidence-informed view on a particular issue.

DISCUSSION DOCUMENTS
provide background information or analysis of an issue of which nursing has knowledge or expertise.

BRIEFS
are short documents that reflect ARNNL's current views on a specific topic or issue.

PUBLIC POLICY DOCUMENTS
highlight ARNNL's views that advocate for and/or advance policies that address issues of health and well-being of the public.



Find our Document Library by going to arnnl.ca – Resources and Publications (in the top navigation bar) – Under the *Documents* heading

GOINGS ON

Welcome New Provincial Chief Nurse

Jeannine Herritt is a Registered Nurse with 12 years of health care experience spanning the domains of nursing practice, research and leadership across many clinical services. Jeannine is passionate about “all things Quality & Safety” and is motivated to build strong relationships with key stakeholders across the province in her new role. Jeannine assumed the role of Chief Nurse in August.



Memorial Day Ceremony

ARNNL President Elaine Warren attended the July 1 Memorial Day ceremony in St. John's this year. A wreath is laid each year on behalf of ARNNL honouring all nurses who gave their lives in military service.



ARNNL President Elaine Warren with the organization's wreath.



ARNNL President Elaine Warren and retired nurses marching from the Sergeant's Memorial to the War Memorial for the annual ceremony.

Oral History of Men Graduates from Diploma Schools of Nursing

Are you a male graduate of one of the four NL diploma schools of nursing? Would you like to take part in a research interview to talk about your experience as a registered nurse and a male graduate of a diploma school of nursing? For more information about the study or to volunteer, please contact: Dr. Robert Meadus, RN (709) 777-6716 or email meadusr@mun.ca.

National Nursing Week 2018 #YESThisnursing

The Registered Nurses group with Service Canada celebrated National Nursing Week this year by giving back to the community donating toiletry items and monetary donations to the Gathering Place. St. Anthony Nurses celebrated with a special chapel service and walk.



RN Group with Service Canada.



St. Anthony nurses attending the special chapel service.



RNs and NPs outside Nain clinic with the mode of patient transport and the gear they take for home visits, emergency calls and medevacs.

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

NP E-Mentorship Program and Research Study

Are you recent NP graduate or are you starting a new NP role? Would you like to avail of a NP E-Mentorship Program and take part in a research study about NP Mentorship? For more information about the study or to ask if you can take part, please contact: Valda Duke at valda.duke@mun.ca or Wanda Emberley Burke at wanda.emberley.burke@mun.ca

MUNSON's Fall Alumni Reunion 2018

MUNSON's Fall Alumni Reunion 2018 is taking place at the Capital Hotel in St. John's! Great food, great company and lots of laughs with St. John's entertainer, Ms. Sheila Williams. The fun begins at 6:30pm, October 12, 2018 with a little mixing and mingling, followed by dinner at 7:00pm. This all-classes event is open to alumni from all years, and includes faculty, staff and retirees. You can register by going to <https://www.mun.ca/alumni/reunions/nursingreunion.php>.

Bridge the gApp has been updated

In an effort to increase access to mental wellness information and early intervention services, Bridge the gApp has been redesigned for improved access. Bridge the gApp, a free online mental health resource, instantly connects you to self-help information, tools and local supports through a searchable service directory. The website can be viewed at bridgethegapp.ca



CHRSP Releases Evidence Update

The updated report *Managing Agitation & Aggression in Long-Term Care Residents with Dementia* can be found here https://www.nlcahr.mun.ca/CHRSP/2018_Update_AMD_Report.pdf

ARNNL Honoured with Communications Award

In June, ARNNL was honoured with a provincial Pinnacle Award in the category of Digital Communications for development and execution of the new e-newsletter *Regulation Matters*. The award was bestowed at the International Association of Business Communicators' (IABC NL) award ceremony in June at the Masonic Temple.



ARNNL staff members (front L-R): Gillian Costello, Lana Littlejohn; (back L-R) Jennifer Lynch, Christine Fitzgerald, and Michelle Nawfal

Provincial Nurse Honoured with Lifetime Achievement Award

The Canadian Hospice Palliative Care (CHPC) Nurses Group has honored one of their colleagues who has had a tremendous far-reaching impact on the care of patients and families, as well as contributed to the hospice and palliative care nursing profession for over 40 years. Laurie-Ann O'Brien from Newfoundland and Labrador is the 2018 recipient of the CHPC Nurses Group Lifetime Achievement Award! Laurie-Ann is well known as one of the passionate pioneers of hospice palliative care since the 1970s. In her palliative care practice of over 40 years she has worked in various roles as manager, consultant, clinician, educator, advisor and advocate along with being respected as a dedicated leader, colleague, mentor, teacher, trainer and volunteer locally, provincially, and nationally.



Congratulations Laurie-Ann on your accomplishments and this honour.

Canadian Nurse Honoured

The International Academy of Nursing Editors (INANE) has inducted CNA's *Canadian Nurse* journal into their Nursing Journal Hall of Fame. The purpose of the Hall of Fame is to recognize journals with 50 or more years of continuous publication and sustained contributions to nursing knowledge. The Award will be presented in Boston in August. Congratulations CNA on this accomplishment!

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

By Donna Moralejo, PhD, RN

In June 2018, five nurses graduated from the Practicum Option of the Master of Nursing (MN) program at Memorial University School of Nursing. All five projects were based in NL.

Megan Carey (St. John's, NL)

The Development of a Tool Kit to Assist Surgical Nurses in Identifying, Preventing, and Managing Alcohol Withdrawal Syndrome. Megan developed a tool kit to assist surgical nurses in identifying, preventing, and managing alcohol withdrawal syndrome post operatively. The tool kit also includes information for patients. Her supervisor was Dr. Cindy Murray.

Susan Moore (Dartmouth, NS)

Ethical Conflicts Experienced by Physicians in Community-Based Practices. Susan explored ethical conflicts experienced by physicians in their daily practice, and found two sources of conflicts: type of care provided and conflicts arising from living and working in a rural committee. Her supervisor was Dr. Caroline Porr.

Anne Wadhwa (Corner Brook, NL)

Ethical Conflicts in Community Health Care: A Qualitative Study of Individual and Family Experiences. Anne explored the types of ethical conflicts encountered by community healthcare recipients and their family members. She found that ethical conflicts involved issues related to accessibility to care, and to respect and dignity. Her supervisor was Dr. Caroline Porr.

Sarah Mutford (Corner Brook, NL)

The Development of a Wound Care Learning Resource for Registered Nurses Caring for Patients Experiencing Acute Surgical Wounds. With her supervisor Dr. Sandra MacDonald and in consultation with the provincial Wound and Skin Care Committee, Susan proposed revisions to the surgical wound section of the provincial *Skin and Wound Care Manual*.

Amy Warren (Cold Lake, AB)

The Development of a Data Analysis Plan for the Interprofessional Teamwork Questionnaire to Measure the Impact of High Fidelity Interprofessional Education. Amy focused on identifying appropriate statistical tests to use and developing both a data analysis plan and a data base for a project of Dr. MacDonald that will assess the impact of high fidelity simulation on students' knowledge and skills related to team work.

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

ASEPTIC TECHNIQUE:

Do we use what we know? Medical-surgical nurses' knowledge and perceptions of asepsis in practice

By Anne Marie Lewis, MN, RN¹; Andrea Barron, MN, BN, RN, CCNE¹; Melissa Crotty, MN, RN, BA¹; and Jacqueline Brockerville, BN, RN, CMSN²

We were fortunate to receive a Nursing Research award (2017-2018) from the ARNNL Education and Research Trust. Our study objectives are to explore medical-surgical nurses' knowledge of the principles of asepsis, their perceptions of aseptic technique in practice, their perceptions of factors impacting the maintenance of asepsis, and any recommendations for change. Recruitment to date has been through one local acute care facility. We used a convenience sample of nurses (RNs and LPNs). In this preliminary piece of the study, we had limited participation. We have had two focus groups and three individual interviews to date.

OUR PRELIMINARY FINDINGS TO DATE INDICATE THAT OVERALL THERE IS A KNOWLEDGE GAP AND NEED FOR SUPPORT.

Our preliminary findings to date indicate that overall there is a knowledge gap and need for support. Overall the nurse participants demonstrated confusion and had misconceptions regarding what constitutes asepsis and aseptic technique. Based on these preliminary findings and our literature review, we would recommend:

More research in this area: Going forward, we will soon conduct more focus group/interviews at another acute care facility. Based on these results, we plan to submit an amendment for ethics approval to develop a survey which can then be delivered province wide. This will also add to the literature in this area as we could not find any survey instrument specific to medical-surgical nursing. We hope to address gaps in the literature on this topic, with a goal to improve patient care and identify supports needed.

Education: Results indicate nurses want/need continuing education on maintaining asepsis at the bedside. They identified a desire for such things as education days, and an auditing process (similar to handwashing). It is evident from the focus groups/interviews that there is a knowledge gap regarding the definition/principles of asepsis and how to maintain aseptic technique.

Nursing Policy/Practice: It is evident from the results that policies need to be clear, accessible and also enforced. Participants discussed how common it is to see shortcuts, complacency, and bad habits. This practice issue has implications for professional standards of care, patient care, infection control, quality initiatives, and policies and procedures, among others.

We presented these findings at the Eastern Health Nursing Education and Research Council (NERC) Symposium and the Canadian Association of Schools of Nursing (CASN) conference in Montreal in May 2018. We have had interest from the coordinators for the Enhanced Recovery after Surgery (ERAS) and the National Surgical Quality Improvement Program (NSQIP) programs within Eastern Health. We are currently in discussions with them and hope to partner with them in the future.

¹Centre for Nursing Studies

²Eastern Health

To find out more about ARNNL's Education and Research Trust, and how to apply for an award or scholarship, turn to the next page.

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)
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

Violet Ruelokke Primary Health Care Award (\$1,000)

Bay St. George Chapter Scholarship (up to \$750)

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.

Annual Meeting Update

Members of the Trust met on June 9th, 2018 for the annual meeting. At the meeting, members approved the 2017-18 audited financial statements and the proposed changes to the Trust Constitution available at <https://www.arnnl.ca/trust/about>

Congratulations are extended to the Board of Directors elected for 2018-19:

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

The Board extends their sincere appreciation to out-going President Janet Templeton for her guidance over the past two years and for her willingness to dedicate her time and expertise to the Trust.

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

ARNNL Education & Research Trust 25th Anniversary Scholarship



Renee Crossman

The Trust is pleased to announce that Renee Crossman has been selected as the recipient of the 2018 ARNNL Education & Research Trust 25th Anniversary Scholarship.

This scholarship is awarded by the Canadian Nurses Foundation (CNF) to a doctoral student who has demonstrated academic excellence and leadership in the nursing profession and/or community service.

Congratulations Renee!

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

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.



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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.
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▶ 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 Award For Excellence

The Awards for Excellence have five categories:

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

Visit <http://www.arntl.ca/celebrating-excellence-nursing-nomination-process-0> for more information about the awards and how to nominate an RN/NP.

Nomination Deadline: December 10, 2018



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Learn more about our
Honourary Membership Award
by visiting arntl.ca.



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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