

Info Nursing

A publication of the Nurses Association of New Brunswick



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Getting Started With Continuing Competence Requirements in 2007

Ask a Practice Advisor: Assigning vs Delegating

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VISION STATEMENT

The vision of the Nurses Association of New Brunswick is: Nurses shaping nursing for healthy New Brunswickers. In pursuit of this vision, NANB exists so that there will be protection of the public, advancement of excellence in the nursing profession (in the interest of the public), and influencing healthy public policy (in the interest of the public).

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Submissions

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Change of address

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Info Nursing

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PRESIDENT & EXECUTIVE DIRECTOR



Let's go where our vision is!

By Sue Ness

A few weeks ago I was privileged to attend the National Nursing Leadership Conference in Ottawa. After spending two and one-half days with peers from New Brunswick and across the country, I came away sincerely optimistic that our profession is up for any challenges it faces.

Some sessions highlighted the importance of the relationships between front-line managers and their staff as a recruitment and retention strategy. Other speakers helped us understand that early career nurses (new grads) and late career nurses (baby boomers) are motivated by different things, but we have much to learn from each other as the health care system evolves. There was also a clear message that patients/clients are counting on us to remain current and relevant in our practice, while continuing to do the right things on their behalf.

The Nurses Association of New Brunswick also wants to offer a significant development opportunity to you, the nurses of New Brunswick. Please join us at the annual meeting to take place May 30 and 31, 2007 at the Delta Hotel in Fredericton. There will be a full day business meeting on May 30 to update you on the important work being accomplished while at the same time giving you the opportunity to network and build linkages with your colleagues. Then I invite you to stay for our Biennial Awards Ceremony where we will recognize the best of the best of our peers in all the domains of nursing. Finally, we'll wrap up with a full day of education that promises to be enriching, thought provoking and maybe even move us forward to a vision. Towards ... 2020!

Look forward to seeing you there! □

Editor's note: Sue Ness is president of the Nurses Association of New Brunswick.



Supporting competence and quality nursing care

By Roxanne Tarjan

Several weeks ago every NANB member received their personal copy of the Continuing Competence Program (CCP). The new CCP requirement was approved by members at the 2005 annual meeting and with this change NANB members are committing to lifelong learning. The establishment of this new regulatory requirement demonstrates to the public and government our professional commitment to maintaining our competence as professionals and to the delivery of safe, quality nursing care. The purpose of professional regulation is public protection. Nursing can pose a risk of harm to the public if practiced by individuals who are inadequately prepared to meet the competency requirements of the profession or by those who fail to maintain their competence during their professional career. This outlines the regulatory mandate of the NANB as described in the *Nurses Act* (1984).

Most Canadian jurisdictions have a similar mandatory CCP requirement and the NANB program will also ensure that our members meet the norm of professional nursing standards that currently exist. Many of you have already participated in a CCP while employed in another jurisdiction and many of you have been calling for the establishment of this standard for some time.

For some, the establishment of this requirement has created a significant amount of anxiety concerning your ability to meet this new standard on an ongoing basis. The reality is most registered nurses are already meeting this requirement. Every day in this province registered nurses are acquiring new knowledge and skills to respond to their patients' needs, whether in an institutional, community, educational or industrial setting. The Continuing Competence Program provides a formalized framework to

Where do NB RNs Work

Hospital	65%
Community/Home	13%
Nursing Homes	10%
Other*	12%

Where do Canadian RNs Work

Hospital	60%
Community/Home	12%
Nursing Homes	17%
Other*	11%

Other*: Educational facilities, correctional agencies, occupational health and research.

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Boardroom Highlights

The NANB board of directors met February 21 and 22, 2007 to conduct the affairs of the Association. What follows are highlights of the major decisions taken:

2007 annual meeting

Board members reviewed a preliminary agenda for the 2007 annual meeting and conference scheduled for May 30 (business day) and 31 (education day), 2007 to be held at the Delta Fredericton. This year's theme is "Nursing: Evidence, Innovation and the Future." Invited guest speakers include Suzanne Gordon, author, journalist, and adjunct professor, McGill University; Michael Villeneuve, executive director, Academy of Canadian Executive Nurses; and Karen Neufeld, president-elect, Canadian Nurses Association.

The registration fee for the conference/education day is \$100 for members and \$40 for nursing students. There is no fee for the annual meeting/business day. Watch for complete details about the annual meeting on the NANB Web site at www.nanb.nb.ca and through your local chapter and workplace communication network representative.

NANB awards selection committee

Four members of the board of directors were selected for the NANB awards selection committee to review submissions for awards to be handed out at the 2007 NANB Awards Banquet, to be held following the annual meeting, May 30, 2007. Committee members are Rose-Marie Chiasson-Goupil, Ruth Alexander, Ruth Riordon and Bonnie Matchett. Details and ticket information will be included in the annual meeting and conference materials. The deadline for the submission of nominations for awards was extended to March 30, 2007. Members are encouraged to nominate deserving candidates for this recognition. NANB staff were available to provide assistance and support in the preparation of nominations. Go to

NANB's Web site at www.nanb.nb.ca for a complete list of awards.

Long range fiscal plan committee recommends fee increase

Board accepted a recommendation from the long range fiscal plan committee to bring a resolution for a registration fee increase to the 2007 annual meeting. Members will have the opportunity to discuss the resolution and vote on the proposed options. The first option proposes a fee increase of \$15 per year from 2008 through to 2011. The second option, if accepted by members, would increase fees by \$15 in 2008 and 2009 and \$10 in 2010 and 2011.

NANB staff will be holding information sessions around the province to answer questions members may have. Watch for complete details/schedule on the NANB web site at www.nanb.nb.ca, *Info Nursing* journal and through your local chapter and workplace communication network representative.

NANB Nursing History Resource Centre

The board of directors voted in favor of donating the Nursing History Resource Centre collection, currently housed at NANB headquarters, to the New Brunswick Museum. The decision to donate the collection, initiated and amassed through the efforts of the late Dr. Arlee Hoyt McGee, will preserve the integrity of artifacts and archival materials and will enhance access to the collection for all New Brunswick nurses and the public. The collection will be named "The New Brunswick Nursing Collection."

The decision also included a commitment to provide financial support for the physical transfer of the collection to the N.B. Museum and ongoing funding, from 2006-2012, to support the collections' continued development, maintenance and promotion.

2007 elections

For the first time in NANB history,

every New Brunswick registered nurse will be able to participate in the selection of the next president-elect of the Association for the 2007-2009 term. She will then assume the presidency from 2009 through to 2011. The position of president-elect will be contested by two candidates in an election scheduled for this spring.

Candidates for the board of director position are Darline Cogswell, Rusagonis (Fredericton area), York-Sunbury Chapter and Martha Vickers, Tetagouche (Bathurst area), Bathurst Chapter. Candidate profiles are published in this edition of *Info Nursing*, on the NANB Web site and will be included with each ballot.

Ballots will be mailed to all NANB members around mid-March and must be received at NANB headquarters on or before April 30, 2007.

Guidelines for camp nursing

The board of directors approved revisions to a document entitled "Guidelines for Camp Nursing in New Brunswick." The publication highlights the role of the camp nurse and provides direction and information for the nurse in preparing for the health needs of campers.

Copies of this publication are available on the NANB Web site at: www.nanb.nb.ca, under publications.

Interest groups recognized

The New Brunswick Nurse Practitioner Interest Group (NBPIG) and the Perianesthesia Nurses of New Brunswick and Prince Edward Island were recognized by the board of directors as special interest groups of the Nurses Association of New Brunswick. The Association supports and encourages the development of special interest groups by registered nurses who have a common interest in a defined area of nursing practice. Guidelines for establishing a NANB special interest group are available from the NANB practice department through

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Star Rising

Letourneau Canada's Premier Young Researcher

Nicole Letourneau is living in a world of superlatives. She is riding a wave of recognition that seemed unlikely only a year ago. This young researcher and associate professor of nursing at the University of Brunswick says she owes her success to living in a province where she feels intimately connected, to her stubbornness, to her persistence.

"At one point I worried I couldn't do it," says Letourneau as she spoke about having three research applications rejected. She had reached a low point. "I was concerned about my research career here."

She had recently moved back to New Brunswick from Alberta where she was assistant professor of nursing in a successful research program at the University of Alberta. The setback led her to question her decision to move back to Fredericton.

Little did she realize in February 2006 that her fortunes

would change. She filled in yet another application for funding, this time to look at the effects of abusive and violent partners on a mother's relationship with her child. Part of the application process involved filling in paperwork to enter the Canadian Institutes of Health Research (CIHR) New Investigator Award Competition.

So last fall, when it was announced that she was the recipient of the CIHR Peter Lougheed New Investigator Award, she was stunned. "I still can't believe that I was ranked most highly," she said recently. With the award goes a research grant of \$500,000 to continue her research at UNB for the next five years.

Dr. Letourneau is the lead researcher of the "Child Health Intervention and Longitudinal Development (CHILD) Studies Program." The program is divided into two streams. The most recent stream to be added to this umbrella program is the one that vaulted her into the national spotlight: "The Mothering Study: Mothering Infants in Families Affected by Intimate Partner Violence."

"The Mothering Project," as Dr. Letourneau familiarly calls

it, "is a Maritime-wide project which will increase the currently limited understanding of the effects of violence on relationships between mothers and infants during the 0-3-year-old period." Letourneau simplifies the project saying, "we're looking at what's going on in the home, what we can do to help, and how we can promote the best outcomes for mothers and children."

The affable and exuberant Letourneau says that she has had offers to go elsewhere. Her response is: "Others may have more wealth, but New Brunswick has so many resources that people don't factor in What I'm doing here would not have had the same impact elsewhere."

Letourneau ascribes the potential success of this project to the fact that she has such a great team to work with and established contacts in the community. People here are not constantly bombarded by request to participate in research projects, so they are more likely to participate.

From now until the summer of 2008, mothers with children under the age of three who have been exposed to violence, as well as service providers, are being invited to take part in this study. Service providers who participate in the study are being asked to talk about their experiences with families who have experienced or are experiencing violence, what they feel the support needs of these families are, and what kinds of support they think are most feasible.

Mothers will be asked how they think being in a violent relationship affected their child, their relationship with their child, and how they think they could have been best supported while they were experiencing relationship violence. They will also be asked to complete a number of questionnaires about their child and their family environment, and will be video recorded teaching their child a simple, five-minute task. Only women who have left their violent partner will be interviewed for safety reasons.

The first and original stream of the CHILD Studies Program comprises three separate projects: the "Postpartum Depression (PPD) Study," "Moms Offering Mentorship and Support (MOMS) Study," and the "DADS Study." This stream "examines families affected by postpartum depression.

All of the foregoing studies under the CHILD Studies Program have as their main goal to "understand the relationship between early care giving experiences, parental stress, and children's development. In particular, these studies are designed to uncover strength-based interventions for at-risk families and their children." To find out more about the CHILD Studies Program go to: www.unbf.ca/nursing/child.

For more information about the MOMS and DADS Studies, please contact Linda Duffett-Leger, project director, tel.: 452-6160 or 1-877-790-1777 (toll free); E-mail: lduffett@unb.ca. For more information about the Mothering Study, please contact Katie Young, project director, tel.: 447-3204, 1-888-639-1555 (toll free); E-mail: Katie.young@unb.ca. Study participation is confidential and small tokens of appreciation are provided. □

Submit Your Resolutions

Deadlines for submitting resolutions during 2007

Since 1999, members have been submitting resolutions to NANB's attention year round. In accordance with the policy of the resolutions committee, resolutions from practising members or chapters must be submitted no later than six weeks before a regular Board meeting or if the originator requests that it be submitted to the annual meeting, then it must be received twelve weeks before the annual meeting.

For 2007, the deadlines are (were) as follows:

- Monday, March 8, 2007 (twelve weeks before the June 30, 2007 annual meeting business day); and
- Wednesday August 31, 2007 (six weeks before board meeting on October 11 and 12, 2007).

Resolutions must be submitted in writing to the resolutions committee, signed by at least two practising members and state whether it is sponsored by individual(s), a group of nurses, or a chapter.

All resolutions submitted to the committee during the year and at the annual meeting will be reported to the membership at each annual meeting. The report will include information about the number of resolutions received, the number ruled out of order or combined, and to whom the resolutions were directed (for example, board of directors or NANB staff).

Please note that the business session with proxy voting will take place Wednesday, May 30, 2007. □

NurseOne

RHA 4 nurses now have access to the portal

It was last June, during the biennial meeting of the Canadian Nurses Association in Saskatoon, that NurseOne (Inf-Fusion) was launched. The portal offers all Canadian nurses the opportunity, regardless of where they practice in the world, access to reliable and up-to-date information at any time. The portal exists to support nurses in their practice, whether it relates to research, education, administration or clinical nursing.

In addition, the portal is a tool for career management, communication among peers and access to health care experts. In order to support nurses in their daily work, the administration of Regional Health Authority 4 (Edmundston area), has made it possible for all nurses within the Authority to access the portal in the workplace. Training will be provided to nurses in collaboration with nurse managers, resource nurses, and educators.

Adapting to the New Workplace Reality

Maximizing the role of RNs within a collaborative nursing practice model

By the staff of the Practice and Policy Department

Editor's note: This is the first of six articles looking at how registered nurses can best adapt to changes in the mix of nursing care providers in the health care system. The topics in the series are: "Professional Nursing Practice: Requisite Capacities," Professional Nursing Practice: Rule of Three," Professional Nursing Practice: Continuing Competency; Organizing Nursing Care," "Directing Care," and "Working Together." It is the hope of the Practice and Policy Department that each article will provide information to registered nurses on how to interpret professional nursing practice from a registered nurse point of view, to assist the registered nurse in understanding her/his professional role and responsibilities in the context of a collaborative practice setting which includes other nursing care providers.

Related articles on information contained in any of the five articles may be offered along the way, such as this month's "Ask a Practice Advisor" question on the difference between assigning and delegating. In each issue of *Info Nursing*, a follow up capsule on how to consider putting the information to work in professional practice will also be offered. While this series is mostly aimed at RNs working in institutions, some of this information is also applicable in community or other settings.

This series of articles derives directly from information presented in the fall of 2005 to 263 clinical leaders in a series of 12 workshops held throughout the province. The workshops were originally developed and presented by Annette LeBouthillier (former practice advisor at NANB) and Noreen Richard (former director of practice and policy at NANB). Before taking her new position with Region 7, Ms. LeBouthillier prepared the majority of the information for these articles.)

Professional nursing practice: requisite capacities

Systemic changes to the health care system and service delivery models are both being driven by and affected by the number, deployment and utilisation of nursing resources. The ongoing changes to the skill mix and service delivery models create new working relationships between registered nurses (RNs) and other nursing care providers. RNs

need a clear understanding of how these changes affect their professional practice as they are increasingly required to work through others to achieve patient outcomes.

As part of the surveillance system for patients in the acute care setting, nurses play a key role in the survival and the recovery of patients (Aiken, Clark, & Sloan, 2000; Aiken, Clark, Sloan, Sochalski, & Silber, 2002; Aiken, Clark, Cheung, Sloan, & Silber, 2003; Clark & Aiken, 2003; Crossan & Ferguson, 2005). Questions about the overlap in RN and LPN scopes of practice have increased substantially everywhere. To describe the scope of nursing is not to refuse to share responsibilities or to refuse to collaborate with others. On the contrary, it means to better define that scope and to determine and to recognise the limits and strengths of each provider. This article outlines the requisite capacities for professional nursing practice.

A professional practice framework, in development at NANB since 2005, lists the requisite capacities of the registered nurse's practice (see Table 1).

"Requisite capacities" are those capacities that are essential for professional nursing practice to occur. For example, in relation to continuing competence the registered nurse

Nursing is one discipline with one body of knowledge. Two self-regulated care givers provide nursing care: The registered nurse and the licensed practical nurse (NANB & ANBLPN, 2003, p. 4).

is required, by the standards of practice [NANB (2005) Standard 3], to: "3.2 continually assess ... practice to identify learning needs and opportunities for improvement; ... and 3.4 use reflective thought and feedback from others to implement changes in own practice." Achievement of requisite capacities leads to a greater probability of desired patient outcomes.

Nurses must remember that their level of education prepares them not only to collect information about a patient's condition, but also to interpret its meaning, to plan appro-

Table 1. Requisite Capacities for Registered Nurses' Practice

Continuing competence	Inherent ownership of professional role	Decision making about professional matters and work of the profession	Understanding of accountabilitys of each of the partners	Organizing patient care	Directing nursing work	Collaboration & working with others
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priate interventions and to evaluate whether appropriate patient outcomes were reached. Nurses must remember that their practice is knowledge based which requires active and continual knowledge development that is pertinent to the patient population for which they are caring.

The registered nurse is also required to work in collaboration with others while maintaining the responsibility for the organization and direction of nursing care. Due to human resource shortages world wide, nurses can no longer work in isolation of other nursing care providers (regulated and unregulated) and other health care disciplines. In this regard, nurses must know and adapt strategies that local resources and agency policy support in order to assure best evidence-informed care.

Nurses, at times, feel uncomfortable directing the nursing care provided by other regulated nursing care providers. Many nurses were educated and worked in environments when staffing was mostly all RNs, and therefore have not had the opportunity to develop the skills required for assigning, delegating and supervising care delivered by others (to be discussed in future articles). Again, these become needed knowledge-based skills, along with associated leadership, decision-making and judgment.

The legislated scopes of practice of both regulated nursing care providers are outlined in Table 2. To make good decisions about the assignment of patient care, registered nurses need to understand clearly the extent of their scope and that of licensed practical nurses. Nurses also need to be reminded that it is their level of knowledge and legislated mandate which differentiates them from other nursing care providers and enables them to interpret assessment data and plan appropriate interventions to meet the patient's needs.

In this first of six related articles on the topic of collaborative nursing practice, an introduction to the requisite capacities for registered nurse practice, also needed to meet challenges of the changing workplace, has been offered. In order to be able to continue to provide safe and quality nursing care, the registered nurse must continue to apply sound evaluation skills, best judgment based on evidence-informed practice, and must more than before exercise a leadership capacity. Because of the registered nurse's education and competences, as well as the legislated relationship with other care providers, the registered nurse retains

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Table 2: Legislated scope of practice

Registered Nurses

Nurse is a person who has met the qualifications for registration as a nurse pursuant to the *Act*, the bylaws and the rules of the Association and is **entitled to engage in the practice of nursing** in N.B. "**Nursing** is defined as the practice of nursing and **includes the nursing assessment and treatment of human responses to actual or potential health problems and the nursing supervision thereof**" (*Nurses Act*, 1984).

Licensed Practical Nurses

"Practical Nurse means a graduate of an approved school of practical nurses who, being neither a registered nurse nor a person in training to be a registered nurse, **undertakes the care of patients under the direction of a registered nurse or duly qualified medical practitioner, for custodial, convalescent, sub-acutely ill and chronically ill patients, and who assists registered nurses in the care of acutely ill patients**, rendering the services for which he or she has been trained" (*LPN ACT*, 2002.)

Capsule on Practice

By the staff of the Practice and Policy Department

The underlying assumption of this article is that while nursing care may sometimes be comprised of a series of routine tasks, health conditions, agency services, partners in care, and, most importantly, the individual needs of the patient demand that the registered nurse has the awareness and skill to utilise available resources for the benefit of the patient. In the new and changing workplace, one resource is made up of people, whether other RNs, LPNs or unregulated care providers (UCPs). As the condition of patients in hospital becomes more acute, the RN must be able to correctly identify and interpret signs and symptoms of deterioration – sometimes from information collected by others.

Knowledge of the abilities and limits of the provider partners goes beyond their individual skill set or knowledge base. Registered nurses must also be aware of legislative and agency limits on those providers' ability to care for patients. Rather than liberally or entirely assign or delegate care to those providers, the registered nurse must assess the appropriateness of such a choice depending on the condition and needs of the patient. The registered nurse is responsible for those choices as well as any direct care given by self.

While any other care provider is responsible and accountable for his or her actions toward a patient, the registered nurse remains responsible for monitoring the progress of care and to change the care plan or skill mix of providers as necessary to prevent harm and to achieve desired outcomes. (Supervision does not include direct observation except where, for instance, the RN is teaching someone a particular technique or task, or is a formal supervisor or manager.) The care delivery model (to be discussed in another article) affects how this is accomplished and how much direct contact with a particular patient the RN has, or under what conditions. Employers have an important role to play in assuring that the RN has the authority to plan and to deliver care with available resources, and to respond to changing patient conditions.

Continuing Competence Program

CCP LEARNING IN ACTION

Getting started with continuing competence requirements in 2007

The NANB Continuing Competence Program materials were mailed to all New Brunswick registered nurses in late January. The package includes a program overview, tools to document continuing competence activities and examples to facilitate an understanding of the program.

All registered nurses must meet the Continuing Competence Program (CCP) requirements in order to renew registration for 2008.

Suggestions on how to keep your documents easily

The NANB Continuing Competence Program materials were designed to fit into a three-ring binder. The "Completed

Continuing competence is a necessary component of safe practice. The NANB Continuing Competence Program is based on the principle that registered nurses are competent and committed to lifelong learning.

Years" tab is specifically designed to help keep your records all in one place. Add plastic sleeves to store smaller documents such as cards, certificates, notes, and so forth.

Getting Starting

Read through the CCP materials to familiarize yourself with the requirements of the Continuing Competence Program.

If you have questions after reading your CCP materials, seek clarification.

NANB is committed to providing member support and guidance to assist members with meeting the CCP requirements. Beginning in mid-March 2007, numerous one-hour educational sessions will be offered throughout the province in both official languages at various workplaces. Check the NANB website for up-to-date schedules. Additionally, you may call or E-mail questions regarding the NANB Continuing Competence Program directly to NANB. See "ongoing support" section below for specific contact information.

Three steps to meeting continuing competence requirements

The "Three Step Guide" section in your CCP package outlines the steps required to meet continuing competence requirements. The "Examples of Completed Worksheets" section offers four examples of completed worksheets. The three steps are:

1. Self-assessment

Using the five NANB *Standards of Practice for Registered Nurses* and corresponding indicators, you will reflect on your practice and identify learning needs at least once per year.

A tool to document your self-assessment, the "Self-Assessment Worksheet," is included with your CCP materials. Additional worksheets can be downloaded from NANB's Web site.

2. Learning Plan

During any year, you will take part in other learning activities that you did not include in your CCP learning plan. The CCP materials you receive in early 2007 will include a section where you can record additional learning activities as they occur.

3. Evaluation

Once you have completed your learning activities you will consider whether the learning activities helped you meet your learning objective and whether they made a difference to your practice.

Ongoing Support

Questions regarding the NANB Continuing Competence Program may be directed to the practice advisor, by E-mail at nanb@nanb.nb.ca or calling toll free 1-800-442-4417 (in N.B.) or 458-8731 (local).

Check the NANB website for up-to-date information on scheduled one-hour presentations at www.nanb.nb.ca. □



Over 400 Attend

NANB Fall Practice Forums in 2006

By Doug Wheeler

In even-numbered years, when NANB holds a short annual general meeting, NANB staff undertakes a series of face-to-face encounters with practising nurses around the province. This fall marked the fourth time such an event was held, with staff from the practice department presenting a variety of information, as well as offering an opportunity for nurses to inform the Association about their concerns.

Day-long sessions in English or French were held in eight communities, from October 18 through November 29: Tracadie, Bathurst, Campbellton, Edmundston, Saint John, Moncton, Miramichi and Fredericton. Campbellton and Moncton each had sessions in both languages, which meant a total of ten sessions in those eight communities.

Preparations for the series were co-ordinated by secretarial staff of NANB with great support from on-site health region staff. To assure adequate handout materials and snacks, pre-registration was required. Nurses were asked to indicate if they intended to attend for the full day or for the Continuing Competence Programme (CCP) portion only.

The range of group size was from 16 to 95 nurses, with a total attendance

of 449 officially logged (approximately another 30 or so nurses attended who had not previously registered). Only 111 of the total registered for the CCP portion only. A number of NANB Board members and chapter presidents attended, and were also active participants. An evaluation of participant comments and demographics is underway.

The day was arranged in four parts. The first part of the day, Bits and Bites, was designed to offer information about the Association and some of its activities that nurses might not have been aware of. The second part of the day, Trends and Issues, was a structured form of brainstorming where nurses were asked to identify issues, and in some part, to offer ideas on how to respond to those issues, whether they were local or provincial in nature. The third part of the day was an opportunity for nurses to learn more about CCP – what it is or is not, and evaluate the CCP tools. The last part of the day was an introduction to the CNA NurseOne portal.

Evaluation comments seen so far suggest that Bits and Bites was occasionally interesting. For Trends and Issues, nurses generally wanted more time to discuss issues, or more frequent meetings of this kind to facilitate discussion. While nurses expressed disappointment with the CCP information in a few areas, the majority of nurses were both enthused and relieved at the purpose or content of the CCP

material. In those locales where a live demonstration of the Nurses Portal was possible, comments were more favourable than those places where only a description could be given. Whether nurses were pleased or dismayed by the topics or the time available, they were actively engaged with the presenters in every location.

Nurses especially wanted to be sure that the information they offered to NANB during the Trends and Issues part of the day was not simply lost or left sitting: This information will inform ongoing or future activities of NANB. Some issues were clearly regional, while others appeared in more than one region. Each Chapter will receive specific information about issues raised in their area, and a general listing of issues raised at all sites. Chapters may then continue the “conversation” with members and continue to fulfill the communication role they have with members and the Association.

Lessons learnt for future fall forums include a need for at least one more French-only session in the northeastern part of the province, a need not to vary from the planned schedule so that people do not miss particular topics of interest (those who do not come for the full day), and a re-enforcement of the belief that nurses do want to be more involved in the Association.

This is the first time a formal survey of attendance is being analysed to try to find a way to make the sessions more easily accessible to nurses in any practice context; that information is to be assessed with the next round in mind, in 2008. This intention is in keeping with the direction NANB took from the organisational review which leads to greater involvement and visibility of the Association with nurses. As the last fall Practice Forums were attended by a total of 236 nurses, this year’s attendance of 449 suggests a modest improvement. Efforts to improve that showing will continue. □

Editor’s note: Doug Wheeler is the director of practice and policy at the Nurses Association of New Brunswick.

Did you know that you can access NANB publications at any time?

Visit www.nanb.nb.ca to download.

Call (506) 458-8731 or 1 800 442-4417 to have them mailed to you.

E-mail: nanb@nanb.nb.ca to have them electronically delivered to you.

Assigning vs Delegating: Is there a difference in nursing care?



By Virgil Guitard

Yes, there is a difference. Nursing is one discipline with one body of knowledge. Nursing care in New Brunswick is provided by two categories of self-regulated care givers: registered nurses (RNs) and licensed practical nurses (LPNs), who work collaboratively as a team to provide safe, quality care that maximizes benefits to the clients. "Given the depth and breadth of knowledge which differentiate their education, the scope of practice of registered nurses (RN) and licensed practical nurses (LPN) is not the same" (NANB, 2003).

The RN is responsible for the overall direction of nursing care. The LPN provides care within their scope of practice and under the direction of the RN. The level of communication necessary between the RN and LPN during a shift is determined by the client predictability. As client outcomes become more predictable, the LPN functions with minimal direction, following the plan of care. As client outcomes become less predictable, the RN takes a lead role in the care and gives specific direction to the LPN. This lead role includes supervision of nursing care provided which means consultation, guidance, evaluation and follow-up by the RN at the point of care, for the purpose of overseeing the care which is assigned.

When the RN/LPN team is sharing a client assignment, the following factors must be taken into consideration when determining workload:

- what care requirements are needed for the client,
- who will be responsible for implementing these interventions, and
- how the RN and LPN communicate about the patient's care needs throughout the shift.

Work is divided up using each care team member's skills to the fullest extent, freeing the RN to do the work that only an RN can do. When help is needed, care team members assist each other or reorganize their work plan for the shift. The LPN is responsible for requesting direction from the RN when assistance is required.

Work assignment

Assignment is "the selective designation of specific responsibilities for client care within the legislated scope of practice, role description and employer policies" (NANB, 2003).

In different settings, the work assignment for nursing care is determined by different nursing personnel. For example, it can be done by a nurse manager, team leader, resource nurse, cover nurse or case manager. When assigning clinical responsibilities, many key factors must be considered. Those factors are (1) the care requirements, (2) the com-

petencies and the care provider characteristics, and (3) the practice setting.

Delegation of nursing functions

It is important to note that there is a clear distinction between assigning care and delegating care. Assignment occurs when the required care falls within the scope of practice and within the employing agency's role description and policies.

Delegation is defined as the "formal transference of authority to perform a specific function in a selected situation" (CNPS, 2000). Delegation of nursing function occurs when the function is outside the caregiver's scope of practice. This will require that the one delegated to will need to be taught how to perform the desired work. Although nurses are responsible to clients for ensuring safe nursing care, health care facilities are also responsible for authorizing nurses to delegate to other health care workers. Because of agency liability, nursing tasks or procedures cannot be delegated to other health care workers without the presence of the employer's authorization.

When deciding to delegate care, the following factors must be considered:

- the presence of agency policies and protocols that support nurses delegating nursing tasks and procedures (NANB, 2002),
- the complexity and variability of the care needs,
- the level of supervision needed,
- the complexity of the client's condition and how it is expected to change over time,
- the cognitive and technical requirements of nursing care for the client,
- the intensity and range of potential negative outcomes of the care activities, and
- the availability of resources to consult or intervene.

For more information on assignment or delegation, please contact the Nurses Association of New Brunswick at 1-506-458-8731 or 1-800-442-4417 or go to our Web site at www.nanb.nb.ca.

References:

Nurses Association of New Brunswick (2002). Position Statement: *Delegated Nursing Tasks and Procedures*. Fredericton, NB. Author. http://www.nanb.nb.ca/pdf_e/

Advisor...continued on page 21

Beyond the Needle

The nurse's role in pre-travel counseling

Editor's note: The following information was submitted to NANB in response to an "Ask a Practice Advisor" article on pre-travel immunization which appeared in the spring 2006 edition of Info Nursing. Nan Cleator, national practice consultant, client services team, VON Canada, offers additional information to nurses in determining whether they have the required competencies to administer a vaccine. Ms. Cleator pointed out the following in her letter sent to the Association: "In closing, as a pre-travel consultant, I was delighted that you thoroughly addressed the professional steps for providing immunization. I hope ... [the following] will help in thinking beyond vaccine (or the needle)."

In general, the practice advisor's response to the question was comprehensive and helpful. However, because the subject is "travel immunization," some additional words of caution might be useful for nurses who are trying to determine if they have the "knowledge, skill, and judgment required to assess the appropriateness of the vaccine."

The Public Health Agency of Canada (PHAC) supports a Committee to Advise on Travel Medicine and Travel (CATMAT) (<http://www.phac-aspc.gc.ca/tmp-pmv/catmat-ccmtmv/index.html>). CATMAT provides competency guidelines and information for health professionals who provide services to travellers. According to CATMAT, it is estimated that out of 1,000,000 Canadians who travel to tropical destinations annually, less than 10% seek pre-travel medical advice. A significant increase in the number of Canadian travellers who have acquired malaria abroad reflects this situation. In 1997, more than 1,000 cases of malaria were reported in Canada, compared to 430 cases in 1994. There is no vaccine that protects against malaria. Recommendations for prophylactic medications are region specific and guidelines for avoiding mosquito bites are important.

Malaria is not the only hazard. Pre-travel nurses assist cli-

ents to avoid severe illness through region specific counseling (For example, how to avoid contaminated food and water, sexually transmitted diseases, and so forth.). They also provide information about the prevention and management of non-infectious risks such as:

- the effect of travel on current medical conditions (for example, diabetes mellitus, cardiopulmonary disease);
- travel-associated illnesses (for example, motion sickness, jet lag, barotrauma);
- environmental illness (for example, sun, heat, cold, pollution, altitude);
- threats to personal security;
- modes of transportation and their dangers (for example, motorcycles, private vehicles, public transport);
- trauma (for example, injuries, accidents); and
- psycho-social issues of long-term travel (for example, culture shock, adaptation).

Pre-travel medicine is an emerging specialty. In the "Guidelines for the Practice of Travel Medicine" (CATMAT), there is a caution about general health professionals providing pre-travel advice.

Concerns about the quality of advice provided to Canadian travellers have been presented. Anecdotal reports and several studies suggest that many Canadians are receiving pre-travel advice from health-care practitioners who are ill equipped to provide up-to-date advice; in fact, incor-

rect advice provided to some Canadian travellers has led to severe consequences, including death.

Nurses who advise Canadian travellers need the most current and practical information on the prevention and treatment of travel-related diseases and illnesses. The PHAC through CATMAT designates and monitors pretravel clinics. Only clinics designated by CATMAT have the authority to administer Yellow Fever Vaccine and provide International Certificates of Yellow Fever Vaccination. □



Elections 2007

President-elect

By Linda LeBlanc

The NANB nominations committee, which is comprised of the eleven chapter presidents, met in October 2006 to prepare for the 2007 election. The position of president-elect is being contested by two candidates.



Darline Cogswell President-Elect

Education: graduate, Miss A.J. McMaster School of Nursing, Moncton, 1977.

Additional education: BN, University of New Brunswick, 1977. Certification, emergency nursing, Canadian Nurses Association, 1995.

Present position: Oromocto Public Hospital facility manager and emergency room manager, River Valley Health.

Professional activities: chairperson, N.B. Telecare Advisory Committee (2006-2008); three terms on board of directors of the Nurses Association of New Brunswick as chapter president, nurse member-at-large for practice and nurse member-at-large for administration; president, York-Sunbury Chapter (2006-08); former president, Oromocto Hospital Foundation; member, executive committee, New Brunswick Nurses Union (2000-06); former member, NANB discipline and review committee; member, emergency nurses certification committee, Canadian Nurses Association, 1998-2006; and adjudicator, Canadian Nurses Protective Society (2006-present).

Nominated by: York-Sunbury Chapter.

Reason for accepting nomination: "The future needs of nurses and the public demand for nursing is changing; these are exciting times. I have been active in the Association and Nurses Union for over 25 years. I love nursing, and would choose to do it all over again. With your support, I would welcome the opportunity to continue my commitment to nursing in New Brunswick as your president-elect."

Procedure

A call for nominations was published in the fall edition of *Info Nursing*. The deadline for receipt of nominations was January 30, 2007.



Martha Vickers President-Elect

Education: BN, University of New Brunswick, 1985

Additional education: nurse practitioner certificate, University of New Brunswick, 2003; MN, Advanced Nurse Practitioner Stream; University of New Brunswick, 2003.

Present position: primary health care nurse practitioner (NP), Collaborative Family Practice with Dr. Natalie Cauchon.

Professional activities: member, Nurse Practitioner Therapeutics Committee: New Brunswick (2006-); member, Regional Education Committee, New Brunswick Parish Nursing Ministries (2006-); member, Fetal Alcohol Awareness Initiative Committee, Bathurst (2004); Nurses Association of New Brunswick (NANB) Education Committee (2003-ongoing); nurse member-at-large for education, NANB, (2003-2006); member, registered nurse competency review committee, Canadian Nurses Association, (2003); member, "safe spaces" initiative committee, Bathurst (2003); member, nurse practitioner implementation committee, N.B. Department of Health and Wellness, University of New Brunswick and NANB (2002); member, NANB Bathurst Chapter, public relations (2002-04); member, UNB faculty of nursing curriculum committee and subcommittees; and member, quality patient care committee, Markham-Stouffville Hospital Medical Program.

Elections...continued on page 22

Vote By Mail

2007 Election to the Board of Directors

This is the second year of a new process for electing members to the NANB board of directors. Previously the election of Board members took place by proxy voting at the two and one-half day annual meeting every second year. However, at the 2005 annual meeting members voted to support the introduction of a vote-by-mail electoral system which will provide all members with an opportunity to vote.

The new Board structure, which came into effect September 1, 2005, has a president, a president-elect, seven regional directors and three public members. The first mail vote for president-elect will take place this year. All of the seven region directors were elected in 2006 and began their term on September 1.

All practising members are eligible to vote for the position of president-elect and received a voting ballot and information about the candidates in the mail at the end of March. Voting day for the position of president-elect is April 30, 2007 which means that the ballot must be received at the NANB office by that date. Ballots received after April 30 will be considered "void."

Proxy Voting Form

(please print)

I, _____,
a practising nurse member of the Nurses
Association of New Brunswick, hereby appoint,

registration number _____
as my proxy to act and vote on my behalf, at
the annual meeting of the Nurses Association of
New Brunswick to be held May 30, 2007 and any
adjournment thereof.

Signed this day _____ of _____ 2007.

Registration no _____

Signature _____

Proxy Voting

What you need to know

Anyone who does not plan to attend the 2007 annual meeting can make their views known through a process called proxy voting. Simply put, it is a way of voting at annual meetings by means of a proxy or person that you have entrusted to vote on your behalf. Please read the following information carefully to make sure that your opinions are counted.

What is a proxy?

A proxy is a written statement authorizing a person to vote on behalf of another person at a meeting. NANB will use proxy voting at the upcoming annual meeting, May 30, 2007, in Fredericton.

By signing the proxy form on this page, practising members authorize a person to vote in their place. Nurses attending the annual meeting may carry up to four proxy votes as well as their own vote.

What the Association bylaw says about proxy voting

The following NANB bylaw outlines the proxy voting process. An explanation of this bylaw, with appropriate examples, follows: A12.09 A. Each practising member may vote at the annual meeting either in person or by proxy. B. The appointed proxy must be a practising member. C. No person shall hold more than four (4) proxies. D. The member appointing a proxy shall notify the Association in writing on a form similar to the following or any other form which the board shall approve. Proxy forms shall be mailed to members approximately one (1) month prior to the date of the annual meeting. This completed form shall be received at the Association office by the Friday immediately preceding the annual meeting.

Information for nurses who give their vote away

Nurses holding NANB practising memberships may give their vote to another practising member. They should, however, keep the following in mind: (a) know the person to whom they are giving their vote, (b) share their opinion on how they wish that person to vote for them, (c) realize that the person holding their proxy may hear discussions at the meeting that could shed a different light on an issue (so discuss the flexibility of your vote), (d) fill out the form on this page accurately (the blank form may be reproduced if necessary), and (e) send the form to the NANB office. All forms must be received at the office by May 25, 2007 at 1300 hrs.

When proxy forms are received at the Association office, staff members check that both nurses named on the form hold practising membership and that the information on the form is accurate. Occasionally a form has to be considered void because the name does not coincide with the registration number on record. A form is also void if it is not

Proxy...continued on page 21

PEOPLE, PLACES & THINGS

New health-care information service launched

A new health resource has been made available to New Brunswickers and health care workers through a partnership between the New Brunswick Public Library Service (NBPLS), the University of New Brunswick (UNB) Libraries, and the Regional Health Authority (RHA) libraries.

The Cochrane Library is an electronic resource containing systematic reviews on the effectiveness of a wide range of health-care treatments. It contains the best research conducted on different health-care interventions.

The reviews are reports of the results of many studies on a particular treatment method. Each review contains a plain-language summary that concludes whether or not a treatment has been shown to be effective.

The partnership between the UNB and RHA libraries is the first multiple-partner provincial library partnership in New Brunswick. Without the participation of the public library system the resource would only be available to hospital and university users. Now, access to the Cochrane Library is available through the electronic resources section of the NBPLS website to all New Brunswickers who have a public library card.

The resource will be of particular interest to health professionals who do not have access to the service through the RHA libraries or through the university.

For more information about the Cochrane Library or to obtain a free public library card, visit one of the province's many public libraries or bookmobiles, the University of New Brunswick libraries or RHA libraries. At present, the content of this database is only available in English.

Last opportunity for RNs interested in obtaining UNB BN/RN degree

Based on results of a recent survey of RNs in the Province of New Brunswick, the UNB faculty of nursing will accept its final cohort of students in Fred-

erickton to begin study during the fall semester 2007.

This cohort will be required to complete nursing courses first in a timely manner (by May 2011) and thereafter will be expected to complete non-nursing courses by May 2015. UNBSJ integrated day classes will be available for those who prefer those time slots.

Saint John students interested in evening classes/distance education will be offered that option. Students interested in taking the N.B. Critical Care Program before 2008 should register with the BN/RN Program by September 2007 so that a plan of study can be recommended. Please direct inquiries to lewisk@unb.ca or pmallory@unbsj.ca.

New tool in place for reporting adverse reactions to health products

Health Canada's MedEffect Web site (www.healthcanada.gc.ca/medeffect) has been updated to accept online transmittable reports of suspected adverse reactions (ARs) to health products marketed in Canada. Now, in addition to the previous reporting

methods, including mailing reports or using the toll-free fax or telephone numbers, health care professionals and consumers can submit reports of ARs online. Upon the online submission of a report, the system will generate a file that can be printed and stored electronically by the reporter.

Information related to the identity of the patient and the reporter of the AR will be protected according to the *Access to Information Act* and the *Privacy Act*. Under-reporting of ARs is a well-known global issue. International studies have estimated that only one to ten percent of all ARs are reported. Health professionals have identified barriers to reporting that relate to the inconvenience and lack of user-friendliness of reporting. The new user-friendly online AR reporting form will make the process more convenient and should contribute to increased AR reporting.

Visit the MedEffect Web site at www.healthcanada.gc.ca/medeffect to submit an AR report online, to view the latest advisories, AR information and other reporting initiatives.

For additional information please write or call: Canadian Adverse Reaction



Canadian Nurses Foundation

Fondation des infirmières et infirmiers du Canada

Our Mission

To promote health and quality patient care in Canada by supporting nursing education and research.

Our Vision

Enough nurses right across Canada with the knowledge and skills they need to provide the best care possible to individuals, families, and communities.

To achieve this, the Canadian Nurses Foundation provides study awards to nursing students and contributes to operating grants for researchers on nursing care issues.

Your gift, no matter the size, will help CNF to support nurses in meeting the demands of health and patient care today and into the future.

Visit our website at:

www.canadiannursesfoundation.com

Monitoring - Atlantic For New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland & Labrador, 1505 Barrington Street, Maritime Centre, Suite 1625, 16th Floor; Halifax, Nova Scotia B3J 3Y6; tel: toll free 1-866-234-2345; fax: toll free 1-866-678-6789; E-mail: Atlantic_AR@hc-sc.gc.ca.

Moncton nurses release 12 e-learning modules

Last fall, Moncton nurses Trisha Coady and Lynn Casey (see May 2006 edition of *Info Nursing*) officially released a full slate of 12 computer-based, interactive learning modules with online support to meet the continuing education needs of nurses in Canada and the United States. Further expansion is planned over the next year.

Coady and Casey, who have front line experience in emergency and critical care, conducted a market survey over the last several years and found that there was a need for affordable and accessible continuing education for nurses.

The e-learning modules are being marketed under the "MedSenses" company name. MedSenses is essentially an educational portal for health care providers that includes comprehensive interactive learning both online and on CD. The modules are being made available on CD-ROM's so that, even without a high-speed internet connection, anyone with a computer can have easy access to the same information with the same level of visual and interactive richness.

The two, working with a team of writers and designers, have produced learning modules that integrate solid medical and technical information with insight and stories from real-world clinical experiences as well as original, copyrighted illustrations and graphics.

MedSenses is currently offering education components in the areas of neonatal, pediatrics, adult, trauma and transport. The offerings are accredited by the American Nurses Credentialing Centre for continuing education credit and are appropriate for nurses new to the profession or transitioning into a new area of care, as well as highly-experienced nurses seeking to refresh and update knowledge and skills. □

NANB Consultation Services

Did you know that NANB offers individual, one-on-one, consultation services?

This confidential service is offered to support New Brunswick nurses and to encourage safe, ethical, and competent practice.

Consultation is offered on a wide variety of issues such as the interpretation of Association documents and government legislation, scope of practice issues, ethical behaviours and standards, issues of safety and appropriate action, conflict resolution, and the management of procedural and practice issues.

If you would like to access NANB Consultation Services, please contact Virgil Guitard, nursing practice advisor, tel.: (506) 783-8745; toll-free 1-800-442-4417; or E-mail: vguitard@nanb.nb.ca.

Executive Director

Continued from page 4

assist you in identifying your priorities for development over the coming year and a system to maintain personal records of your professional development.

Our commitment to you as a member of the NANB is to provide you with the information and coaching to assist you in meeting this new requirement. As this edition of *Info Nursing* goes to print a spring schedule of information sessions is being rolled out across the province. Additional resources have been posted on the NANB web site and will be added to throughout the year. Information sessions will be made available again in the fall and you can always access the toll free Practice Consultation Service. New Brunswick nurses have been and will continue to be leaders in advancing the profession of nursing and their commitment to the delivery of safe, quality nursing care. □

Editor's note: Roxanne Tarjan is executive director of the Nurses Association of New Brunswick.

Workplace Reality

Continued from page 9

responsibility for direction or planning of care. Future articles will touch on some of the responsibilities employers have in supporting registered nurse practice for the benefit of the patient.

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Nursing: Evidence, Innovation and the Future

91st Annual Meeting Agenda – Delta Hotel, Fredericton

Annual Meeting

Wednesday, May 30, 2007

0730

Registration

0900-1030

Call to order

Introductions

Greetings – Department of Health

Greetings – Karen Neufeld, CNA president-elect

Approval – agenda, rules and privileges

Appointment of scrutineers

Deadline for resolutions (12 noon)

Announcements

President's address

Annual update to members – Executive Director

Auditor's report

1030-1100

Nutrition break

Announcement (deadline for resolutions)

1100-1200

Presentation, CNA President-Elect, Karen Neufeld

1200-1300

Students forum

1200-1330

Lunch break

1330-1430

CNPS – Ann Tapp, professional liability officer, – *Trends and Issues Related to Professional Liability*

1430-1530

Resolutions committee report

Voting on resolutions

New business

1530-1600

Nutrition break

1600-1630

Election results

Installation of new president

Invitation to 2008 annual meeting

Adjournment

1800-2100

Cash bar

1900

*Awards banquet

*Deadline for purchase of banquet ticket is
May 23, 2007

Conference

Thursday, May 31, 2007

0800

Registration

0900-1000

Keynote speaker – Suzanne Gordon, journalist and adjunct professor, McGill University: *Changing the Odds for Nurses and Patient Care: What Nurses Can Do to End the Nursing Crisis*

1000-1030

Nutrition break

1030-1130

Dr. Deborah White, assistant professor, faculty of nursing, University of Calgary: *An Evidence-Informed Approach to Optimizing Nursing Role Enactment*

1130-1300

Lunch break

1300-1430

Nursing Innovations in N.B.

Jane Duncan, staff educator, Surgical Program, South East Regional Health Authority (Region 1) – *Guidelines to Communicating With Physicians Using the SBAR Process*

Dawn Torpe, clinical nurse specialist, River Valley Regional Health Authority (Region 3) – *Nurses Improving Care to the Elderly in Acute Care*

Suzanne Ouellet, professor, school of nursing, Université de Moncton, Shippagan Campus – *Evidence-Informed Nursing Care: Development of a Support Program for Family Caregivers*

1430-1500

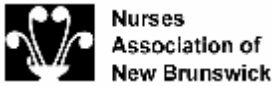
Nutrition break

1500-1615

Michael Villeneuve, scholar in residence, Canadian Nurses Association and executive director, Academy of Canadian Executive Nurses – *Toward 2020: New Directions for Canadian Nursing*

1615-1630

Closing remarks and wrap-up



Pre-registration Form

NANB 2007 ANNUAL MEETING AND AWARDS BANQUET

Nursing: Evidence, Innovation, and the Future

DELTA HOTEL, FREDERICTON, NB, MAY 30 and 31, 2007

Pre-register by **May 23, 2007** OR register on site

For more information, contact NANB at 1-800-442-4417 or 458-8731 (local); E-mail: nanb@nanb.nb.ca; Fax: 459-2838

Name:	Registration #:
Address:	
City:	Province:
Postal Code:	Telephone:
E-mail:	Fax:

Pre-registration Deadline

Completed form with payment must be received by **May 23, 2007**. Incomplete forms will not be processed. This form will be the official invoice; no other invoice will be provided.

Annual Meeting & Banquet fees

- \$114.00 (\$100 + \$14 HST) Annual Meeting and Conference – May 30 & 31, 2007
- \$45.60 (\$40 + 5.60 HST) Student fee for Annual Meeting and Conference
- No charge Annual Meeting only – May 30, 2007
- \$114.00 (\$100 + \$14 HST) Conference only – May 31, 2007

AWARDS BANQUET

- \$34.20 (\$30 + \$4.20 HST) Banquet – Wednesday evening, May 30, 2007 at 7:00 p.m. (cash bar 6:00 p.m.)
DEADLINE for purchasing banquet ticket is **May 23, 2007**. Tickets will not be available after this date, and no refunds will apply after this date.

\$_____ TOTAL ENCLOSED

Method of Payment

Payment by cheque payable to:

Nurses Association of New Brunswick, 165 Regent St., Fredericton, NB E3B 7B4

Visa: _____
(Sixteen numbers)

Mastercard: _____
(Sixteen numbers)

Expiry Date: _____

Authorizing Signature: _____

Cancellation Policy

Cancellations will be accepted up to and including May 23, 2007.

Hotel Information

A block of rooms has been reserved for May 30 and May 31, 2007 at the Delta Hotel, 225 Woodstock Rd., Fredericton. Single or double occupancy is \$135 CDN plus taxes per room, per night. All individuals will be responsible for making their own reservations by contacting the reservation desk directly at 1-506-457-7000 (in Fredericton); toll free:1-888-462-8800; on line <http://www.deltafredericton.ca/nanb>. Be sure to mention that you are attending the NANB Annual Meeting. Reservations are on a first-come, first-served basis. The block of rooms will be available until May 10, 2007.

Further information at www.nanb.nb.ca.

Professional conduct review decisions

Registration suspended

On November 22, 2006, the NANB complaints committee suspended the registration of registrant number 019615 pending the outcome of a hearing before the discipline committee.

Registration revoked

On December 1, 2006, the registrar of the Nurses Association of New Brunswick revoked the registration of Patricia Woods, registration number 025509, as a result of her voluntarily surrendering her registration in another Canadian jurisdiction.

Registration revoked

The Nurses Association of New Brunswick hereby gives notice under Section 45.1 of the *Nurses Act* of the following decision:

On December 12, 2006 the review committee held a hearing respecting Eleanor Ann Daley, N.B., registration number 009995. The committee found that the member had not adhered to conditions imposed on her registration by an order of the review committee dated September 2, 2005. The committee also found that the member suffers from ailments or conditions rendering her unfit, incapable or unsafe to practise nursing.

The review committee ordered that Eleanor Ann Daley's registration be revoked. The member shall be eligible to apply for reinstatement two (2) years from the date of the committee's order. The committee also ordered that, prior to applying for reinstatement, she pay 50% of the costs incurred by the Association since September 2, 2005.

Registration revoked

Effective December 18, 2006, the registrar of the Nurses Association of New Brunswick revoked the registration of Angela Judith Foran (former name Gray), registration number 023276, as a result of being convicted of a criminal offence in New Brunswick.

Registration revoked

On January 10, 2007, the registrar of the Nurses Association of New Brunswick revoked the registration of Bruce Hewson, registration number 022901, as a result of the suspension of his registration in New Zealand.

Have you recently moved?

If so, be sure to contact the Association and let us know. It's easy.

Mail:

Attn: Registration Services: Change of address
Nurses Association of New Brunswick
165 Regent Street
Fredericton, NB E3B 7B4

Call: Toll free: 1-800-442-4417 Ext. 60
Tel: (506) 459-2860

Or E-mail: svail@nanb.nb.ca

Be sure to include your name, old and current address and your registration number.

Register Now

NB Critical Care Nursing Program

In collaboration with the University of New Brunswick (UNB), Université de Moncton (U de M) and the regional health authorities, the Department of Health is proud to contribute to the professional development of nurses in New Brunswick. The N.B. Critical Care Nursing Program initiative is a standardized critical care certificate program, approved by the Nurses Association of New Brunswick, that includes theory, practice as well as a supported, online learning environment. The program began with a specific focus on the intensive care unit, and has grown to include key concepts for nurses who function within an emergency care setting.

Courses may be offered to as many as eight sites depending on participants' location and are offered in both official languages.

Since the program's first offering in September 2002, 179 nurses have graduated with representation from all eight regional health authorities. The number of graduates from each region are as follows: Region 1, South East - 36; Region 1 Beauséjour - 23; Region 2 - 44; Region 3 - 20; Region 4 - 21; Region 5 - 13; Region 6 - 14; and Region 7 - 8.

In 2007 the tenth offering of the NBCCNP/PSICNB Program will take place in September 2007. Application deadline is May 30th 2007.

Contact information

NBCCNP, College of Extended Learning, University of New Brunswick, 6 Duffie Drive, Fredericton, NB E3B 5A3. Tel: 506-458-7726; fax: 506-453-3572; E-mail: ahogan@unb.ca; Web: http://extend.unb.ca/prof_dev/programs/nbccnp.php.

PSICNB, Éducation permanente, Université de Moncton, Salle 340, Edifice Léopold-Taillon, Moncton, (N.-B.) E1A 3E9. Tél.: 1-800-567-3236 (toll free); tél: 506-858-4121; télécop.: 506-858-4489; Courriel: edperm@umoncton.ca.





Have you subscribed to **NB Women's News?**

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Boardroom

Continued from page 5

the practice consultation service at 1-800-442-4417.

UNB nurse practitioner program approved

The nurse practitioner program at the University of New Brunswick was approved by the NANB board of directors for the maximum of three years. The approval visit was conducted last November by Luisa Barton, NP, Ryerson University, Toronto, Ontario and Barbara Waters, NP, Health Canada, Edmonton, Alberta.

UdeM basic program receives approval

The NANB board of directors accepted a recommendation from an approval team that the basic nursing education program be approved for five years. The approval team consisted of Chantal St-Pierre from the Université du Québec en Outaouais, Gatineau, Quebec; Sylvie Larocque, Université Laurientienne, Sudbury, Ontario and Suzan Banoub-Badour, Memorial University, St. Johns, Newfoundland. □

Advisor

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[Publications/Position_Statements/POSITION_STATEMENTS_pdf/DELEGATING_NURSING_TASKS_AND_PROCEDURES_E.pdf](http://www.nanb.nb.ca/pdf_e/Publications/Position_Statements/POSITION_STATEMENTS_pdf/DELEGATING_NURSING_TASKS_AND_PROCEDURES_E.pdf)

Nurses Association of New Brunswick and Association of New Brunswick Licensed Practical Nurses (2003). *Working Together: A Framework for the Registered Nurse and the Licensed Practical Nurse*. Fredericton, NB. Author.

[http://www.nanb.nb.ca/pdf_e/Publications/General_Publications/RN-LPN%20\(e\)1.pdf](http://www.nanb.nb.ca/pdf_e/Publications/General_Publications/RN-LPN%20(e)1.pdf)

Canadian Nurses Protective Society (CNPS) (2000). *Delegation to Other Health Care Workers*. Info Law, 9 (2). Ottawa, Ont. Author.

http://www.cnps.ca/members/pdf_english/delegation.pdf □

Editor's note: Virgil Guitard is a nursing practice advisor at the Nurses Association of New Brunswick.

Proxy

Continued from page 15

signed, if it is not completely filled out or if there are more than four forms received for one proxy holder. Since one nurse may hold only four proxies, a fifth form received for that nurse is void. Also no forms are accepted if received after May 25, 2007 at 1300 hrs. Forms sent by FAX will be declared void.

Information for nurses who carry proxies at the meeting

Keep the following facts about proxy voting at the tip of your fingers:

- Practising members of NANB may carry proxies.
- The maximum number of proxies that can be held is four. There is no minimum.
- Know the persons whose votes you carry and discuss with them how they want to vote on issues.
- At the time of the meeting, pick up your proxy votes at the proxy table.
- Sign your name on the proxy card.
- Proxy votes are non-transferable. They cannot be given to someone else in attendance at the meeting.
- During the meeting, participate in discussions. If information is presented that could change the opinion of nurses whose vote you carry, you may either get in touch with them, vote according to your own opinion or withhold your proxy vote.
- Always carry your proxy flags with you. If they are lost, you may not be able to retrieve them to vote.

Clarification

Anyone wishing clarification on proxy voting is welcome to call the Association toll free at 1 800 442-4417 or locally at 458-8731. □



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1-800-267-3390

Support Needed For Saint John Chapter NANB Bursary

Did you know that as a nurse you can direct your UNB Saint John donations to support your future nurses? The Saint John Chapter Nurses Association of New Brunswick Bursary is in need of support. This bursary is awarded on the basis of financial need to a Saint John student enrolled in the BN program at the Saint John campus. In order to maintain this award, your continued contribution to this fund is essential.

It's simple and everyone can contribute. Make your next memorial donation to this bursary or direct your annual gift to this fund. Supporting nursing students is a fitting tribute for fellow nurses. Under the current New Brunswick University Opportunities Fund matching program, your donation may be eligible for a 50 % match. When you make your donations to UNB Saint John, please indicate that your donation is to be directed to The Saint John Chapter Nurses Association of New Brunswick Bursary; it really is that simple. You would be amazed how quickly the fund will grow if each of us contributes. For more information regarding donations, please contact Marion Williams Senior Development Officer at UNB Saint John, tel.: (506) 648-5989; E-mail: mwilliam@unbsj.ca.

Employment opportunity

The Moncton Private Duty Nurses Registry is seeking nurses to do private duty nursing in the greater Moncton area. Starting salary is \$26.50 an hour. Call 852-5281 if interested.

Need Help With NurseOne

If you are having problems accessing NurseOne, please call the Nurses Association of New Brunswick, tel.: 1-800-442-4417 (toll free in N.B.) or (506) 458-8731; E-mail: nanb@nanb.nb.ca.

Elections

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Nominated by: Bathurst Chapter.

Reason for accepting nomination:

"It is with great honour that I let my name stand for the position of president-elect. Nursing is indeed a wonderful profession, yet to be a registered nurse in these changing times can be very challenging even to the most dedicated. I would like to see a renewed sense of energy regarding what it means to be a registered nurse - together we can create a positive momentum and affect change for the benefit of all." □

Return your ballot today

Ballots must be received at the NANB office by April 30, 2007. Ballots received after April 30, 2007 will be considered "void." Election results will be announced at the annual meeting, posted on the NANB Web site at www.nanb.nb.ca, and will appear in *Info Nursing*. Received after April 30 will be considered "void."

August 2006

COLLABORATIVE PRACTICE: ARE NURSES EMPLOYEES OR SELF-EMPLOYED?

THIS DOCUMENT is a briefing note in response to nurses, doctors, governments and others who have questions and concerns about nurses' professional liability protection. It addresses how and why courts currently decide medical malpractice (negligence) cases, types of liability, and types of working relationships and their impact on liability risk and protection. By understanding these issues, appropriate liability protection can be put in place by all parties in collaborative practice.

HOW COURTS DECIDE MALPRACTICE CASES

When a patient initiates a malpractice lawsuit, it is resolved by the law of tort. Tort law aims to achieve: compensation for the plaintiff who proves wrongful injury; justice; education; and deterrence of negligent acts.¹

For the court to find a health professional negligent, the plaintiff must introduce evidence to prove four elements: duty of care; breach of the standard of care; foreseeable harm caused by a breach in the standard of care; and damages.² When health professionals work in teams, this judicial approach does not change. Historically, it has not been deemed fair that if a member of the team is proved negligent that the other team members are held accountable by virtue of being fellow team members.³

TYPES OF LIABILITY

After the value of the damages is established, the court will identify which defendant is responsible for the payment of which damages according to the following principles of law:

1. Direct Liability

Each health care professional, both individually and as a member of the collaborative practice team, is accountable for his or her own professional practice. Therefore, if a [practitioner] is found to have been negligent, a court may award damages to the plaintiff that are to be paid by the individual defendant. This form of liability is called direct liability. Canadian Medical Protective Association (CMPA) and Canadian Nurses Protective Society (CNPS) professional liability protection is designed to assist physicians and [nurses] with this kind of damage award.

A defendant employer or facility may also be found negligent and held directly liable for breaching duties it owed to the patient. These could include, for example, the duty to: select professional staff using reasonable care; review staff performance on a regular basis; have and enforce appropriate policies and procedures; provide reasonable supervision of staff; and provide adequate staffing, equipment and resources.

2. Vicarious Liability

If an employee is found negligent, the court may order that damages be paid by the employer pursuant to the doctrine of vicarious liability. This legal doctrine provides that an employer, which may be an individual or an institution, can be held financially responsible for the negligence of its employees. An employment relationship must have existed at the time of the incident and the defendant employee must

have been sued for work done within the scope of his or her employment. It will be up to the court to determine in each case if an employer/employee relationship existed and therefore whether vicarious liability would apply.

3. Joint and Several Liability

When a court finds more than one defendant negligent, the court will assess the amount of damages (often expressed as a percentage of the total damage award) to be paid by each defendant. Defendants can be jointly and severally liable for the damages awarded. This means the plaintiff may recover full compensation from any one of the negligent defendants, even though that defendant may then be paying for more than their share of the damages. That defendant may then seek contribution from the other negligent defendant(s).⁴

TYPES OF WORKING RELATIONSHIPS: EMPLOYEE OR SELF-EMPLOYED?

The answer to this question is important in the context of malpractice lawsuits and liability protection because of the legal doctrine of vicarious liability and the financial consequences resulting from its application. This is a business liability. Whether the employer or employee is a health professional is irrelevant. Because damage awards can be expensive for employers, a prudent employer should have appropriate liability protection in place to cover this known risk.⁵

There are two ways to work: as an employee or as a self-employed individual, known in legal terms as an independent contractor. Historically, most nurses have been employees and this remains the case today. But the health care environment is in a state of flux. With the rise of nurse practitioner, the creation of new health teams and the unsettled issue of privatization, more nurses may become independent contractors. To identify the liability protection needed by all parties, it is important to know the difference.

Although there is no one test to determine if an employment relationship exists, decided tax and tort cases provide factors that courts look at in combination to make this determination. What follows are not exhaustive lists of factors and there is no set formula for their application. The relative weight of each factor will depend on the particular facts and circumstances of each case.⁶ The court is not bound by the characterization of parties to an agreement or contract as independent contractors if the facts reveal an employment relationship.⁷

Factors that indicate an employer - employee relationship:

- does not own the business or practice;
- has no financial investment in the enterprise;
- does not share in the profits of the enterprise and bears no risk for its financial losses;
- employer control is exerted over the work and how it is done, for example, policies and procedures directing nursing practice;
- is required to report to a supervisor;
- does not provide own equipment;
- does not hire own helpers; and
- receives fixed salary with routine deductions.

Factors that indicate self-employment:

- owns the business or practice;
- has financial investment in the enterprise;
- profits from the enterprise or risks financial loss;
- controls own activities;
- is not required to report to a supervisor;
- as a term of a contract, may be required to follow certain policies and procedures, for example, to ensure compliance with privacy legislation;
- provides own equipment;
- hires own helpers; and
- submits invoices for services rendered.

Perhaps the most difficult or contentious issue when considering whether or not nurses are employees is the issue of control. Because of their education, skill, and awareness of their personal accountability, nurses may require little, if any, direction and control of their daily practice. The important feature of control in an employment relationship is that the employer has the power to exercise control over the subordinate employee, not whether they actually do so.

LIABILITY PROTECTION

Appropriate and adequate liability protection, responsive to the types of liability which may be incurred, can only be put in place when all parties have the same understanding of the nurses' status as employees or independent contractors. Therefore, nurses should decide if they wish to be self-employed before signing an independent contractor agreement, for example, to join a team of health professionals. Nurses interested in being self-employed should review the implications of this proposed working relationship with a business lawyer prior to signing any agreement.

Employers and owner/operators with health profession employees are financially responsible in law for certain wrongs the employees may commit within the scope of their employment because of the court's application of the doctrine of vicarious liability. Employers should seek professional advice on appropriate insurance. Employees should confirm with their employer that there is appropriate and adequate insurance in place to cover this legal obligation.

Independent contractors must decide on the type and amount of liability protection needed to protect their personal assets. Seeking advice from a business advisor is recommended. While most Canadian nurses have automatic professional liability protection (but not business liability protection) from CNPS, there may be options about the sources of additional legal defence funding for professional and business liabilities, for example, CNPS Plus[®]. To understand the professional liability protection available from the Canadian Nurses Protective Society and for more information on CNPS Plus[®], go to www.cnps.ca or call 1-800-267-3390.⁸

If decisions about the source of legal defence funding are not addressed when health professionals begin to work together, and on an ongoing basis, they risk discovering after a lawsuit is commenced that their assumptions about liability protection were incorrect. This could result in unnecessary professional and personal financial jeopardy.

ENDNOTES

1. The Supreme Court of Canada made the following statement about deterrence:

One of the primary purposes of negligence law is to enforce reasonable standards of conduct so as to prevent the creation of reasonably foreseeable risks. In this way, tort law serves as a disincentive to risk-creating behaviour. *Stewart v. Pettie*, [1995] 1 S.C.R. 131 at 150.
2. Canadian Nurses Protective Society, *infoLAW*[®], Negligence (Vol. 3, No. 1, November 2004).
3. In *Granger (Litigation Guardian of) v. Ottawa General Hospital*, [1996] O.J. No. 2129 (Gen. Div.) (QL), doctors, nurses, and a hospital were sued. The court responded to evidence that certain functions within the obstetrical team (who did what, when and how) were within the realm of nursing. The doctors on the team were not responsible for the nurses negligence. The court made these findings:

Nurses are professionals who also possess special skills and knowledge and the same principles apply as in the case of doctors, residents and interns. They have a duty to use those skills in making appropriate assessments of patients and to communicate accurately those assessments to physicians. (para. 26)

The staff obstetrician should be entitled to rely upon the information being given to him or her by the staff nurse on the understanding that the nurse, assigned by the hospital to these duties, has been properly trained, is sufficiently experienced and knows what he or she is doing at all times within the scope of his or her professional responsibilities. (para. 34)
4. From Canadian Medical Protective Association and Canadian Nurses Protective Society, *CMPA/CNPS Joint Statement on Liability Protection for Nurse Practitioners and Physicians in Collaborative Practice* (Ottawa: Author, March 2005). Online: www.cnps.ca.
5. In the case in footnote 3, the court, as usual, applied the doctrine of vicarious liability, saying:

In this case, the nurses were employees of the Ottawa General Hospital and if they breached their duty to exercise appropriate skill and care in making interpretations and communicating information to physicians and damage results, the hospital will be liable. (para. 26)
6. *671122 Ontario Ltd. v. Sagaz Industries Canada Inc.*, [2001] 2 S.C.R. 983; Canadian Nurses Protective Society, *infoLAW*[®], Vicarious Liability (Vol. 7. No. 1, April 1998); and Canada Revenue Agency, *Employee or Self-Employed?*, Document RC4110(E) Rev. 06 (Ottawa: Author, 2006). Online: www.cra.gc.ca.
7. *Dynamex Canada Inc. v. Mamona*, [2003] F.C.J. No. 907 (F.C.A.).
8. Please refer to Canadian Nurses Protective Society, *infoLAW*[®], Independent Practice (Vol. 4, No. 1, November 2004).



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