

The Fight Against
FAKE
NEWS



How the Increased Spread of Misinformation Poses a Threat to Public Health

IN THIS ISSUE

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Learning to Learn - Remotely in a Pandemic

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Setting the Standard for **Nursing Excellence.**

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The College Connection

Address from the Chair

Tracy MacDonald

"I Read it on Facebook"

Throughout our daily lives I have often heard colleagues, friends, and family members reference their information source with this little phrase "I read it on Facebook."

Truth be told, some information from Facebook can be extremely important, such as the public advisory issued by government early in the pandemic urging the people of Newfoundland and Labrador to NOT consume or inject cleaning products! Yes, this was an *actual* advisory that *actual* officials were compelled to release due in part, because of the level of misinformation circulating at the time.

2020 has been shrouded in a cloak of uncertainty, but we cannot help but feel a sense of wonder that we are living through a historical period which will be written and talked about for years to come. Thus far, Newfoundlanders and Labradorians have (thankfully) persevered during this pandemic and Health Canada's recent approval of a Covid vaccine has sprinkled a new level of optimism for us all. There has been such excitement watching the vaccine arrive in our country and province, symbolizing the hope and opportunity which the Executive Director of the College spoke about in her holiday message, but with every opportunity comes a challenge.

As professionals, we are currently challenged to fight against the onslaught of false theories and dangerous narratives from sources that cast doubt on the efficacy of vaccinations granted regulatory approval. At the same time, we are presented with the opportunity to promote the indescribable benefit that vaccinations have provided to human health and fight against the misleading stories that make the rounds on various platforms. In the days to come, I have confidence that RNs and NPs will once again, grab the reigns of leadership and empower each other and the public to embrace science and evidence and instill confidence in Newfoundlanders and Labradorians to avail of the Covid vaccine.

Yes, 2021 will undoubtedly bring about a host of new challenges and obstacles and we will face the challenges head-on and surpass any obstacle before us. Leading by example and being influencers in our communities is a role we are all too familiar with, but today it is more important than ever.

As a regulator, it has never been more important to stay true to our duty to protect the public. As Registered Nurses, it has never been more important for us to set an example to those around us and to be informed on the issues and ensure that our information is from valid and reliable sources.

In the words shared recently by our Chief Medical Officer of Health, Dr. Janice Fitzgerald "Before you speak/post... **THINK**, is it **True**, **Helpful**, **Inspiring**, **Necessary**, and is it **Kind**?" And I actually listened to her words ...from Facebook.

Wishing each and every RN and NP in our province a very happy new year!



Tracy MacDonald

From the Desk of the Executive Director

Lynn Power

Nurses Provide the Light

A casual flip through the history books of public health bears witness to some incredibly dark and grim chapters which is oftentimes forgotten. Measles, Polio, Smallpox, and Diphtheria are just some of the diseases which have killed millions of people. I feel that now more than ever, we have an obligation to remember these people. Remember the millions of lives that ended before their time. They all had a face, a name and a life that ended prematurely. As dark and grim as these chapters of history may be, they are juxtaposed only by the incredible discovery of vaccinations which provided light for a global population in dark turmoil, and as always, it was nurses who provided the light.



It was nurses who provided much sought-after information and education to a frightened and anxious public about these revolutionary inoculations and assured the masses these vaccinations were safe. It was nurses who instilled confidence that these game changing immunizations were derived from science and evidence-based decision making. Throughout history, it was nurses who helped save millions of lives...and now, history repeats itself.

At no point in time has the role of a regulatory body been more important than it is today. Health Canada is the regulatory organization that has approved the Covid vaccination for Canadians and approved this regulatory decision using evidence based on science and fact. It is incumbent on health regulators such as the College of Registered Nurses of Newfoundland and Labrador to act in accordance with the findings and assure the public that the vaccines approved by the regulators are the only way to bring an end to this devastating pandemic once and for all.

We have an imperative role to play in this historic chapter which is as vital to the general population as the one we played in the spring of 2020. We must be more vigilant than ever in promoting evidence-based information and fighting against the narratives that pose a threat to the health of the general population.

At the best of times, conspiracies and debunked theories are a danger to public health, but to not speak out against threats that the anti-vax groups pose at a time when the health of our global community is in such a terrible condition, is ethically and morally irresponsible.

As Registered Nurses and Nurse Practitioners in Newfoundland and Labrador we are presently writing the pages of history. Our actions and efforts in the days, weeks and months ahead will determine how this paramount chapter in our history will conclude. Throughout the existence of modern-day medicine, whether it be by carrying a lamp or a vaccine, it was nurses who provided the light which has guided us to brighter days. I have no doubt that 2021 will be no exception.

Lynn Power.

Council Matters

Highlights from the Most Recent Meeting of the College Council

The Council of the College of Registered Nurses held a meeting on October 15th and 16th, 2020. The following are some of the highlights from this meeting.

The Priority Areas for 2021-2022 identified in the Strategy Map were approved by College Council. The outline of the Strategic Outcomes can be found under the Governance heading on the CRNNL website.

CRNNL Council decided to discontinue the "Honorary Membership" process that had been awarded in the past. This decision was made to better reflect the organization's role as a regulatory body as opposed to the former role of an association. Individuals previously granted Honorary Membership will not be impacted by this change.

Council made resources available to assist with the production of a new website which will have great benefit to registrants and the public.

College Announces New Director of Professional Conduct Review

The Council of the College of Registered Nurses of Newfoundland and Labrador (CRNNL) is pleased to announce that Ms. Brenda Carroll BScN, RN, LLB has been appointed the organization's new Director of Professional Conduct Review.

This appointment became effective November 28th, 2020, at which time Ms. Carroll replaced Ms. Michelle Osmond, who is retired from the position she held since 2008. College Chair, Tracy MacDonald and College Executive Director, Lynn Power welcome Ms. Carroll and wish Ms. Osmond all the best in her retirement.



SAVE THE DATE:

The College will hold its **VIRTUAL Annual General Meeting** June 15th from 6pm - 8pm (NST).

Details will be sent to registered members in the coming months.

Registration Information

Time to Renew for 2021-22

Welcome to 2021. A new year means that it is time to renew your license/membership. The MyCRNNL renewal module for the 2021/22 licensure year will open on January 19th.

To ensure you receive important communications and renewal reminders make sure that your email address and cell number on the College's file is accurate and up to date. You can update your contact information 24/7 via the Update your Profile option with MyCRNNL.

The licensure fees (unchanged) for the 2021-22 year:

	CRNNL Fees	CNPS Fees
RN & NP Practicing licence	\$485.66	\$48 + HST (RN) \$159.50 + HST (NP)
Non-practicing membership	\$48.30	N/A
Non-practicing (+ 65 years)	\$34.52	N/A
Optional Supplementary Protection	N/A	\$105 + HST

As you prepare to complete your renewal consider the following:

- If registered/licensed to practise in another province, territory, or country within the last 12 months, you will be required to provide a verification document from that regulatory authority BEFORE your practicing licence can be processed. Getting this verification in some jurisdictions can take up to 6-8 weeks.
- If employed outside an RHA, including self-employment, ensure documentation confirming your hours of practice for the 2020-21 licensure year is forwarded to CRNNL. Registrants can view their practice hours on file for the last 5 years via MyCRNNL.
- CRNNL cannot process your practicing licence until we receive confirmation of successful completion and payment of your professional liability protection from the Canadian Nurses Protective Society (CNPS). Visit <https://cnps.ca/> for information on programs and services, including information on the CNPS Supplementary Protection program.
- March 1 is the Administrative Deadline - Registrants renewing a practicing licence after this date will automatically have a late fee (\$50 plus HST) added to the licensure fee.
- The penalty fee for practising without a licence is \$100.00 per shift worked with no maximum amount and an allegation of conduct deserving of sanction will be filed in accordance with section 21 of the Registered Nurses Act (2008) if you practise for more than three (3) shifts.
- The Continuing Competence Program (CCP) is mandatory for ALL registrants renewing a practicing licence. When you answer **YES** to having completed your CCP for the preceding year you are declaring that you have completed all components (Self-Assessment, Learning Plan, Evaluation, and 14 hours of continuous learning) **AND** that you have all the documentation ready to submit if selected for the audit.

Registration Information

Time to Renew for 2021-22

Upcoming 2021 Continuing Competence Program (CCP) Audit

Three hundred Registrants issued a practicing licence for the 2021-22 licensure year; who answered YES to completing their CCP requirements upon renewal, will be randomly selected to participate in the upcoming 2021 CCP audit occurring in June.

- If you are selected you will receive a registered letter in late spring, indicating details on the CCP Documentation you are required to submit from the preceding licensure year (April 1, 2020 to March 31, 2021).
- You have 21 days to submit the required CCP documentation.

Registrants who fail to submit their documentation or do not comply with the requirements of the CCP audit, will be referred to the Director of Professional Conduct Review (PCR) to determine if they are in breach of the RN Regulations (2013).

Pre-Authorized Chequing (PAC) Withdrawals for the 2022-23 Renewal

Members have another option to pay their licencing fees with CRNNL's automatic pre-authorized payment plan through withdrawals from their chequing accounts. As CRNNL does not keep your confidential banking information on file, a NEW PAC application is **REQUIRED** every year.

You may sign up for this service by completing the Pre-Authorized Debit form available at www.crnnl.ca/pre-authorized-payment. The deadline to sign up for the PAC payment option for the 2022-23 year licencing fees is **June 30, 2021**.

The total **DOES NOT INCLUDE** the costs of the Canadian Nurses Protective Society (CNPS) services which you will be required to remit directly to CNPS as part of your renewal application. Visit the Pre-Authorized Payment page on the CRNNL website for amounts and withdrawal dates.

2020 CCP Audit Results

Three hundred CRNNL Registrants were randomly selected to participate in the 2020 CCP audit which was delayed until fall 2020 due to the COVID-19 pandemic. Of the Registrants audited on October 19 & 20, 2020:

89.3% met initial audit requirements

8.6% required follow up to resubmit incomplete or omitted documentation

98% met audit requirements after follow up was completed in mid-November

8 registrant files were referred to the Director of PCR for follow up

The Fight Against Fake News

How the Increased Spread of Misinformation Poses a Threat to Public Health

Stark, jarring and thought provoking. The cover art for this issue of College Connection was not designed by accident. The seriousness of the cover is indicative of the topic.

At the time of this publication the Prime Minister of Canada has declared December 9th, 2020 an historic day. The Premier of our province announced details of the arrival of the Covid vaccine and we, the people of Newfoundland and Labrador, can conclude the light at the end of this tunnel has become brighter. There is reason for optimism and hope. However, make no mistake; there's another problem on the horizon that has been festering for some time, the widespread consumption of misinformation and conspiracies that have defined the term "fake news" particularly as it relates to vaccinations.

fake news

[feyk-nooz, nyooz] [SHOW IPA](#)

noun

1 false news stories, often of a sensational nature, created to be widely shared or distributed for the purpose of generating revenue, or promoting or discrediting a public figure, political movement, company, etc.:

It's impossible to avoid clickbait and fake news on social media.

The way in which the public consumes information is vastly different from even a decade ago. The advent of social media has changed everything. The astonishingly vast quantity of information that is instantaneously available can be difficult to digest and even more difficult to distinguish if the information is founded on opinion or fact.

Differentiating fact from fiction is vital for all of us. Social media platforms that were originally designed as a mechanism for people to share photos with loved ones and to keep in touch with friends and family have also morphed into the medium by which many people get their news. This has created an opportunity for fringe groups and individuals to spread false narratives, conspiracies and unproven and dangerous misinformation which, if spread widely enough, has the ability to chip away at the very institutions from which our society is founded on. Professionals from all walks of life are beginning to take note and reflect on how these trends may damage what they devote their lives to.



The Fight Against Fake News

How the Increased Spread of Misinformation Poses a Threat to Public Health

Reflect on how many individuals, prior to seeking the assistance of a health care professional, will now type their symptoms into google if they are feeling unwell, self diagnose and cite limitless causes for the ailment. As dangerous as this may be, thankfully the individual is still likely to seek the advice of a health care professional. With the onset of anti-vaccination groups spreading a host of unsupported and unverified claims that do nothing but discredit the science and evidence-based benefits of vaccines, it has the ability to derail the advancements that are currently being rolled out to combat Covid and

get control of the pandemic. This puts up a barrier to the efforts of the global community in fighting the pandemic. The battle can only be won when an overwhelming majority of the population is immune to the virus. If a large sector of the population makes a conscious decision to not be vaccinated because they “just don’t trust vaccinations” this means the virus will continue to spread and will make the return to a pre-pandemic society near impossible. The spread of misinformation is real, and we all have a reason to fight against it.



The College recently reached out to Mr. Michael Harvey, the Information and Privacy Commissioner of Newfoundland and Labrador, to get his input on the dangerous spread of misinformation.

Mr. Harvey stated, *“The internet makes information about any subject under the sun readily available to us, but it doesn’t differentiate between good quality, correct information and information that is either purposefully or accidentally misleading. One of the important reasons why nurses are registered is it establishes their professional credentials. That way, I can always trust the competence of the nursing care I receive. When we read things on the internet, we also need to look for credentials, but they are not always easy to find. The information sources we trust should be those who represent a broad viewpoint and who have professional credentials and expertise. Even though a web site calls itself a newspaper and looks like a newspaper, it might not be. Check multiple sources before liking and reposting information that seems geared to shock and amaze. All too often, it is not real, but the harm you can cause by spreading it is all too real.”*



Michael Harvey, Information and Privacy Commissioner of Newfoundland and Labrador

The Fight Against Fake News

How the Increased Spread of Misinformation Poses a Threat to Public Health

He continued, *“The increase in the amount of available information is, particularly, a double-edged sword when it comes to health care. An engaged patient and/or their family now has access to information about their health concerns at a level that has never been available before. In ideal situations this helps them help you provide them with health services. But even good and accurate information is likely to be partial information being interpreted by people not used to dealing with it or trained to understand it. And of course, there is no end of inaccurate information out there that can confuse and frustrate all parties. In my professional and personal opinion, I have found though it can be difficult, nurses are very well positioned to help patients and their families to navigate this new world of endless information.”* He concluded *“The internet puts all of this in our hands, and we all need to act responsibly.”*

The coming months will showcase the role of regulatory bodies on a global scale. The primary purpose of a regulator is to establish, monitor and enforce standards, checks and balances. Regulators exist to instill confidence in our various professions and systems. It is Regulators who are responsible for ensuring that the Covid vaccines are rigorously tested and are safe and pose no risk to the public.

The spread of misinformation, particularly as it relates to vaccines and their historical benefit is a genuine threat to the health and well-being of Newfoundlanders and Labradorians. The concept that people won't receive the flu shot because it will give them the flu is an example of the type of nonsensical and disproven theories which put all of us in harms way.

Regina Coady, past President of (the former) ARNNL, is an RN and a local proponent of vaccine advocacy. She stated *“One of the back bones of the public health system, is the vaccination programs largely delivered by Registered Nurses and Nurse Practitioners in the province. During the flu vaccine program annually, these professionals become part of the most widespread campaign to reach all sectors of society. Immunity in the population protects us all, saves lives, and reduced the demands on the health system. RNs and NPs are ideally positioned and trusted to educate, advocate and administer provincial vaccination programs”.*



Regina Coady, Past President of ARNNL

To be a Registered Nurse is to be a proponent of evidence-based decision making and to fight against the spread of unsubstantiated stories and unproven theories. Registered Nurses and Nurse Practitioners are held to a higher standard and acknowledging the serious threat to the public health that can arise as a result of people choosing to not get vaccinated is imperative. As 2020 was dubbed the year of the pandemic, 2021 will be dubbed the year of the vaccine. RNs, NPs, and all Newfoundlanders and Labradorians have been through too much to turn back now.

Vital Information

Trending Topics in #NLNursing

Education on the New Continuing Competency Program (CCP)

Education on what is new in the CRNNL Continuing Competency Program (CCP) will begin in September 2021. The new program will become effective April 1, 2022 for the licensure year April 1, 2022-March 31, 2023. Education will be provided through remote/online platforms and/or in person sessions (if public health measures permit it). CRNNL Nursing Consultants will be reaching out to employers and groups over the coming months to make arrangements. Managers, clinical educators and others may also reach out to CRNNL to request an education session as part of their education days, staff meeting, etc. As this is a mandatory annual requirement for licensure make sure you attend at least one session to ensure you know what is required.

Nurse Practitioner National Project

In the last edition of the College Connection, RNs/NPs were introduced to the new Nurse Practitioner Regulation-Framework Implementation Plan Project (NPR-FIPP). Information regarding this new project has been made public and can be found on CCRNR's website. To keep up to date on the progress of this national work and to obtain access to NPR-FIPP's newsletter, individuals are encouraged to subscribe via the website to receive Project News Updates and stay connected.

Call for Committee Members

In the coming weeks, CRNNL will be making a call for new committee members for the Clinical Managers Advisory Committee (CMAC) and the Regulation Education Practice (REP) Advisory Committee. Stay tuned for the call to participate.

Education and Practice Requirements for Nurse Practitioners to Prescribe Buprenorphine-Naloxone (Suboxone) and Methadone

CRNNL is currently updating the education and practice requirements for NPs to prescribe Buprenorphine-Naloxone (Suboxone) and Methadone. Stay tuned for the updated requirements coming soon.

Choosing Wisely Canada (CWC)

Choosing Wisely Canada has recently released several new campaigns. To view these new recommendations for each campaign, please visit choosingwiselycanada.org



Q: Since the onset of Covid, some of the nursing services we provide now happen over virtual platforms. Is there any additional information nurses need to consider when providing this type of care?

A: Yes! When providing nursing services remotely, using any form of technology (i.e., phone, email, audio/video conferencing etc.), you are engaging in virtual nursing practice (VNP). RNs/NPs need to ensure that their VNP results in a safe and effective nurse-client experience. CRNNL has a document outlining the practice expectations required of RNs/NPs participating in VNP available on our website in the Document Library. This document describes the expectations under the following headings: appropriate duty of care, appropriate technology, and appropriate employment support.

Virtual Nursing Practice

Q: I am a self-employed RN. Who is the custodian of my client's health record?

A: It could be you...The answer depends on the type of self-employment situation you are in. If you in a contractual relationship with a third-party (e.g., you are an RN/NP working in a dentist office) to provide nursing services, then the organization you are working for is likely the custodian of the client's chart. However, you need to ask this question prior to accepting the contract. If you operate as a sole practitioner, or own a business/practice, then you may be the custodian of the client's health record and must demonstrate compliance with Personal Health Information Act (PHIA). Some of the custodian responsibilities include secure storage (protection against theft, loss, unauthorized access, use or disclosure), retention and disposal of records.

Remember to connect with CNPS for legal advice and connect with the CRNNL Policy and Practice Consultants for any practice questions.

Public Profile

Profiling a Public Representative on College Council

The College of Registered Nurses is governed by a council that is comprised of 14 individuals. As a self-regulated body, there are 10 Registered Nurses and four members of the public. This is an introduction to Mr. Glyn George, College Council Public Representative.



Mr. Glyn George, College Council Public Representative

Let's begin by introducing yourself to the readers and providing them with a brief synopsis of your background.

I am a mathematician who obtained a PhD in astronomy in 1983. Since then I have earned my living teaching mathematics to engineering students in England, Bahrain and, since 1988, at MUN's Faculty of Engineering and Applied Science.

Every year since 2006 my colleagues have elected me to chair the Faculty's Committee on Undergraduate Studies, which considers changes to academic regulations, promotions of students from each term and variations in students' programs.

In 2016 I received the MUN President's Award for Distinguished Teaching. In 2018 PEGNL (the provincial regulatory body for Engineering) bestowed honorary membership on me. I continue to enjoy my teaching career.

I volunteered in the K-12 school system, as a member of two school boards during 1990-98 and of two school councils during 1998-2001 and 2003-2016. When I decided to seek a volunteer

role elsewhere, the Independent Appointments Commission replied in 2018 with the offer to become a public representative on the Council of the CRNNL.

Briefly describe your role with the College of Registered Nurses.

I am one of the appointed public representatives on the Council. I now serve as Vice Chair of the Council and chair of the newly-created Governance Committee of the Council. I am the first non-RN to serve as Vice Chair.

Why is regulation important in our society?

Members of the public have the right to expect safe and ethical service from various professions. Lawyers, physicians, engineers, nurses and many others are regulated for this reason.

What are the benefits of having public representation on the bodies that govern regulatory organizations?

The presence on regulatory bodies of members of the public, who are outside the profession, provides confidence in self-regulation for all of society. In my short time on the CRNNL Council I have already seen a shift in regulatory bodies to a greater emphasis being placed on protection of the public. Clearly, public representatives such as myself have a constructive role to play.

Student Spotlight

Live Your Standards

Did you know that it is an expectation for professional nursing practice that you act as a preceptor or mentor?

Standard 1.3 - **Practise** in accordance with the approved **code of ethics**;

Standard 1.8 - **Advocate** for and contribute to the development and implementation of **policies, programs** and **practices** that improve nursing practice and/or health care services;

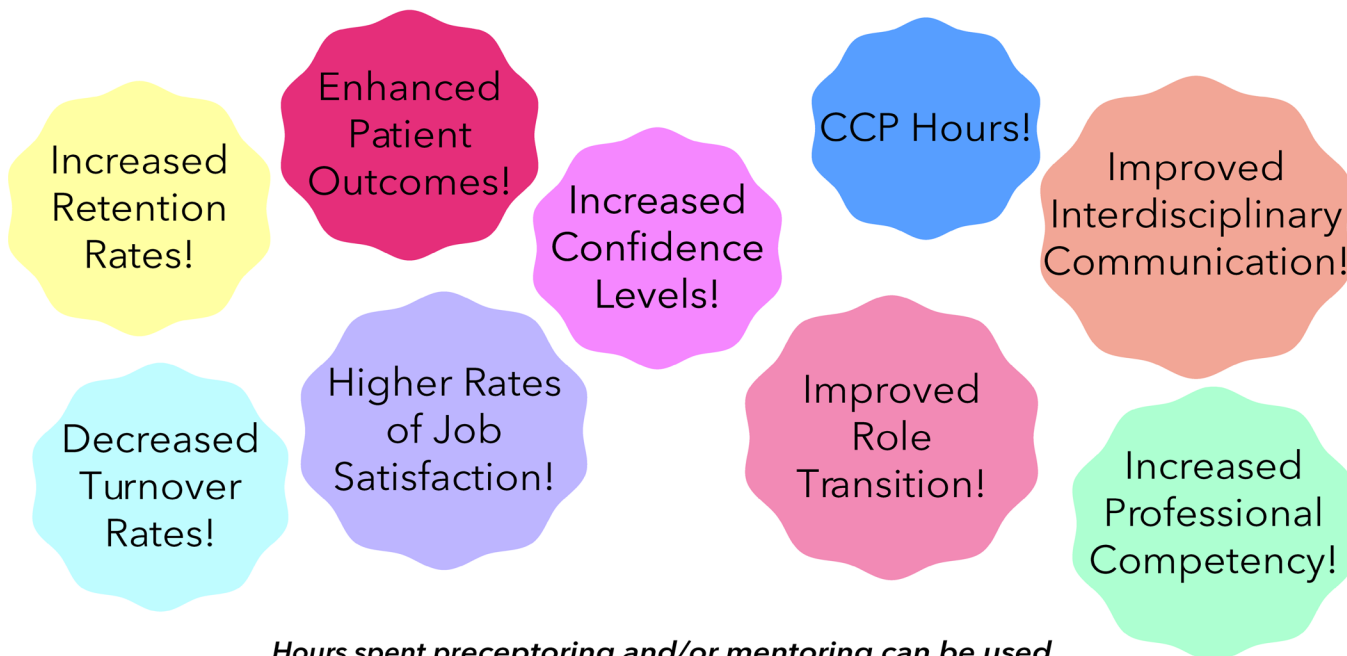
Standard 2.6 - **Supports** clients, colleagues, and students by sharing **nursing knowledge** and **expertise** by acting as an effective role model, resource, **preceptor** or **mentor**;

Standard 3.7 - **Engage** in **intra**professional, **inter**professional and **inter**sectoral collaboration as appropriate to promote comprehensive client care;

Standard 4.1 - **Provide nursing leadership** in informal and formal roles;



Did you know sharing your nursing knowledge and expertise has benefits for nurses, the organization, and the public?



Hours spent precepting and/or mentoring can be used toward the Continuing Competence Program (CCP)

Infographic completed by Third Year Nursing Students, Centre for Nursing Studies

Katherine Butt, Emma MacDonald, Chloe Power & Jamie Bartlett NURS 3500 Community Health: Practice

“Learning to Learn” Remotely in a Pandemic

Challenges & Opportunities

Sue Ann Mandville-Anstey PhD., RN.

Associate Director, BN Collaborative Program, Centre for Nursing Studies

Sandra MacDonald PhD., RN

Associate Dean, Undergraduate, MUN Faculty of Nursing

Jennifer Lamswood MN., RN

Associate Director, BN Collaborative Program, Western Regional School of Nursing

As the world grappled with a pandemic, nurse educators in the Bachelor of Nursing (Collaborative) Program across the province were ‘pivoting’ to embrace remote learning and clinical simulation. Within two weeks, theory courses were starting to be taught remotely using the Centre for Innovation in Teaching and Learning (CITL) Memorial’s Bright Space Site to conduct lectures and group discussions, meet with students individually and in groups, create novel assignments and conduct quizzes.

One of the challenges faced by nurse educators during the early phase of the pandemic was converting all theory courses to remote delivery within a few short weeks and adding clinical simulation experiences to replace clinical practice. This was a particularly difficult challenge because clinical schedules were constantly changing until students eventually returned. Students safely returned to clinical, aware of the fact that at any moment everything could change again. The safety of faculty and students, as well as the health care team and patients were of the utmost importance.

Fortunately, students were able to progress into the next semester, but the sequencing of some courses was modified to accommodate clinical placements and remote learning. In the Fall of 2020, some on site psychomotor laboratory sessions were offered for Year 2 and 3 students. The lab sizes were decreased, social distancing, wearing a mask and hand hygiene were incorporated into the required “health and safety plan” to guide the safe delivery of on site labs. A Government of NL Covid-19 self-assessment was required of all students, faculty and staff prior to entering the health facilities. Many labs were on site while others were demonstrated by faculty with students providing a live, return demonstration of skills with immediate feedback from faculty. While this was certainly a different way of learning hands on skills, the use of video technology, live demonstrations and feedback was reported to be an effective way to introduce these skills.

Clinical simulation modules were delivered to replace lost clinical time in Year 1, 2 and 3 clinical courses in the Spring and Summer while we waited for the word that students could return to the acute care clinical areas. At the same time, new and innovative clinical simulation experiences were created for senior students who were still hoping to graduate on time. A unique and comprehensive course in Community Health Practice was developed by course leaders at the three sites across the province. This alternate course delivery was developed so that students would receive a course on Community Health Practice to ensure they would graduate on time in May 2020. This remote course delivery included activities such as case studies, interactive discussions, guest speakers, and activities in breastfeeding, epidemiology, culture, and wound care, to name a few. This course was evaluated by students who reported that it helped them understand the role of the Community Health Nurse and apply their knowledge into practice.

“Learning to Learn” Remotely in a Pandemic

Challenges & Opportunities

Adapting to remote teaching and learning has not been easy and although it might seem nice to go to class in your pajamas, it is also different to study alone in a virtual world. Many students report that they like remote learning but are also dealing with loneliness and social isolation, diverse learning needs, and a lack of social connection with classmates and faculty. Year 1 students have been learning together for three months and have yet to meet each other in person! After the holidays Year 1 students will be on site for labs and will meet their fellow classmates and instructors in person for the first time. Many nursing students will be on campus for labs and the clinical practice setting in the winter semester, and senior nursing students will be in communities across the island and Labrador. Faculty and regional health authorities have been fully engaged and committed to providing students with the tools and resources they need for success.



Covid has changed the way faculty teach and students learn, and every day continues to bring new challenges. Students have to be self-directed and engaged in new learning opportunities. Despite these challenges, faculty at the three sites are confident that students are and will be prepared to face the challenges of Covid-19 and be prepared as competent beginning practitioners in the profession of nursing. Faculty have continued to utilize the expertise of CITL on remote delivery of courses. Faculty are working collaboratively across the three sites to develop and deliver courses that challenge students to learn the course material, think critically, and be evaluated in a manner that both supports students while protecting the integrity of the exams.

Faculty are seizing this opportunity to learn about synchronous and asynchronous remote teaching and have incorporated many new strategies into their “virtual” classrooms such as recorded lectures and meetings with students in virtual rooms. Everyone has mastered “Zoom”, “WebEx” and “Microsoft Teams” and students are helping faculty navigate this virtual world of communication with “Facebook”, “Twitter”, “Instagram” and the many other platforms used for connecting on social media. Nursing students and faculty are embracing the change and seizing the opportunity to create new and innovative teaching and learning experiences for nursing students as we navigate the challenges of living in a pandemic.

Celebrating Excellence in NL Nursing

Faculty of Nursing Master in Nursing (Practicum Option) Practicum Projects 2020

Samantha Glover (St. John's NL)

Development of a Structured, Systematic, and Standardized Practice Guideline for Registered Nurses Caring for Autistic Children Undergoing Day Surgery.

Samantha's project found that despite an increase in the number of children diagnosed with ASD in the province, there were no nursing practice guidelines to assist perioperative RNs with providing care to this population. Samantha developed a comprehensive learning module to bridge this gap in knowledge. Supervisor: Dr. Sandra MacDonald

Catherine Noseworthy (Bay Roberts NL)

Evaluation of an End-of-Life Program in the Community Setting

Catherine evaluated the palliative end-of-life program (PEOL) in the community of Old Perlican. After consulting with various stakeholders Catherine discovered 8 distinct themes that included several key recommendations to improve the PEOL program. As noted in her report rural communities such as Old Perlican face unique challenges in accessing the PEOL program. Supervisor: Dr. Nicole Snow.

Sarah King (Lucasville NS)

Enhancing Pediatric Home Care in Nova Scotia: Development of Resources for Home Health Professionals.

Sarah compiled existing resources to aid healthcare workers who work in the field of pediatric home care. This included resources for caring for pediatric patients with rare and complex conditions and more common homecare scenarios (e.g., family assessment). Supervisor: Dr. Joy Maddigan.

Carolyn Gosse (Paradise NL)

Development of an Orientation Toolkit for the Remote Patient Monitoring Program.

Carolyn developed an electronic orientation toolkit for newly hired staff for the remote patient monitoring (RPM) program. The toolkit is comprised of five learning modules that staff members must complete upon initial hire; modules include simulation and other learning activities. Supervisor: Dr. Donna Moralejo.

Lindsay Femiak (Cambridge ON)

Development of An Internet-Based Perioperative Education Resource For Adult Patients Experiencing Open Sternotomy Cardiac Surgery.

Through her project Lindsay discovered that while there were paper-based and single training-session resources available for patients undergoing this procedure, there were no internet-based resources for them. Using the web module developed by Hamilton Health Services as a guide Lindsay developed an up-to-date internet-based resource for these patients. Supervisor: Dr. Sandra MacDonald.

Kari Jenkins (St. John's NL)

Development of a Communication Strategy to Increase Awareness of Clinical Research at Eastern Health.

Kari's initial project work found there were numerous barriers to clinical research awareness for patients of Eastern Health. After consulting with various healthcare professionals Kari developed a communication strategy to help increase this awareness which, hopefully, will increase research study enrollment in the future. Supervisor: Dr. Nicole Snow.

Sandralee Rose (St. John's NL)

Development of an Endoscopy Intraoperative Orientation Manual for Registered Nurses.

Prior to Sandralee's project, there was no manual for RNs who were helping to conduct this procedure. Sandralee noted that the endoscopy procedure is utilized more frequently as an alternative to surgical intervention and therefore felt an orientation manual would be quite beneficial to RNs in this field. Supervisor: Dr. Robert Meadus.

Rebecca Puddester (St. John's NL)

A Policy Proposal for a Dedicated Hereditary Breast and Ovarian Cancer Follow-Up and Navigation Program

Currently, the province of Newfoundland and Labrador does not have a systemic support system for pathogenic variant (PV) carriers who are at a higher risk of developing breast and ovarian cancer. Rebecca has developed a policy for such a program with five key recommendations. Supervisor: Dr. Joy Maddigan.

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

Celebrating Excellence in NL Nursing

Profiling the First Graduates of MUN's Faculty of Nursing PhD Program

Dr. Jill Bruneau (St. John's NL)

The Development and Evaluation of the Cardiovascular Assessment Screening Program (CASP).

Jill conducted a mixed methods study to develop, implement, and evaluate an intervention called the Cardiovascular Assessment Screening Program (CASP) to address the underutilization of clinical practice guidelines for cardiovascular screening in younger adults. In phase 1 of this mixed-methods study, Jill conducted ten interviews and five focus groups with healthcare providers, managers, and the public to gain different perspectives to inform the development of CASP. In phase 2, CASP was tested in a randomized controlled trial with eight NPs and 167 patients aged 40-74 years without previously diagnosed cardiovascular disease (CVD). Phase 3 integration examined the results from phases 1 and 2 and further refined the components of CASP. Jill found that CASP was effective in identifying adults with previously unknown moderate to high CVD risk, identifying relevant health goals, and engaging patients in planning to reduce CVD risk. CASP can be used by healthcare providers for CVD screening and management utilizing current guidelines to identify risk factors and promote relevant actions to reduce CVD risk and promote healthy aging. Supervisor: Dr. Donna Moralejo. Committee members: Dr. Karen Parsons, Dr. Catherine Donovan.

Dr. Kathleen Stevens (St. John's NL)

Effectiveness of a Foot Self-Management Intervention that Utilized Commercially Available Infrared Thermometers: A Patient Oriented Research and Mixed Methods Research Study.

Kathleen conducted a sequential mixed methods, patient oriented research study that developed and tested the effectiveness of a foot self-management intervention that utilized a commercially available infrared thermometer (CAIT). The findings from the qualitative phase 1 showed that rapport with healthcare providers, readiness to self manage, and reinforcement of positive foot health are critical for patients' foot health. These findings helped inform the intervention that was tested in the Phase 2 Randomized Controlled Trial (RCT). Results of the RCT showed that, although there was no difference between the thermometer and education group and education-only group for the outcome of diabetic foot ulcers, the thermometer and education group had significantly more days with any foot assessment completed than the education-only group. Phase 3 (qualitative phase) explored these findings with RCT participants and offered further explanation that the CAIT engaged participants, prompted action, and offered reassurance about foot health. The CAIT is an available tool that could support effective foot self-management for people with diabetes. Supervisor: Dr. Donna Moralejo. Committee members were Dr. Steven Ersser and Dr. Catherine Maclean.

Dr. Anas Moh'd Alsharawneh (St. John's NL)

The Effectiveness of the Canadian Triage Guidelines in Improving the Outcomes of Cancer Patients with Febrile Neutropenia.

Anas studied data that spanned over five years from an emergency department to examine the effectiveness of triage on select treatment outcomes for patients with febrile neutropenia. Anas found that although the Canadian triage guidelines do anticipate the acuity and urgency of febrile neutropenia, the guidelines do not translate well in practice as two-thirds of the sample were inappropriately triaged to less urgent triage categories. Mal-triage was significantly associated with delayed times for physician initial assessment, administration of antibiotics, and decision on admission. Anas found that while improving triage decision-making is an essential first step this will not completely improve the quality of care in the Emergency Department until problems in other parts of the system are also resolved. Supervisor: Dr. Joy Maddigan.

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

CONTINUING EDUCATION SESSIONS

Winter/Spring 2021

Tuesdays 1400-1500h (NST)

<i>January 26</i>	<p>CRNNL's Continuing Competence Program (CCP) 2020-2021</p> <ul style="list-style-type: none"> Michelle Carpenter RN, BN, MEd, Nursing Consultant, CRNNL Robyn Williamson RN, BN, MN, Regulatory Officer, CRNNL
<i>February 2</i>	<p>The Relevant Role of Public Health Nursing in Promoting Maternal-Infant Mental Health</p> <ul style="list-style-type: none"> Martha Traverso-Yepez, BSc Hons Psychology, PhD, Associate Professor -Health Promotion and Social Determinants of Health, Division of Community Health and Humanities, Faculty of Medicine
<i>February 9</i>	<p>Results of the Managers Survey 2019</p> <ul style="list-style-type: none"> Julie Wells BSc, (Hons), MSc., Research & Policy Officer, CRNNL Michelle Carpenter RN, BN, MEd, Nursing Consultant, CRNNL
<i>February 16</i>	<p>Annual Education Panel - The Social Impact of COVID-19: Information for Health Care Professionals.</p> <ul style="list-style-type: none"> CRNNL, NLCSW, CLPNNL <p style="text-align: center;">SEE PAGE 24</p>
<i>February 23</i>	<p>Conversation with CRNNL Council</p> <ul style="list-style-type: none"> Tracy MacDonald CRNNL Council Chair Lynn Power CRNNL Executive Director Glyn George College Vice Chair
<i>March 2</i>	<p>A Review of Best Practices for Documentation</p> <ul style="list-style-type: none"> Rolanda Lavallee RN MN, Nursing Consultant, CRNNL
<i>March 9</i>	<p>Important Information for RNs/NPs Considering Self-Employment</p> <ul style="list-style-type: none"> Peggy Rauman RN, BN, MN, PhD. Nursing Consultant, CRNNL
<i>March 23</i>	<p>Have you Heard About the Provincial Hub and Spoke Model?</p> <ul style="list-style-type: none"> Debbie Curtis BSW, RSW, MBA, Mental Health and Addictions Consultant, DHCS
<i>March 30</i>	<p>The Role of the RN in Public Health</p> <ul style="list-style-type: none"> Heather Percy MPH, BN, RN, Program Manager, Public Health, Eastern Health

CONTINUING EDUCATION SESSIONS

Winter/Spring 2021

Tuesdays 1400-1500h (NST)

<i>April 6</i>	Nursing Students Perspective of Incivility in the Clinical Learning Environment <ul style="list-style-type: none">Daisy Baldwin MN, RN, Faculty and PhD Student, MUN Faculty of Nursing
<i>April 13</i>	A Policy Proposal for a Dedicated Hereditary Breast and Ovarian Cancer Syndrome Follow-up and Navigation Program <ul style="list-style-type: none">Rebecca Puddester BN, RN, Student, Master of Nursing, MUN
<i>April 20</i>	Facilitating Person-Centred Mental Health Nursing Through a Nursing Practice Research Partnership <ul style="list-style-type: none">Chantille Isler BSc., RN, MN, PhD Student, MUN Faculty of Nursing
<i>April 27</i>	The Development of an e-Learning Resource on Lymphedema for Continuing Care Nurses <ul style="list-style-type: none">Bev Lanning BN, RN, CLT-LANA, Regional Lymphedema Nurse, Home & Community Nursing - Central Health
<i>May 4</i>	The Development of a Resource to Help Nurses with Self-Care and Coping During the Covid Pandemic <ul style="list-style-type: none">Stephen Shears BN, RN, Student, Master of Nursing, MUN

The above Sessions will be recorded and available on the web after the event. To access archived teleconference sessions, go to www.crnml.ca, under News and Events, Archived Teleconferences.

How to Attend a Live Education Session

Attendance at the education session is limited so **registration is required**.

Details on how to attend the session (connect to audio/webinar) will be emailed to those who register.

Participants are encouraged to attend the education sessions in groups. Only one registration is required per group.

Access is provided five minutes prior to start time.

To register go to www.crnml.ca/events-calendar.

If you need assistance with registration, contact Jennifer Lynch at jlynch@crnml.ca, 709-753-6075 or 1-800-563-3200.

NEW Initiatives

In the coming months, visitors to **www.crnnl.ca** will experience an updated, modern website that is easier to navigate.

This update will also coincide with the launch of our new Facebook page which will afford the College the opportunity to notify RNs and NPs about regulatory updates, news and education sessions.

Check your inbox for details on the status of these new initiatives.



Health Accord NL

Health Accord NL, led by Co-Chairs Dr. Patrick Parfrey and Sister Elizabeth Davis will focus on two major ideas in its quest for a strategy for better health in the province:

Awareness of and intervention in the social factors that influence health (social determinants of health)

Balance of community-based (primary health care, elder care, social care) and hospital-based services

For more information on this important initiative visit

www.healthaccordnl.ca



Professional Conduct Review

Notifications

For an overview of the PCR (professional conduct review) process when an allegation is submitted see the “Complaints and Discipline” page on CRNNL’s website.

In accordance with Council policy, Professional Conduct Review – Notification, a summary of a decision of an adjudication tribunal in the hearing of a complaint and a brief description of an allegation(s) resolved by authorized processes pursuant to the Registered Nurses Act (2008) are published in The College Connection and on CRNNL’s website.

Adjudication Tribunal Decisions

In the matter of a Complaint against Susan Nurse, College of Registered Nurses of Newfoundland and Labrador, Registration #22714 (the “Registrant”), in a written decision dated October 22, 2020, an Adjudication Tribunal found the Registrant guilty of conduct deserving of sanction under the Registered Nurses Act (2008) (the “Act”), section 18(c)(v) breach of the Registered Nurses Regulations (2013) (the “Regulations”). The Adjudication Tribunal determined that the Registrant engaged in conduct deserving of sanction, which conduct included failure to submit her Continuing Competence Program (CCP) documents for the 2019 CCP Audit contrary to Section 17(3) of the Regulations. The Adjudication Tribunal accepted an Agreed Statement of Facts and ordered that the Registrant’s licence to practise nursing not be reinstated until she has: submitted to CRNNL the required CCP Audit documents including the CCP Learning plan, the CCP evaluation and outstanding hours of continuous learning; successfully completed specified learning modules on the Code of Ethics; completed a review of the Standards of Practice for Registered Nurses and Nurse Practitioners; met with a CRNNL Nursing Consultant, Policy and Practice to reflect on her learnings and conduct; and pay the CRNNL \$500.00 towards its costs incurred. The conduct deserving of sanction occurred in or about May 2019. The Complainant was CRNNL’s Director of Professional Conduct Review.

Allegations Dismissed

In a Decision dated October 26, 2020, the Complaints Authorization Committee dismissed an allegation filed against a Registrant. The allegation alleged the Registrant’s actions, in response to the Covid-19 pandemic, placed the public and other individuals at risk.

In a Decision dated October 26, 2020, the Complaints Authorization Committee dismissed an allegation filed against a Registrant. The allegation includes issues of the Registrant’s actions in the workplace in response to the Covid-19 pandemic, a professional recommendation and professional communication.

In a Decision dated October 26, 2020, the Complaints Authorization Committee dismissed an allegation filed against a Registrant. The allegation alleged the Registrant’s actions, in response to the Covid-19 pandemic, placed the public and other individuals at risk.

A summary of a decision of an Adjudication Tribunal is also published in a newspaper in accordance with section 29(3) and 29(4) of the Registered Nurses Act.

Following investigation of an allegation the CAC was of the opinion there were no reasonable grounds to believe a Registrant engaged in conduct deserving of sanction.

Professional Conduct Review

Notifications

Allegations Resolved

On August 10, 2020, the Director of PCR resolved an Allegation with a Registrant and Complainant. The Allegation included issues of professional approach and communication during a client interaction. The Registrant was required to complete remedial education, a reflective paper to include specified content, and to meet with a CRNNL Nursing Consultant to reflect on the Registrant's learnings.

On August 10, 2020, the Director of PCR resolved an Allegation with a Registrant and Complainant. The Allegation included issues of failure to intervene in inappropriate staff behaviours and actions and failing to report the behaviours and actions to the employer. The Registrant was required to complete specified remedial education, a reflective paper to include specified content, and to meet with a CRNNL Nursing Consultant to reflect on the Registrant's learnings.

On August 11, 2020, the Director of PCR resolved an Allegation with a Registrant who practised without a licence for a period exceeding three days and thereby failed to maintain liability protection in accordance with the Registered Nurses Regulations (2013). The Registrant was required to complete specified remedial education by September 11, 2020.

On August 27, 2020, the Director of PCR resolved an Allegation with a Registrant and Complainant. The Allegation included issues of failure to report knowledge of an event that occurred on a patient unit to an employer and that the event was video-taped, which was a breach of employer policy. The Registrant was required to complete specified remedial education, a reflective paper to include specified content, and to meet with a CRNNL Nursing Consultant to reflect on the Registrant's learnings.

On October 22, 2020, the Director of PCR resolved an Allegation with a Registrant and Complainant. The Allegation included issues of patient privacy and accessing patient records for clients who were not in the Registrant's circle of care.

On October 30, 2020, the Director of PCR resolved an Allegation with a Registrant who practised without a licence for a period exceeding three days and thereby failed to maintain liability protection in accordance with the Registered Nurses Regulations (2013). The Registrant was required to complete specified remedial education within a specified timeframe.

On November 6, 2020, the Director of PCR resolved an Allegation with a Registrant and Complainant. The Allegation included issues of medication administration, consultation with a physician regarding medication administration and client care, and breach of the Standards of Practice for Registered Nurses and Nurse Practitioners. The Registrant was required to complete specified remedial education, a reflective paper to include specified content, and to meet with a CRNNL Nursing Consultant to reflect on the Registrant's learnings.

Adjudication Tribunal Decision Resolved

On July 1, 2020, Melanie Smith, Registrant #17886 met all the terms and conditions of the Decision Order of an Adjudication Tribunal dated November 14, 2017.

The Social Impact of COVID-19: Information for Health Care Professionals

Provincial Education Webinar

****Save The Date****

TUESDAY, FEBRUARY 16, 2021

2 p.m. - 4 p.m. (Island Time)

In March of 2020, COVID-19 was declared a global pandemic. In this webinar, panelists from diverse practice areas will explore the social impact of COVID-19 and how it has affected the health and social well-being of the people of this province.

Panel Presenters:

Suzanne Brake, PhD, RSW, Seniors' Advocate Newfoundland and Labrador

Barry Hewitt, MSW, RSW, Provincial Systems Navigator for Mental Health & Addictions

Jackie Lake Kavanagh, MSW, RSW, Child and Youth Advocate Newfoundland and Labrador

Natalie Moody, BSc. HEd, MHSc, Regional Director Population and Public Health, Eastern Health

Doug Pawson, MPhil, MBA, Executive Director, End Homelessness St. John's

Moderators:

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

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

Registration is required for this event and will open in early January 2021. The registration link be made available by each regulatory body below. If you are not able to attend on the day of the event, a recording of the webinar will be made available.



Regulatory Notes

Protecting the Public - Addressing Allegations and Concerns

In the past ten years, less than 1% of practicing members have had an allegation of conduct deserving of sanction (i.e. a complaint) filed against them. While this percentage is very low, intervening when a nurse's practice does not meet practice or ethical standards is critical to ensuring public protection. CRNNL has two mechanisms to address issues raised regarding a member's practice or conduct: The Professional Conduct Review (PCR) process to address allegations; and since November 2019, Quality Assurance (QA), a new process to address practice concerns .

Professional Conduct Review

Allegations may be filed by a member of the public, a nurse's employer or another registered nurse. Registered nurses and employers have a mandatory duty under law to report conduct deserving of sanction. Section 20 of the Registered Nurse Act (2008) (the "Act") sets out this obligation (see CRNNL website for a link to the Registered Nurse Act (2008)).

The Director of PCR is authorized through the Act to attempt to resolve allegations. Where both the individual who filed the complaint and nurse agree, the resolution will take the form of an agreement. This agreement may include remedial courses to be completed by the nurse or other interventions to help ensure their future practice meets expected standards of care. When the nurse complies with all terms in the agreement the allegation is resolved. In most cases, public notice of the resolution does not include the nurses name.

The Director of PCR will refer the allegation to the Complaints Authorization Committee (CAC) for review and direction where the allegation relates to serious professional misconduct or incompetence, where the nurse does not acknowledge the conduct or when the Complainant is not consenting to a resolution.

The CAC is comprised of at least two RN members and at least one public representative from CRNNL Council. The CAC will review the allegation and:

- Direct an investigation and/or Alternative Dispute Resolution;
- Require the nurse to meet with them;
- Refer the allegation to QA; or
- Dismiss the allegation.

If the CAC has reason to believe that the nurse has engaged in conduct deserving sanction, they may:

- Counsel or caution the nurse;
- Direct the complaint to a hearing with or without the nurse's license being restricted or suspended pending the outcome.

Hearings are overseen by an Adjudication Tribunal comprised of two RNs appointed by Council and one public representative appointed by the Minister of Health.

Regulatory Notes

Protecting the Public - Addressing Allegations and Concerns

All scheduled hearings are published on the CRNNL website, and, except in special circumstances, are open to the public. The Adjudication Tribunal determines if a hearing or part of a hearing will be closed to the public.

Based on the evidence presented at the hearing, the Adjudication Tribunal will dismiss the complaint or make a finding of conduct deserving of sanction. Penalties where a nurse is found guilty may include reprimand, suspension, conditions or restrictions on license, a fine and/or costs. Decisions of the Adjudication Tribunal that place a condition upon, restrict or suspend a nurse's license are published on the CRNNL website and in the local newspaper nearest where the nurse practices. Decisions are also published in *The College Connection*, the official publication of the CRNNL.

Quality Assurance

Quality Assurance is a proactive process to address practice concerns that are not conduct deserving of sanction. The program is designed to provide early intervention that uses a supportive approach in an effort to prevent practice concerns from becoming more serious and requiring intervention through PCR process.

A practice concern, like an allegation can be received from the public, an employer or another RN. The Director of PCR or the CAC may refer a practice concern to QA. There are two QA mechanisms to resolve a concern: a QA Resolution or a QA Review. The QA Resolution is a mutually agreed upon plan to address the issue, developed in collaboration with the nurse. The plan may include remedial and other measures to strengthen the RN's practice. A QA Review will be required if a QA resolution cannot be achieved or is not appropriate. The QA Review will result in further information being gathered as overseen by the Quality Assurance Committee (QAC). Following the QA Review, the QAC may make orders and specify requirements to address the nurses' practice. The nurse must comply with all orders made by the QAC.

For more information on the PCR and QA processes see CRNNL's website.

Congratulations Awards Recipients!

In the 2020-21 competition year, the Trust awarded \$44,000 in scholarships and bursaries to 38 applicants, including;

- 10 scholarships to basic nursing students;
- 19 scholarships to nurses studying in Master's and Doctoral programs;
- 7 awards and bursaries to RNs participating in continuing education events; and
- 2 nursing research awards.

Congratulations to the members and students who participated in educational activities during this challenging year.

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

Volunteer Opportunity

The Trust is seeking graduate-prepared RNs to join the **Research Awards Committee**. This committee is responsible for the review of research applications and selection of award recipients. Committee members serve a term of three years. As per the terms of reference, preference will be given to RNs whose graduate program included completion of a thesis and/or who have a current record of research.

RNs interested in joining the committee can contact the Trust Coordinator at coordinator@nlrntrust.ca



Applications for the Canadian Nurses Foundation scholarships and Research Grants - including the **Trust's 25th Anniversary Scholarship** - are accepted until February 2021.

Visit <https://cnf-fiic.ca/scholarship-program> for details.

Call for Applications

Spring Funding Competition

The spring competition for Continuing Education Bursaries will accept applications for CE activities that occur between January and June 2021.

CNA Certification Bursary

up to \$500 for certification or re-certification

Post Basic Course Bursary

up to \$1000 to complete a post-basic continuing education course/program

Conference Bursary

up to \$1000 to assist members to attend a conference or workshop

Bursaries are also available to RNs in specialty areas such as Pediatrics, Gerontology, those in clinical/ staff educator roles and to those pursuing education in areas such as primary health care or nursing leadership.

The deadline for receipt of applications for the Spring Competition is April 15, 2021.

Visit the Trust website for details: www.nlrntrust.ca

College Council ELECTION



College of **Registered Nurses**
of Newfoundland & Labrador

BE A VOTER!

Administration Councillor Candidates (2021-2024)

- **Neil Colbourne**, RN, Site Manager - Primary Health Care Program, Eastern Health
- **Laura Dodds**, RN, Site Clinical Manager, Western Health
- **Crystal Northcott**, RN, Division Manager - Administration, Eastern Health
- **June Tavenor**, RN, CEO, Catalyst Health Solutions

Labrador-Grenfell Councillor Candidates (2021-2024):

- **Megan Hudson**, RN, Public Health Nurse Nunatsiavut Government
- **Anastasia Knudsen**, RN, Regional Manager Patient Safety & Quality, Labrador-Grenfell Health

Candidate for Central Region Councillor (2021-2024) - Elected By Acclamation:

- **Tracy MacDonald**, RN, Risk & Patient Safety Manager and Manager of IPAC, Central Health

Candidate for Education-Research Councillor (2021-2024) - Elected By Acclamation:

- **Melissa Colbourne**, RN, Clinical Nurse Educator - Surgical Services, Central Health

Eligible members should vote when renewing
their licence/membership in MyCRNNL.

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CRNNL advances nursing excellence for public protection and optimal health of Newfoundland and Labrador.

CRNNL exists so that there will be:

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