Celebrating
2020
INTERNATIONAL YEAR
OF THE NURSE AND
THE MIDWIFE

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2019–2020

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Subscription is automatic for CARNA members. Rate for non-members is $42 CAD per year plus GST.

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ADVERTISING SUBMISSION DEADLINES
Spring 2020|March 2, 2020
Summer 2020|June 1, 2020
Fall 2020|Sept. 1, 2020
Please note CARNA does not endorse advertised services, products or opinions.

Canadian Publications Mail Agreement No. 40062713
Return undeliverable Canadian addresses to:
Alberta RN magazine
11120-178 Street NW
Edmonton, AB T5S 1P2

For advertising materials, please contact:
MCCRONE PUBLICATIONS
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Taking pain treatment to new heights
Welcome to 2020, Year of the Nurse and the Midwife!

This year marks 200 years since the birth of Florence Nightingale. In her honour, the World Health Organization has named 2020 as Year of the Nurse and the Midwife!

Florence probably couldn’t have imagined what health care would look like now, but I have no doubt she would be inspired by the skill, heart and dedication of her fellow nurses today and fiercely proud that nurses continue to be leaders in developing innovative nursing practice and shaping health care.

We’ve come a long way since Florence provided her principles to guide nursing in Notes on Nursing in 1859. In my own life and career as a nurse, I’ve seen considerable changes not just in health care but in nursing practice as well. I am fortunate to be part of a profession and professionals that seeks to examine, debate, collaborate, innovate and provide effective stewardship, crucial elements of high-quality and effective health-care delivery.

This is an opportunity to be a year when the world comes together to place health and well-being front and centre. Nurses and midwives make up nearly half of the global health workforce, with around 20 million nurses and two million midwives worldwide.

There is no health without nurses, not just because of our numbers, but because of the vast range of health services we provide and the broad contexts where we practise, teach, manage and develop policy and create new knowledge.

In many cases, nurses are the only primary health-care provider that individuals may have contact with, and effectively work with other health care and community partners. Nurse’s holistic and relational approaches ensure we are well-poised to address the challenges of demographic changes, increasing complexity of health promotion and health-care concerns and respond to humanitarian crisis and environmental challenges.

The Economist edition of The World in 2020 includes ‘Florence Nightingale and the changing face of nursing’ (November 2019). It recognizes the opportunity and challenges before our profession that will be highlighted during this focused year. The publication poses that “Even though nursing is shaped by medical science and technology, as it has been since Nightingale’s time, its healing powers remain rooted in empathy and a human touch.”

Be part of nursing’s voice in 2020. Act on your leadership potential. Demonstrate and grow leadership in your practice. Seize the opportunity to lead a committee, engage in leadership learning opportunities, take the lead on a project or initiate social issue or health policy discussions. These actions are critical as nurses, in their vast scopes of practice, influence the health of individuals and families, communities and organizations every day!

This year the world is looking at nursing. Make it count!

CARN A has been taking part in and planning Year of the Nurse celebrations to put nursing leadership at the forefront. On March 18–19, CARN A will host a two-day conference, along with its annual general meeting. There is something for everyone, inspiring speakers, a celebration lunch, an informative AGM and a chance to mingle with colleagues.

Additionally, I am pleased to be hosting the Celebrating Nurses Tour. I’ll be visiting various locations including community clinics, universities, aboriginal communities, hospitals, corrections and primary care clinics. We on CARN A Council look forward to celebrating this milestone with you and to celebrating you in the Year of the Nurse and the Midwife!

For more ways you can engage, visit abrn.ca/2020

**Dennie Hycha, MN, BSCN, RN**
President
president@nurses.ab.ca
The AGM will occur within the conference and is free. There is a nominal cost for the conference.
The World Health Organization has named 2020 the International Year of the Nurse and the Midwife.

The global Nursing Now campaign aims to improve health by raising the status and profile of nursing. Engage in the various activities and initiatives to develop your leadership potential and amplify the voice of nursing!

Come join in the celebrations this year as this is a recognition well-deserved!

Full list of events and initiatives at abrn.ca/2020
Get involved

**Nightingale Challenge**
Employers are being called to take on the Nightingale Challenge, which involves committing to providing leadership training for young and novice nurses. Alberta Health Services and Covenant Health were the first employers in the country to take up the challenge! Learn more at nursingnow.org.

**A piece of nursing history on display**
Just in time to celebrate Florence Nightingale’s birthday, a rare nursing artifact has been relocated and is now on display at CARNA’s new building. The Turkish candle lamp or “Kelly lamp” was once carried by Mary Stanley, an associate of Florence Nightingale. Mary Stanley assisted in the selection of nurses for the Crimean War hospitals. There are only three lamps of this specific design known in the world. Stop by CARNA’s office to see the lamp.

**Nursing In Focus Contest**
Put a spotlight on the work of nurses around the world to celebrate the impact and influence of nursing. Submit a photo on Twitter by March 1, 2020 using the hashtag #NursingInFocus.

**World Health Day**
On April 7, 2020, the World Health Organization will launch the *State of the World’s Nursing Report* to describe how the nursing workforce will help deliver universal health coverage, the sustainable development goals and highlight areas for policy development for the next three to five years.

**National Nursing Week**
May 11–17, 2020
Celebrate this very special Nursing Week with special attention to International Nurses Day and Indigenous Nurses Day.

**Canadian Academy of Nursing**
CNA has created the first pan-Canadian organization dedicated to identifying, educating, supporting and celebrating nursing leaders across all the regulated categories and domains of practice. Learn more at cna-aiic.ca/en/academy.
IN CELEBRATION OF the International Year of the Nurse and the Midwife, CARNA President Dennie Hycha will be touring around the province to celebrate and recognize the outstanding nurses in our communities.

Watch our website and social media to see when she will be visiting near you!
2020 YEAR OF THE NURSE AND THE MIDWIFE

Nursing Excellence Gala

A celebration FOR all nurses

May 15, 2020
Fairmont Hotel MacDonald

Join us for an evening of historical elegance to toast the recipients of this year’s Nursing Excellence Awards. Enjoy a Sparkle Reception on the terrace overlooking the river valley, a phenomenal meal, time with colleagues.

TICKETS: $85
abrnc.ca/2020gala

A night to remember
THE 1990s WERE A TIME OF ANXIETY FOR the nursing profession: wage rollbacks, bed closures and layoffs. All were a constant concern, if not a reality. Many nurses looked for opportunities outside of Alberta or even outside of the profession.

Enter Betty Gourlay – entrepreneur and nurse extraordinaire. Gourlay had spent much of her nursing career establishing herself as a staff nurse, administrator, educator and leader of the nursing profession. To this mix, she added continuing education – to become one of the first nurses working in independent clinical practice in Canada.

She was now ready to share her knowledge with other nurses looking to strike out on their own. She conducted workshops focused on entrepreneurship, and she led the development of standards, policies and guidelines for independent practice both in Alberta and across Canada.

“Back then, many nurses had the skills but no place to work,” says Gourlay. “It was a difficult time – nursing education doesn’t prepare us to be entrepreneurs, it prepares us to be employees.”

That’s a fact she had learned from her BScN from the University of Alberta. But with the help of a $2,500 scholarship from the (then) Alberta Association of Registered Nurses, she pursued additional studies and graduated with a master’s in health science from McMaster University in 1980.

Yet Gourlay knew she still had more to learn if she was ever to venture out on her own and make a living at it. “The question for me was what would people pay a nurse for in independent practice. What would be viable?”

So, she took a course in marketing at night in addition to her master’s studies during the day. There she learned about the tools and techniques needed to successfully market a business. “I was overwhelmed (by the workload) but wanted to learn all that I could.”

Gourlay then took all she had learned and started her own business – CarePartners – an independent clinical practice in which she provided ideas and resources to clients adjusting to injury and health challenges. Gourlay retired in 2011.

THE ROLE OF ARNET

More than ever, with the spectre of health cuts looming, Gourlay today sees the need for the nursing profession to advance – to
Betty Gourlay supports ARNET in several ways:

- As a volunteer board member (using what she learned as a founding member of the Calgary Health Trust to inform ARNET decisions).
- By participating in fundraisers.
- By making donations in the name of nurses who have recently died.

One of the most significant ways is through “planned giving.” Gourlay bought a whole life insurance policy and named ARNET as the beneficiary. Gourlay receives the benefit of a charitable tax receipt for the monthly Planned Giving policy premiums. She says the monthly premium is a little more than she might otherwise choose to give, but ARNET is the beneficiary of a larger amount of money at the end of the day.

Contact the ARNET office for more information on how your donation can have impact!
Every nurse has the ability to lead regardless of their work setting or position. Here are the stories of just a few of the nurses leading from bedside to boardroom across the continuum of care every day.

Do you, your colleagues or your organization have a story that you would like to share about nursing leadership? Submit your story to nursesleadforchange@nurses.ab.ca for the chance to be featured!

**Alberta Nurses Coalition for Harm Reduction**

ANCHR is a leader in offering support, education, resources and advocacy to nurses working with patients who are affected by substance use disorder. Nurses in various care settings encounter patients with substance use disorders and are responsible for ensuring their health needs are met. Harm reduction is an evidence-based, patient-centred approach to care that has demonstrated positive patient and fiscally-responsible outcomes.

ANCHR demonstrates leadership through supporting and educating nurses by sharing current news and research through social media and connecting nurses to policy, research articles and education events through its website. The website also features the “ASK ANCHR” section, where nurses can submit concerns or questions and receive an evidence-based response from the ANCHR team. ANCHR has presented at conferences and learning events and hosted panel discussions to discuss the nurse’s role in advocating for harm reduction. We’ve discussed the need to be working to our full practice potentials amidst this public health/overdose crisis and have identified some of the barriers nurses continue to face through practice, policy and legislation that limits nurses in providing safe, quality and timely care.

The primary barrier that affects a nurse’s ability to lead and support patients with a harm reduction approach is stigma. Patients who struggle with substance use disorder are often misunderstood, judged, labelled and dismissed by health-care professionals, health institutions and the larger society. Nurses who want to lead change and integrate harm reduction into their practice and workplace can be subject to similar reproach, making nurses feel uncertain and making this type of work even more challenging.

Nurses need support from peers, colleagues, management and senior leadership in order to provide safe, compassionate and ethical care to people within this patient population.
AT THE individual level, nurses need to be passionate and engaged to want change in an area that they see lacking. They need to see value in what they do and network with like-minded individuals who can support and push for change as a collective. Nurses need encouragement, opportunity, resources and time within each of their practice settings to assess what areas can be improved upon and generate momentum to lead change.

At an organizational level, supporting nurses to do this type of work allows emerging leaders to develop and thrive in these areas of practice. This means that organizations need to foster a culture of safety, understanding, compassion and non-judgment for not only patients who use substances, but also the health-care workers who care for them.

Systemically, nurses need to be working at their full potential with the most current evidence-based care. Nurses need individual and organizational support to shift the narrative towards compassion, acceptance and non-judgment. This shift can take place at senior level discourse and decision-making where frontline nurses need to have a front-row seat to contribute their expert hands-on knowledge. A shift can also occur with a slow and steady accumulation of small gestures towards ourselves, our patients and each other.

Be brave. Collective collaboration can spark change. Change can be slow but persistence is rewarded. RN
I was deeply troubled and saddened when I read the cover of the Fall 2019 RN magazine. The decision to disclose the names of those RNs who are facing disciplinary actions reflects the continued and ungrounded belief that punitive actions stop behaviours and, when considering that four out of seven of the actions were substance-related – the unfounded belief that substance use is a moral failing – not a disease or illness.

Shaming, which is what naming is, may be touted by CARNA as a necessary step in so called transparency and public protection – however, it continues to reflect an unwillingness to reflect upon the environment in which nurses work and how the same environment also contributes to the health and well-being of nurses themselves.

After four years of research into the connection between the environment (culture) within which nurses try to practise their art and science, my master’s thesis pointed to a direct connection between an increase in nurse bullying and environment.

In 2011, Diane Kunyk’s research and subsequent thesis report concluded amongst other things “the role of the environment in creating and enhancing the situation are raised by the prevalence of work-related pain...” Nurses risk injury on a daily basis and subsequent injuries are generally treated with pharmaceuticals. Nurses are no different than the general public in terms of accessing resources for treatment and those resources take a great deal of time to access.

What I am suggesting is this: that CARNA perhaps needs to attend to the social determinants of health and realize that these same determinants also affect nurses – who are human beings first and foremost and primarily women (91 per cent).

How does the above connect with posting the names of RNs and disciplinary actions? Because it again reflects where our culture is headed: punishment, punishment and more punishment – intentional, which is not the case with illness, disease and concern for nurses from our organizations is on the horizon. Shaming, which is what naming is, may be touted by CARNA as a necessary step in so called transparency and public protection – however, it continues to reflect an unwillingness to reflect upon the environment in which nurses work and how the same environment also contributes to the health and well-being of nurses themselves.

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After four years of research into the connection between the environment (culture) within which nurses try to practise their art and science, my master’s thesis pointed to a direct connection between an increase in nurse bullying and environment.
Vaping among today’s teens is fast becoming a major public health concern. So when Kerry Rusk, an assistant teaching professor at the University of Alberta’s faculty of nursing, was asked by the Edmonton Police Service if her students could help address this issue, her answer was “yes, absolutely we can help.”

The Youth VAPE Program, with VAPE standing for: vaping awareness, prevention and empowerment, is an educational campaign targeting junior high and high school students across Edmonton. The program, which was piloted in the fall of 2019, combines a presentation created by nursing students about the effects of vaping on the body, and another presentation from Edmonton school resource officers about current laws and regulations surrounding vaping, as well as the consequences of getting caught vaping.

“We recognize education alone won’t be effective, so we can’t just go out and talk to teens and tell them vaping is bad,” says Rusk. “The Youth VAPE Program is about empowering youth to make their own choices.” Between September and November 2019, the presentation had been delivered to approximately 1,300 Edmonton youth. >
SCHOOL

Resource Officer Joshua Maeda says combatting vaping in schools is taking up valuable time and resources and disciplinary action varies. Some schools go straight to suspension, while some confiscate the vape itself.

“Right now, vaping is seen as the cool thing to do,” says Maeda, who adds he has found students vaping in washrooms, by their lockers and even in classrooms. “Students tell me they usually start because of peer pressure or because it tastes good.”

There are approximately 7,000 flavours of vape available in Canada ranging from mango to watermelon to cotton candy. Advocacy groups hope this issue too, will be addressed with the Tobacco and Smoking Reduction Act review.

Maeda says nursing students are an invaluable component of the collaborative project and that they are better positioned to engage with the teens they present to. The nursing students are typically closer in age to the youth than Maeda and his colleagues are, and some may have even been exposed to the start of the vaping trend while in high school themselves.

“Having the nursing students engage with youth this way is much more powerful than myself or another school resource officer going out and delivering the same information,” he says.

THE PROGRAM

engages third- and fourth-year nursing students as part of their community health clinical rotations. Students are responsible for all aspects of the presentation, from researching the most current evidence-based vaping information to data collection surrounding aspects of the presentation such as audience and general feedback. Some students had the opportunity to be involved in advocacy work by attending stakeholder meetings alongside addictions counselors, school board trustees, police and medical officers.

Alberta currently relies on federal legislation as the primary means of curbing tobacco and vaping product sales to minors. It is the only province that does not have its own legislation to enhance federal restrictions on tobacco and vaping product sales. The Tobacco and Smoking Reduction Act was up for review in Alberta at the end of 2019 with potential to implement new regulations in 2020. It is currently legal for anyone of any age to possess vape products, however, school-wide bans prohibit their use and presence on school property.


> ALBERTA’S YOUTH VAPING RATE IS THE THIRD HIGHEST IN THE COUNTRY (BEHIND ONTARIO AND QUEBEC) WITH MORE THAN 35,000 REPORTING THE USE OF VAPING PRODUCTS IN THE PAST 30 DAYS.

> THE RATE OF ALBERTA YOUTH WHO REPORTED VAPING IN THE PAST 30 DAYS (35,500) IS MORE THAN DOUBLE THE RATE OF THOSE WHO REPORTED SMOKING IN THE PAST 30 DAYS (17,100).

Results from Health Canada’s Canadian Student Tobacco, Alcohol and Drugs Survey, 2016-2017 (canada.ca/en/health-canada/services/canadian-student-tobacco-alcohol-drugs-survey.html). This survey was conducted before Juul, the most popular vape amongst youth, came to the Canadian market. Experts estimate vaping rates are much higher since 2017.

“"The Youth VAPE Program is about empowering youth to make their own choices.”

KERRY RUSK
ASSISTANT TEACHING PROFESSOR
UNIVERSITY OF ALBERTA
FACULTY OF NURSING
ADRIENNE Dizon, a third-year nursing student who was involved in the presentations, says she felt she could relate to the teens and that she was pleased with how well the presentation was received.

“They are genuinely interested in what vaping does to their bodies,” she says. “There aren’t a lot of people who can give them this kind of information and the Internet can present them with skewed facts, so it was nice to be able to go out and give them accurate facts.”

Going forward, Rusk hopes to expand the project to incorporate nursing students in their mental health clinical experiences. She hopes this inclusion will lead to the development of a secondary presentation more specifically focused around addictions, self-regulation, coping, self-esteem and bullying. In addition, she hopes to involve students in more advocacy opportunities such as letter-writing campaigns and rallies.

Feedback on the presentations has been positive and demand for the presentations is growing. Rusk is planning to reach out to other nursing programs in Edmonton, as well as provincially, because the current demand exceeds what they are able to take on.

NOT UNLIKE other clinical rotations, the Youth VAPE Program exposes nursing students to experiential learning, however, it has also been an opportunity for nursing students to see the role of community health nurses in action. The project exposes students to upstream thinking and initiatives, and allows students to begin to understand the role of the registered nurse in broader public health and policy issues.

Rusk says when students enter the community nursing course, they have typically had most of their clinical experiences in the hospital and can be enculturated into a way of seeing nursing through the lens of acute care. Several community clinical sites and experiences however, are in community agencies that do not have nurses on staff.

“We choose these sites because there is value in our nursing students seeing that health occurs outside the health-care sector and in the community,” she says.

Dizon echoes that sentiment and says the project has exposed her to an aspect of nursing she had not previously considered.

“I came into nursing school thinking about acute care, with my eyes on ICU, or emergency,” she says. “But, now I see how I will have many more opportunities when I graduate.”

JOSHUA MAEDA
SCHOOL RESOURCE OFFICER

ADRIENNE DIZON
THIRD-YEAR NURSING STUDENT
Over the last few years, CARNA has taken steps to prioritize advocating for Indigenous health in our province. In 2018, an Indigenous Advisory Committee was established to support Provincial Council in responding to the Truth and Reconciliation Commission’s Calls to Action that are relevant to nursing. Through consultation and talking circles, the committee identified areas for integrating cultural safety into CARNA’s operations. A major shift has taken place in CARNA’s thinking and approach not only in the work that is being accomplished, but also in attitudes and understanding.
Informed and compassionate staff
Creating awareness begins with addressing stereotypes and identifying unconscious bias. CARN A staff have had educational opportunities to explore stereotypes, the Indigenous education system, biases, land acknowledgement and Indigenous culture.

An Indigenous craft workshop introduced CARN A staff to Indigenous culture and traditions. During Indigenous history month, staff were presented with 20 myths and facts to further encourage education around Indigenous peoples. Staff are regularly encouraged to participate in kairos blanket exercises and talking circles and reflect on their experiences after.

Many staff have reported now having a better understanding of the Indigenous experience and are seeing their work through a different lens.

Treaty acknowledgement
CARN A developed its own treaty acknowledgement to recognize the significance of CARN A’s office located within Treaty 6 Territory.

_The College and Association of Registered Nurses of Alberta is located within the Treaty 6 Territory. We would like to respectfully acknowledge that we are a part of Treaty 6 and we recognize our members are located on Treaty 6, 7 and 8._

_We at CARN A are dedicated to move forward in supporting culturally safe and appropriate care to Indigenous patients and families in Alberta, and contributing to improved Indigenous health in the province._

CARN A’s Indigenous cultural advisor, Amanda Gould, says it’s a good step forward. “It’s important because we share the land and we have to acknowledge the land and the people that came before us.”

Culturally sensitive policy
CARN A has made strides in supporting sustainable change through revising policy. For example, when CARN A revises nursing practice documents or introduces new ones, CARN A’s Indigenous cultural advisor reviews the content through a cultural sensitivity lens. Policy position statements and other references are assessed for inclusive and respectful language.

New course!
The new course “Stronger together: Learning through Indigenous Perspectives” is now available through My Learning Space. Increase your understanding of Indigenous history, culture and health beliefs through storytelling and personal accounts. You will also learn to apply the principles of cultural safety and compassion with a trauma-informed lens.
Taking pain treatment to new heights

BY KATHRYN KAZOLEAS

PAIN IS CURRENTLY ONE OF THE TOP REASONS ALBERTANS SEEK HEALTH-CARE SERVICES, AND WITH APPROXIMATELY ONE IN FIVE ALBERTANS SUFFERING FROM CHRONIC PAIN, HEALTH-CARE PROFESSIONALS KNEW SOMETHING HAD TO BE DONE TO ADDRESS THIS GROWING ISSUE.
Dr. Florence Slomp and Keith King

The Alberta Pain Strategy was developed to guide interdisciplinary health practitioners to improve pain management across the lifespan. Initiated by the Alberta Pain Collaborative (co-founded by Dr. Florence Slomp, PhD [Medicine] and Keith King, BScN, MPH, RN, CPSO) along with the Pain Society of Alberta in October 2017, the strategy is now complete, with the focus now shifting to implementing its key priorities into clinical practice.

Tracy Wasylak, a registered nurse, Chief Program Officer of the Strategic Clinical Networks and Alberta Pain Strategy co-chair, says pain places a huge burden on quality of life, influencing not only one’s physical experience, but the psychological and social experiences as well.

“Sometimes pain may be invisible, especially chronic pain, and treating it is not as simple as just giving a pill,” she says. “Treating pain is very complex and there is a lot that we don’t know about pain. We really need everyone at the table to be effective.”

In what was a collaboration of over 360 individuals, from registered nurses, physicians and researchers, to psychologists and patients and families, the strategy was a true interdisciplinary effort, emphasizing the importance of coordinated and collaborative care across the pain continuum.

Slomp says there are a lot of gaps in pain education and there are real challenges with inadequate pain management.

“The idea with the strategy was to put our partisan views aside to know that pain doesn’t belong to one single profession,” she says. “It belongs to all of us and we have to work together to come up with more current practices and standards.”

Pain as a multi-faceted issue

Through its development, the Alberta Pain Strategy evolved to target three focus areas: acute pain, chronic pain and opioid use in pain management. It encompasses the pain needs of specific populations such as pediatrics, seniors, Indigenous and other vulnerable populations, and addresses important topics, such as addressing post-operative pain and how to manage transitions in pain. Wasylak says approximately 10 per cent of individuals who do not experience a resolution of their acute pain will transition to experience chronic pain, highlighting the need to pay increased attention to this patient population.

“If we don’t start to think about the continuum of pain and prevention as a major strategy, we are just going to be adding to that 10 per cent every year,” she says. “That’s a huge burden.”

Slomp also works as an exercise physiologist, practising active spinal rehabilitation in water. She says her patients often come to her with a poor understanding of their pain and with increased levels of anxiety and worries which subsequently influences their pain score.

“The very first thing we do is talk about how to take better control of their pain so it doesn’t control them,” she says, adding that pain is a biopsychosocial experience.

“To only treat pain with medication is missing most of the experience,” she says. >
Moving forward

Dr. John Pereira, past president of the Pain Society of Alberta and immediate past co-chair of the Alberta Pain Strategy, says Canada is a world leader in pain management and that Alberta is known for being particularly strong.

“The Alberta Pain Strategy succeeded in uniting the province, building on our strengths and touching the lives of people in pain,” he says.

To now harness the strategy and improve clinical outcomes, education for clinicians and patients is of utmost importance.

Several working groups have been established to bring the strategic priorities to fruition. The education working group, for instance, is focusing on creating an inventory of educational materials and ensuring educational supports are in place, and that tools are readily accessible by clinicians and patients when they are needed. An acute pain working group will be looking at opioid sparing techniques, as well as standardizing care and prescribing practices across the process. New technologies such as Connect Care are fundamental to this initiative. In the context of chronic pain, the goal is to create a centralized hub which enables patients to receive the specialized pain treatment they need, while supporting them in their medical home by their family physician.

Patients continue to play a unique role in the strategy’s integration, serving as advisors, attending meetings and joining steering committees and working groups. Wasylak says they reinforce the importance of the pain strategy and remind everyone of the complexities they are dealing with.

“As professionals, sometimes we think we know best and what is important, but the patients tell us what is important to them and we really have to pay attention to that,” she says.

While the strategy’s co-founders and members are hopeful for the impact this strategy will have on clinical outcomes, implementation will not be without its challenges.

“Medicine and health are cultures,” says Slomp. She says moving the strategy into action is also about changing behaviour.

“First and foremost, we must consider how we get inter-disciplinary health practitioners to change how they assess pain,” she says.

While Wasylak continues her role with the Alberta Pain Strategy, Alberta Health Services’ Strategic Clinical Networks™ have now assumed primary leadership of the strategy and will continue to pursue its growth and goals.

“I fully expect to see Alberta Pain Strategy reach even greater heights in the upcoming years,” says Pereira, “with Tracy as continuing co-chair and Dr. Robert Tanguay, the new President of the Pain Society of Alberta, now joining her as incoming co-chair.” RN
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KNOWLEDGE CHECK

What is the purpose of the Code of Ethics for Registered Nurses?

A. provide a basis for peer review initiatives
B. inform health-care professionals and the public about the ethical expectations of nursing practice
C. set out the ethical commitments of registered nurses to those they serve
D. guide decision-making about ethical matters
E. support self-evaluation and reflection regarding ethical nursing practice
F. all of the above

Check the next page to see if you got it right!
The Canadian Nurses Association’s *Code of Ethics for Registered Nurses* serves all of these purposes, and all CARNA members are responsible for, and accountable to adhering to the principles outlined in the *Code of Ethics*. The answer is **F**.
What are my obligations for reporting abuse?

BY TAMMY KOHUT, BScN, RN, MN, CARNA POLICY AND PRACTICE CONSULTANT

A disclosure of abuse by a client is a difficult situation. Nurses may face moral distress when they feel trapped between their duty to provide care and their duty to keep client information confidential. We often receive questions from nurses around their responsibility to report abuse to the authorities and to share with the health-care team.

Consider this scenario: an adult client presents to the emergency department with bruises and a fracture. They initially state that the injuries were due to a fall, but later disclose to the nurse that they are being abused by their partner.

WHAT IS THE NURSE’S RESPONSIBILITY IN THIS SITUATION?

Nurses are accountable for protecting the privacy and confidentiality of client health information as outlined in the Health Information Act (HIA), which balances the protection of privacy with appropriately sharing health information to provide health services.

If a client discloses alleged abuse to a nurse, this is considered client information and must be kept confidential. Disclosing this information without the client’s consent may be a contravention of CARNa practice standards and the Canadian Nurses Association Code of Ethics for Registered Nurses (2017), and may result in a professional misconduct complaint against the nurse. According to the Code of Ethics, “when nurses are required to disclose information for a particular purpose, they disclose only the amount of information necessary for that purpose and inform only those necessary.”
WHAT CAN A NURSE DO FOR THE CLIENT?
Listening is the most important intervention when a client discloses they are being harmed. Nurses are in a unique situation because they are aware of resources that are available for these clients and know how to best approach them with the offer to help.

WHO CAN NURSES SHARE INFORMATION WITH?
In the health-care team, the health-care providers involved with the circle of care need to be aware of all information pertaining to the health of the client. As with any interventions, the registered nurse must document all interactions with the client, including when alleged abuse has been disclosed. Documentation is an essential communication tool that supports continuity of care for the client and allows members of the health-care team to deliver safe, competent and ethical care. Nurses must only disclose information to others outside the circle of care when they have obtained consent from the client or as required by law.

ARE THERE EXCEPTIONS?
There are legal exceptions to disclosing information about alleged abuse. The Child, Youth and Family Enhancement Act (2000) requires that reasonable or probable grounds to believe a child-in-need of intervention must be reported. The Protection for Persons in Care Act (2009) requires anyone, including nurses, to report abuse of adults receiving supportive services (that relate to a client’s health, or physical or psychological well-being).

NURSES MUST ONLY DISCLOSE INFORMATION TO OTHERS OUTSIDE THE CIRCLE OF CARE WHEN THEY HAVE OBTAINED CONSENT FROM THE CLIENT OR AS REQUIRED BY LAW.

Custodians

Custodians are identified in the HIA and include:

> hospital boards, nursing home operators, provincial health boards
> health-care providers providing health services
> health-care professionals that are designated under Health Information Regulation

Nurses who are self-employed or employed by organizations who are not custodians under HIA (e.g., private industry or clinics, corporations, educational institutions) are custodians for health information. For example, an occupational health nurse employed by a large oil company is the custodian, not the employer.

Affiliates

Nurses are typically affiliates of health information. The HIA describes affiliates as:

> an individual employed by a custodian
> a person who performs a service for a custodian as an appointee, volunteer or student or under a contract or agency relationship with the custodian
> a health-service provider who is exercising the right to admit and treat clients at a hospital, as defined in the Hospitals Act
Meet the 2020 recipients!

These awards honour the contributions of our partners in health, emerging nurse leaders and nurses who have helped steer the profession to influence future generations.

CARNAAWARDS.CA

PHOTOS BY WILLIAM AU PHOTOGRAPHY
Lorraine M. Wright has been an outstanding local, provincial and international leader in the field of family nursing as a scholar, clinician and founder of the Family Nursing Unit outpatient clinic, University of Calgary (1982-2007).

Her emphasis has always been on improving the care of families suffering with serious illness. Her work led her to develop (and co-develop with colleagues) the four clinical practice models. The Calgary Family Assessment and Intervention Models are one of the leading family assessment models in the world recognized by the International Council of Nurses.

“Illness is a family affair and consequently, we needed practice models to guide our involvement of families in nursing practice,” says Lorraine.

Lorraine’s co-authored textbook, *Nurses and Families: A Guide to Family Assessment and Intervention*, has been adopted into nursing curricula in 26 countries, translated into eight languages and is in its seventh edition. It is her most well-known textbook and has held the honour of being among the three most utilized family nursing textbooks across North America for over 35 years. Its content has significantly influenced family nursing education and the delivery of health services locally, provincially, nationally and internationally.

Taking her vision and belief on the importance of sharing knowledge around the world, she established and hosted the first International Family Nursing Conference in Calgary in 1988. In addition to teaching undergraduate and graduate students in the faculty of nursing for almost 30 years, she also provided Family Nursing Externships where colleagues from around the world came to the University of Calgary to learn about the practice models and how to best involve families in their nursing practice. She continues to be invited to offer lectures, workshops and Family Nursing Externships in various countries in the world. Her impact on family nursing education, practice and research across Canada and beyond is undeniable.

“I have learned from the privilege of consulting with suffering families over 45 years that the most important nursing intervention that we can offer when listening to their illness stories is curious compassion… that is love without judgment. It is such a privilege to be part of a profession that promotes health and healing of individuals and families worldwide.”
Cristina Loterzo, BScN, RN
Registered Nurse, Misericordia Community Hospital and Westview Health Centre

Cristina Loterzo’s dedication to self-improvement and professional mastery sets her apart. In addition to pursuing professional certification courses, she participates in department improvement projects. She has contributed to committee work on documentation improvement, department redesign and mentorship and sits on the department quality council. She has developed patient resources and is in the process of applying for funding to conduct a quality-improvement initiative of her own design. On top of all this, Cristina is a union representative for her unit.

“Early in my career, I realized that I can improve not only my practice, but also the work life of my colleagues. I have been able to contribute beyond textbook bedside nursing, which has greatly benefited my own happiness and my workplace, further driving my pursuit of growth and advancement.”

On a broader scale, Cristina participated in research dedicated to improving cardiac care in Western Canada and has had a manuscript accepted by the Canadian Journal of Emergency Nursing.

Cristina is a positive influence on the education of others as a preceptor to paramedic students and as an informal mentor to her peers. Her colleagues describe her as professional, compassionate, courteous and always giving herself to patients, colleagues and the profession.

“My colleagues are an imperative piece in my motivation towards excellence. I am privileged to work with an amazing multi-disciplinary team who expand my knowledge base, benefitting my own academic adventure, my colleagues and my patients.”

Cristina understands how impactful it is to care, not only for her patients, but for their families as well. When a clinically-deteriorating patient’s care was transferred to the resuscitation team, Cristina made contacting the patient’s family her priority. She volunteered to bring the patient’s wife into the resuscitation, was able to explain what was happening, what the plan was, then reached out to the patient’s family for extra supports. Although the responsibility for accompanying families is usually one filled by a senior nurse, Cristina was able to recognize the need for family presence and ensure that the patient’s wife was able to spend the last few minutes with her husband, moments she would not have had otherwise.

Cristina’s enthusiasm and contributions to the well-being of her colleagues, the functioning of the department and the advancement of the profession far exceed the expectations of a nurse so junior to the profession.
Christy Raymond has demonstrated excellence in nursing and adult education through her diverse experiences, roles and accomplishments over the past 24 years. Having taught informatics to nurses in Denver, Colorado, as well as precepting graduate nurses in Alberta, teaching was always at the forefront of her practice.

“It is an absolute honour to teach,” says Christy. “Every single day you can inspire, support and watch the development of those who will champion the important work of nursing.”

As an educator and administrator, Christy was instrumental in creating the faculty of nursing at MacEwan University in 2016. A momentous undertaking, Christy demonstrated precision, leadership, resilience and collaborated with senior leadership to implement difficult change processes.

Now at the University of Alberta, Christy leads undergraduate curriculum implementation, having a special interest in higher education policy and governance. The impact of teaching and leadership can be seen through her excellent student satisfaction ratings and inventive teaching approaches; all which have spanned continuing education, undergraduate and graduate health programs.

“I believe lifelong learning as an educator and nurse is critical to the success of our work and the advancement of our discipline,” says Christy. “By sharing and growing our knowledge in nursing, the health of our communities will continue to thrive.”

Christy’s expertise is evident in her many keynote speaking engagements on teaching and learning. She worked with well-known scholars across Canada to produce the only fully Canadian foundational fundamentals textbook titled Fundamentals: Perspectives on the Art and Science of Canadian Nursing. It has been used as a key educational resource for nurses in Alberta Health Services and adopted by many nursing programs across Canada.

Christy has not only achieved an expert skill set through education and research, but strives to develop, support and advocate for this essential capacity in others. She is a strong advocate for graduate students, creating a community of learning where students gather monthly outside of courses to learn from each other.

“Although the positive rewards I have received from my career in nursing education are numerous, undoubtedly the greatest gift is that connection I have made with students and my privileged position of watching them thrive and go on to do great things beyond anything I could have ever thought possible. It is the students, along with those who have mentored me, that are most deserving of any recognition.”

Christy Raymond, PhD, M.Ed., RN
Associate Dean, Undergraduate Programs and Assistant Professor, University of Alberta
Kara Schick-Makaroff, PhD, MN, RN

Assistant Professor, University of Alberta

Kara Schick-Makaroff is one of the top researchers in the faculty of nursing at the University of Alberta. She is a prolific writer, having published 46 peer-reviewed papers, along with numerous chapters and conference abstracts.

“For me, research can guide and change the care we provide to people living with ongoing life-threatening illnesses and their families, as well as the health-care priorities and policies that shape this care.”

The significance of Kara’s research lies in its direct application to nursing practice settings. Her research is both clinician- and patient-driven, and the goal of her research is to enrich quality of life, enhance person-centred care and improve services for people living at home with chronic and life-limiting illnesses.

Her research project, ePRO Kidney, is helping to enhance person-centred care in home dialysis across Alberta. This is the first federally-funded, nurse-led research project in home dialysis. The focus of her research is to present evidence on the outcomes of routine use of electronic patient-reported outcomes in kidney care. Patient-reported outcomes are quality of life self-assessments, and they help give voice to patients’ concerns and priorities.

“ePRO Kidney is helping us understand how to best support clinicians and administrators in routinely utilizing electronic patient-reported outcomes,” says Kara. “This is vital because patients’ reports on their quality of life should be routinely and fully integrated into shared decision-making about their care.”

Findings from the project are now being disseminated across all levels of kidney services decision-making, and Kara is leading the spread of this knowledge beyond Alberta. Kara has organized clinician workshops in Alberta Kidney Care North and South. She has been invited to speak at national and international conferences to present to multidisciplinary practitioners where they, too, are integrating patient-reported outcomes in clinical care.

Kara is known as an exceptional instructor, having received the University of Alberta Nursing Graduate Students’ Association Prize for Excellence in Teaching (2016 and 2017). She guides and mentors trainees from undergraduate honours to PhD programs (nursing, medicine, rehab medicine) as a supervisor, advisor, committee member and mentor.

“An amazing thing about being a nurse is that you can choose from an array of research, teaching, practice and administrative possibilities,” says Kara. “Each offers the opportunity to place the patient and their family at the centre of health care.”
Over the course of her 45-year career, Dianne MacGregor has been a positive influence in promoting leadership in the nursing field. From her earliest days at the Misericordia Hospital, to the emergency department in Wetaskiwin, to her advocacy work supporting families and individuals facing mental health issues, Dianne has been a great ambassador for nursing and the delivery of patient-centred care.

Dianne has an amazing ability to build relationships and move people to collaborative actions that help shape health care. In her role as the Associate Chief Nursing Officer in Alberta Health Services (AHS), she led provincial teams to advance nursing care delivery and adapt to cultural changes. Dianne has advanced collaborative team-based practice, the optimization of nursing scope of practice, RN prescribing and the integration and advancement of the nurse practitioner workforce. Dianne’s work has involved intentional mobilization and empowerment of nursing leaders, consultants and staff to assess, plan, implement and evaluate nursing care at a system level.

Dianne carries a strong nursing voice through the dynamic, ever-changing health-care environment. Leading with grace and humility, Dianne has high regards for each voice. As new initiatives and programs develop, conversations can be difficult with conflicting views and opinions. Dianne knows that difficult conversations are sometimes necessary to produce good work and she has always demonstrated respect, focusing on what is best for patients and families. She collaborated in the development of many organization-wide initiatives including the Workforce Model Transformation, the AHS Foundational Strategies, CoACT Collaborative Care, the AHS Nurse Practitioner Workforce Strategic Plan and Connect Care.

“For me, respectful collaboration is essential in delivering patient-centred care. When we mobilize around the patient as a team, to meet the patient where they are at, we can truly make a difference.”

Dianne’s positive “can do” spirit is contagious to those around her. She sets the tone on her team with strong self-awareness, a positive disposition and inspires people to see possibilities, consider their potential and to collaborate. Dianne feels inspired and grateful to have worked with so many outstanding nurses and other health-care team members. She comments, “collectively, we lead with knowledge, caring and dedication, and it is these attributes that best serve our patients and can give us a lifetime of fulfilling and rewarding work.”
AWARD OF NURSING EXCELLENCE

Patty Wilson, M.Sc., BScN, NP
Nurse practitioner, CUPS Medical Clinic, Calgary iOAT Clinic

Patty Wilson works with Calgary’s most vulnerable—individuals and families living with homelessness, substance use disorder, mental health and stigma. At CUPS Calgary Society, Patty creates a safe, non-judgmental space for her clients and works with them to achieve stability through trauma-informed care. She is known to work diligently and collaboratively, even across provinces to ensure her clients’ barriers are not just removed but that her clients are thriving.

“Many of the clients I work with have experienced tremendous trauma and stigma within the health-care system. I view my role as being a positive point of contact for them to receive help. They have incredible resiliency and strength and are capable of the most impressive achievements if they feel like they have someone in their corner,” Patty shares.

At the clinic, Patty specializes in opioid agonist therapy. As soon as Suboxone® and methadone prescribing became part of the NP scope of practice, she immediately enrolled in education programs to help her reduce barriers in providing care. She was key in implementing the opioid agonist therapy prescribing program at CUPS, and is looking to expand this scope to include injectable opioid agonist therapy.

“My clients face many barriers accessing care and the opportunity to remove one by keeping treatment in-house is an essential service,” says Patty, “Our increasing understanding of trauma in substance use disorder and addiction medicine is becoming a practice of healing a whole community.”

Patty is spearheading a more team-based care model at CUPS. She prioritizes time for case coordination with the CUPS team and does outreach to harm reduction centres across Calgary. She involves the client, peer support workers, nurses, pharmacists and other staff to ensure continuity of care. Her team-based approach extends into serving on the clinic’s Trauma-Informed Care Committee, allowing her to make and implement recommendations to ensure evidence-based and trauma-informed programs and services.

“We have an incredible team at CUPS. We understand how essential it is to collaborate and challenge each other to work to our full scope of practice. I appreciate the education and experience each team member brings to the discussion to create a plan that is patient-centred and responsive to ever-changing needs of the client. I never feel like I am alone in making decisions. I am grateful to work in a place that supports my pursuit of bringing both the art and science of nursing to my patients.”
For nearly 20 years, Carlene Donnelly has worked tirelessly alongside health, education and housing staff at the CUPS Calgary Society to improve outcomes for socially-vulnerable citizens. Although not a nurse herself, Carlene has looked at nursing expertise to lead, guide and shape many aspects of CUPS to ensure positive outcomes for their clients.

“The nursing field has been a core part of CUPS development and growth,” say Carlene. “It has been instrumental in successfully helping so many CUPS families and individuals become well.”

Early on, Carlene saw the value of nurse practitioners to provide the holistic care that could break intergenerational cycles of trauma and poverty. This led to CUPS as one of the first agencies in the province to reallocate physician-care funding to nurse practitioners.

Under her leadership, CUPS developed a model to represent the complexity of their integrated service delivery. A resiliency measurement tool was developed that is used to engage clients, co-design care plans and monitor progress toward breaking intergenerational cycles of trauma and poverty. The tools show strong promise in capturing resiliency in vulnerable populations and can provide evidence of the positive impact they are having on individuals and the community.

The foundational research, that followed the CUPS Child Development Program for vulnerable children and families, was led by Dr. Karen Benzies from the University of Calgary faculty of nursing. Philosophically, Carlene’s approach is that communities are stronger when all organizations serving them are strong. Her ability to engage other agencies who serve vulnerable populations is a key strategy in her leadership, and it has allowed her advocacy to extend internationally. She is currently leading a study for Harvard University’s international collaborative initiative, Frontiers of Innovation, to examine the effect of consistent routines in families on child development.

“To some, establishing family routines may seem a simplistic approach to improve child development,” says Carlene, “but for vulnerable families with unstable housing, mental health issues, addiction and family violence, inconsistent routines with young children are associated with a host of maladaptive social behaviours.”

The alignment of staff, education, programs, services and outcome measurement is challenging to achieve, but Carlene has masterfully mobilized staff and volunteers, significantly improving health for their community.
Virginia Vandall-Walker, PhD, RN

Dr. Virginia Vandall-Walker was an early BScN graduate, in the first combined four-year class of ’72 at the University of Windsor. Her persistence, passion and pioneering nature has propelled her in her profession, taking her from outpost nursing in Canada’s North to an academic career at Athabasca University, Canada’s leading online university.

Virginia spent her early career working in remote fly-in communities in northern Canada. Her first nursing position was as a Health Canada nurse-in-charge in a northern Manitoba First Nations community. Knowing that many people in her community could only access the nursing station by boat, she established satellite locations at fish camps around the lake to improve access to health promotion and health care. She even obtained her pilot’s licence, thinking this would probably come in handy! For 20 years, Virginia worked across Canada’s North, in multiple, isolated reserves, as a Director of Nursing in a rural health care facility, and as the Program Lead of the first rural pre-licensure nursing assistant program. In all these capacities, she was able to influence the health promotion and nursing care of Indigenous and non-indigenous populations.

“I had always planned to nurse in Africa,” recalls Virginia. “I went north for the experience, and quickly saw that I did not need to leave Canada, as nurses were so needed within the Indigenous communities.”

While in Grouard, Alberta, Virginia developed a Homemaker Aide program for Indigenous women at the local community college, to prepare them to support their communities and the work of local nurses. When Virginia noticed that a lack of adequate childcare on the reserves was resulting in students missing classes, she spearheaded the organization of a Daycare Society, opening the first daycare at her college for students from across the south of Treaty 8.

“Initiating and establishing the society and the daycare was an incredible experience and achievement, against many odds,” shares Virginia. “I had to submit a request to the Alberta Legislature who then provided us a facility and allowed us to remodel. Community members volunteered time and expertise for the renovation. The college agreed to bus parents AND children from the reserves and we were able to hire excellent staff. We met each challenge and opened our doors to a full complement within eight months from pitching the idea!”

For the past 20 years, Virginia has been on faculty with Athabasca University in the Centre for Nursing and Health Studies. She spearheaded the original post-graduate proposal for the nurse practitioner program and was involved in the development and delivery of Athabasca University’s online distance nursing programs at the graduate and undergraduate levels.

“Distance learning with Athabasca University was such a game changer for so many Albertan (and Canadian) nurses who wanted more education, but who needed to fit it in with full-time and part-time work, and in their home communities. At first, we delivered courses by mail... then by the end of the 90s by email. I am so proud to have been involved with my stellar colleagues during this period,” shares Virginia.

Virginia has made an incredible impact on nursing, as a practitioner, administrator, educator, researcher, and her work and contributions to the profession will continue to influence future generations.
PUBLICATIONS ordered by Hearing Tribunals

CARNA publishes disciplinary decisions in Alberta RN and on its website to advise the public of findings of unprofessional conduct and resulting sanctions. Publishing decisions reinforces safe and proper nursing practice to protect public safety and educates the nurses about what constitutes unprofessional or unethical behaviour.

CARNA MEMBER
REGISTRATION NUMBER:  55,275
A hearing tribunal made a finding of unprofessional conduct against member #55,275, who submitted a section 70 Health Professions Act admission of unprofessional conduct to CARNA. The member attended at work when her ability to practise safely and competently was impaired by alcohol, or the after effects of alcohol consumption. The tribunal issued a reprimand and accepted the member’s undertaking not to practise, pending proof of fitness to practise from an addictions physician and counselors. Upon return to work, the member must complete a short period of supervised practice, provide two satisfactory performance evaluations, undergo ongoing ethanol screening and provide medical reports back to the tribunal confirming her ongoing fitness to practise. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

CARNA MEMBER
REGISTRATION NUMBER:  55,556
A hearing tribunal made a finding of unprofessional conduct against member #55,556. While caring for a post-operative patient in hospital, the member failed to follow the physician’s order to remove staples on the day the staples were scheduled to be removed and inaccurately documented that the remaining staples had been removed from the patient’s wound when they had not. The member then attempted to remove all of the patient’s remaining staples two days later. The member’s actions contributed to the patient’s unnecessary discomfort and a post-operative infection requiring an emergency return to the hospital due to the member’s lack of attention to ensure the removal of all the staples.

For this finding of unprofessional conduct, the hearing tribunal issued a reprimand and an Order that the member complete coursework and submit two satisfactory performance evaluations covering a total of 800 hours of practice. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

CARNA MEMBER
REGISTRATION NUMBER:  58,060
A hearing tribunal made a finding of unprofessional conduct against member #58,060, who over a period of approximately two years, carelessly permitted multiple false reimbursement claims to be submitted on her behalf, for payment under her Alberta Blue Cross account, for treatments allegedly provided to her or one of her family members which had not been provided, and which false claims resulted in substantial overpayments to the member and her family. The member had lost her employment as a result. The hearing tribunal issued a reprimand and directed the member to complete the online modules on the Code of Ethics.

CARNA MEMBER
REGISTRATION NUMBER:  62,638
A hearing tribunal made a finding of unprofessional conduct against member #62,638, who failed to demonstrate the skills and knowledge expected of an RN with his background and area of responsibility related to arterial line setup, defibrillator setup and use, pacemaker setup, and use and central line management. The member failed to complete an appropriate assessment for a patient with respiratory difficulties or provide appropriate care to a patient experiencing seizures. The hearing tribunal issued a reprimand and ordered the member to be restricted to working at his new setting, pending two satisfactory performance evaluations. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

CARNA MEMBER
REGISTRATION NUMBER:  66,065
A hearing tribunal made a finding of unprofessional conduct against member #66,065. Despite being previously warned about poor documentation, the member failed to ensure clinical records were up-to-date. The member failed to provide adequate assessments and oversight of six clients when she failed to do or document visits on occasion, and failed to renew care plans in a timely manner. The hearing tribunal issued a reprimand and ordered the member to pass courses in documentation and responsible nursing, and complete e-modules on the Code of Ethics. The member must prepare and submit a practice improvement plan. The member is restricted to working at her current practice setting pending one satisfactory comprehensive performance evaluation. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.
A hearing tribunal made a finding of unprofessional conduct against member #72,718, who made an admission of unprofessional conduct under section 70 of the Health Professions Act. When not on duty, the member triaged a friend in the emergency department, did an assessment and documented in her friend’s chart, administered Torodol, and without authorization, removed wound dressing supplies and Torodol from the department for the purpose of doing wound care outside the hospital. The hearing tribunal issued a reprimand and ordered the member to pass a course in responsible nursing, complete e-modules on the Code of Ethics and write a paper on maintaining professional boundaries. Conditions shall appear on the member's practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

A hearing tribunal made a finding of unprofessional conduct against member #81,068, who while working as a charge nurse with Alberta Health Services, engaged in inappropriate communications of a sexual nature with another nursing colleague on one occasion and another member of the health-care team on a different occasion. The member also engaged in disrespectful and rude behaviour toward two other nursing colleagues, including one who was in training. For this finding of unprofessional conduct, the hearing tribunal issued a reprimand, ordered coursework and ordered a paper to be completed. Conditions shall appear on the member’s practice permit. Failure to comply with the order may result in suspension of CARNA practice permit.

A hearing tribunal made a finding of unprofessional conduct against member #93,675, who attended at work on one occasion impaired and unfit to practise. On a second occasion, the member attended at work unfit to practise and made two medication errors. The member also failed to notify her employer she would be absent for another shift, which left her colleagues understaffed and created extra work for colleagues who repeatedly attempted to reach the member to check that she was alright. The hearing tribunal issued a reprimand and ordered the member to complete e-modules on the Code of Ethics. The member is restricted to working at her current setting pending two satisfactory performance evaluations. The member must provide ongoing reports from her physicians and counselor, confirming her ongoing fitness to practise for two years after she has complied with the other requirements of the Order. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

A hearing tribunal made a finding of unprofessional conduct against member #97,841, who failed to communicate respectfully with patients on two occasions. The hearing tribunal issued a reprimand and ordered the member to pass a course: Interpersonal Aspects of Nursing. The member must also create and submit a practice improvement plan. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

A hearing tribunal made a finding of unprofessional conduct against member #98,231, who over a period of approximately one year, pilfered Percocet and oxycodone, which she then self-administered, and falsified narcotic records to cover the theft. The member signed out narcotics “as given” or “to go” without a doctor’s order and without documenting that narcotics were given. The member also signed out narcotics “as given” or “to go” to patients who did not exist. The tribunal gave the member a reprimand and accepted an undertaking not to practise as a registered nurse pending proof from a physician and counsellors that she is safe to return to practice. At that time, the member has a choice to return to either a practice setting where there is no access to narcotics and controlled substances, or do a supervised practice in a setting where the member is expected to administer medications, including narcotics and controlled substances. In either setting, the member’s employer will report back to a hearing tribunal. The member is required to continue drug screening and provide further medical reports to a hearing tribunal. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

A hearing tribunal made a finding of unprofessional conduct against member Omar Siddiqi, #103,507, who while employed in the emergency department of an Alberta Health Services hospital, inappropriately pressured a colleague to have sexual intercourse with him and had sexual intercourse with another colleague who was intoxicated and did not consent. For these findings of unprofessional conduct, the hearing tribunal issued a reprimand, suspended the member’s practice permit for a period of six months, ordered coursework and reviews of various resources, ordered 500 hours of indirect supervised practice upon the member’s return to practice and restricted the member’s employment setting pending one satisfactory performance evaluation. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.
CARNÁ MEMBER
REGISTRATION NUMBER:  108,248
A hearing tribunal made a finding of unprofessional conduct against member #108,248. The member had made four errors regarding administration of medications, and on one occasion had failed to adequately assess a patient before attempting a transfer. The hearing tribunal issued a reprimand and directed the member to pass three courses: Documentation in Nursing, Medication Management and Pharmacology in Nursing.

Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit. RN.

In September 2019, Provincial Council approved revisions to CARNA’s bylaws allowing the publication of notices and findings of unprofessional conduct and disciplinary measures, including the name of the regulated member for hearings, decisions and appeals occurring on or after Nov. 15, 2019.

Did you know?
Nurses must show their practice permit if someone asks to see it. In some instances, such as nurses who are self-employed, practice permits must be displayed where they provide professional services.
Learn more in the Health Professions Act (2000) s 35(5).

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**NOTICEBOARD**

**EDMONTON/WEST**

**BETTER Prevention Practitioner Training**
Feb. 13–14, 2020 | Edmonton
better-program.ca

**MSK Pearls Course**
March 14, 2020 | Edmonton
cumming.ucalgary.ca

**CALGARY/WEST**

**Advanced Knowledge for Dementia Care**
March 2–April 5, 2020 | Calgary
mtroyal.ca

**Psychiatry Quarterly Updates: Anxiety Half Day**
March 6, 2020 | Calgary
cumming.ucalgary.ca

**Stroke Symposium Alberta**
April 3, 2020 | Calgary
cumming.ucalgary.ca

**EDMONTON/WEST**

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Feb. 13–14, 2020 | Edmonton
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**MSK Pearls Course**
March 14, 2020 | Edmonton
cumming.ucalgary.ca

**IN MEMORIAM**

Klosptra, Scott, a 2012 graduate of Red Deer College/University of Alberta Collaborative Baccalaureate Program, passed away on Aug. 21, 2019.

Milton, Marla (née Johnson), a 1989 graduate of the Royal Alexandra Hospital School of Nursing, passed away on Sept. 4, 2019.

**FIRST YEAR RN EDUCATION SESSIONS**

Register for these sessions created for nurses in their first year of practice at nurses.ab.ca/events.

**Are you a team player?**
- March 4, 2020
- April 22, 2020
- May 13, 2020

**Bullying in nursing**
- Feb. 19, 2020
- April 8, 2020
- April 29, 2020

**Documentation principles and pitfalls**
- Feb. 26, 2020
- April 1, 2020
- May 6, 2020

**Professional boundaries and why we need them**
- Feb 12, 2020
- April 15, 2020
- May 20, 2020

**Restricted activities**
- Mar 5, 2020
- April 30, 2020
- May 7, 2020

**Scope of practice**
- Feb. 27, 2020
- April 23, 2020
- May 21, 2020

The submission deadline for events and reunions in the Spring 2020 issue of Alberta RN is March 2, 2020. Go to nurses.ab.ca for a complete and up-to-date listing of events and reunions or to submit an event for publication.

**Why pay your fees all at once if you don’t have to?**

No need to pay your CARNA fees all at once!

You can set up prepayments through most Canadian banks so your fees will already be taken care of when renewal opens.

Just sign in to your online or telephone banking account to make a bill payment and add CARNA as a payee. Amounts can vary with each payment and can be made as often as you like.
2020 brings nursing to the forefront

The World Health Organization has recognized nursing’s impact on global health and has deemed 2020 the Year of the Nurse and the Midwife.

Around the world, Nursing Now groups are planning events to celebrate Florence Nightingale’s 200th birthday. From conference to build nursing leadership, to social media challenges, we are acknowledging the impact and influence of nurses.

The aim of Nursing Now is to improve health care by raising the status of nursing worldwide. Launched last year, Nursing Now encourages nurses to step into leadership positions, support progressive health policies and participate in impactful research.

Nurses have been doing these things for decades. Nurses have been influencing health policy, they have been deeply involved in research and as far as leadership is concerned, every nurse I know has played a leadership role in some way, at some time during their days, months and years as nurses. All nurses are leaders. So what is different about 2020? I would suggest that everything is different. There is a strong emphasis on our profession, a call to action.

On April 7, 2020, the World Health Organization will release their State of the World’s Nursing report. It will focus on how the nursing workforce can help deliver health care and highlight areas for policy development in the next three to five years.

I encourage you to stay informed about the upcoming initiatives and the power they have to influence nursing policy on the global, national and local level. This is our year.

As we highlight nursing’s role in 2020 and bring it into the forefront of health care by supporting and hosting numerous initiatives, we encourage you to also engage in activities to shine a light on nursing and its impact on the world’s health.

CARN A is hosting a two-day conference on March 18-19, including our AGM. We are also hosting the first ever virtual conference on June 3 because we understand that not all nurses can attend conferences in person. The sessions will also be recorded to watch at your convenience.

The world offers challenges. Nursing has solutions. Nurses are key change agents, nurses are there 24/7, 365 days a year.

Let’s celebrate 2020 as a milestone year. To see other ways that we’re celebrating this milestone, visit abrn.ca/2020.

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CARN A has partnered with Perkopolis!

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Whether you are new, extremely experienced or curious about this industry #AES2020 is an opportunity for all to learn, network and share.

Jason Olandesca BN, RN CCPE has been in the industry of Aesthetic Nursing since 2006. He has trained multiple physicians, dentists and nurses on the art and science of Aesthetic Injections and devices across Canada and has presented on several topics across North America including Practice Management, Medical Devices and Technology.

He is the CEO and Founder of GLOW MD INC, GMI PRACTICE SOLUTIONS, and GLOW MD CLINICS and is proud to once again bring together practitioners, business owners, and advanced aesthetic experts to THE AESTHETIC SUMMIT 2020 for two-days of education and networking where the focus is on SAFETY, EFFICACY, and RESULTS.

#AES2020 #WCA2020 is hosted by www.gmipracticesolutions.com
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