

Info Nursing

A publication of the Nurses Association
of New Brunswick



In this issue...

Continuing Competence

Organizational Review – Provincial Tour

Proxy Voting

Gift of Life – Part IV

A Novice Again

National Nursing Week
May 9-15, 2005
Nursing
Patients first. Safety always.

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 public protection, advancement of excellence in nursing practice, healthy public policy, advancement of the nursing profession, and self-regulation of the nursing profession.

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Submissions

Articles submitted for publication should be typewritten, double spaced and not exceed 1,500 words. Unsolicited articles, suggestions and letters to the editor are welcome. Author's name, address, and telephone number should accompany submission. The editor is not committed to publish all submissions.

Change of address

Notice should be given six weeks in advance stating old and new address as well as registration number.

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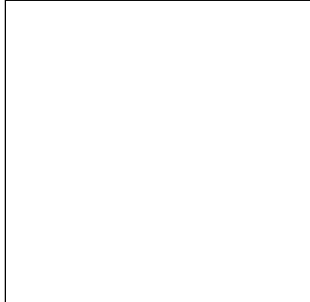
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Info Nursing

In this issue...



On the Cover - National Nursing Week is May 9-15, 2005. The theme is:

Nursing

Patients first. Safety always.

6 Continuing Competence

By Noreen Richard

How to do self-assessment - reflecting on your nursing practice.

9 Organizational Review — Provincial Tour

Chapters meetings on organizational review.

10 Proxy Voting

What you need to know

11 Pre-registration Form

NANB 2005 Annual Meeting and Awards Banquet.

12 Gift of Life — Part IV

By Natalie Hartford

In 1982, Bruce Horsman could not have imagined that less than 20 years later, he would be relying on someone's generosity in death to give him the gift of sight.

14 A Novice Again

By Lynn Ritchie

Reflections on Re-Entry into the Nursing Profession.

Departments...

- 4 Executive Director & President
- 5 Professional Practice
- 7 Boardroom Notes
- 15 People, Places & Things
- 16 Calendar

EXECUTIVE DIRECTOR & PRESIDENT



Evaluation Framework: Tools to Support Quality Nursing Care

By Roxanne Tarjan

In July of 2004, the Department of Health and Wellness released the Nursing Service and Resource Management Plan. The plan sets out strategic directions for 2005-2010 to guide the development and management of nursing resources and to "continue the legacy of improved nursing and health services in New Brunswick," the plan states. The report identifies proposed directions for change in four key strategic areas: nursing role and leadership, education, skill mix and human resources and includes 17 broad strategies and 65 specific areas for activity to support these strategic directions. The report also acknowledges the contributions of over 400 individuals and the Nursing Service and Resource Advisory Committee.

New Brunswick has had a nursing advisory committee since the early 90s and the committee has provided valuable advice to the Minister of Health and Wellness and the government on nursing resource issues over the years. The resource plan can be downloaded from the government website directly (www.gnb.ca/0051/pub/pdf/Nursing_Service_Resource_Management_Plan-e.pdf) or via a link provided on the NANB website. (<http://www.nanb.nb.ca/index.cfm?include=INT>). I encourage you to access it and to become familiar with its content. Ensuring safe, quality nursing care for the citizens of New Brunswick requires a strong and vibrant nursing workforce. The NANB will continue to work collaboratively to develop and facilitate the implementation of activities that will support this goal over the next five years.

As a jurisdictional member of the Canadian Nurses Association, NANB staff contributed directly to the development of a tool to support employers in the effective utilization of nurse resources. The document, entitled *Evaluation Framework to Determine the Impact of Nursing Staff Mix Decisions* (CNA, 2005), was developed through the collaboration of the Canadian Nurses Association, the Canadian Practical Nurses Association, the Canadian Council for Practical Nurse Regulators and the Registered Psychiatric Nurses of Canada and was funded by Health Canada. In the framework, the nurse, the client and the system or practice environment are essential components in staff mix decisions and in outcome measures. The literature review on which the framework was based is also available and is a valuable resource. Both documents will be available shortly on the CNA website or through a link on our own NANB website. Ensuring that staff mix decisions are founded on the best evidence available will assist us all in supporting quality patient outcomes and in enhancing the quality of practice environments.

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



Continuing Competence: A commitment to safety and quality of nursing care

By Beth Sparks

"Each nurse possesses and continually acquires competencies relevant to their own area of nursing practice" (NANB Standards of Practice for Registered Nurses).

Members will consider a resolution at our upcoming annual meeting June 1 & 2, 2005 to formalize the NANB Continuing Competence Program as a mandatory requirement for registration renewal in 2008. Provincial discussion and dialogue concerning continuing competence and the registered nurse's responsibility to maintain the knowledge, skills, and judgment to ensure safe and competent nursing care has taken place over the past number of years. Nurses have willingly acknowledged the necessity to remain current in order to deliver safe, ethical and competent care to their clients.

The resolution has been approved by the NANB Board of Directors and, if ratified by membership in June will complete the process to ensure commitment to patient safety and quality nursing services. New Brunswick will not be the first province to implement this kind of regulatory requirement. Most provinces in Canada have an existing program or will be implementing one in the near future.

The need to continually update our skills, knowledge and competencies are not new activities for nurses. Because nursing is a profession that is ever changing, so too is the knowledge that is required to deliver safe, competent and ethical care to a population that is becoming ever more complex. This knowledge may be acquired in post RN programs, CNA certification programs, specialty workshops, in-services, professional journals and many other avenues.

Nursing has much to contribute to the health care system. Our approval of this new regulatory requirement in June will ensure that NB nurses meet the same requirements as nurses in other Canadian jurisdictions. It also sends a strong message to government and other health care professional that New Brunswick nurses are committed to quality nursing practice. The Continuing Competency Program will also afford us, as individual nurses, the opportunity to evaluate our own professional development and provide us with a sense of accomplishment

You will have read a number of articles in *Info Nursing* over the past year that address Continuing Competence and the framework used to develop the NANB program. Following the Annual Meeting we will launch a special section on the NANB Web site to provide information and support to members during the implementation of this new requirement. Additionally, NANB will continue to provide information sessions throughout the province with increasing frequency up to the full implementation date of January 2008.

(Editor's note: Beth Sparks is president of the Nurses Association of New Brunswick.) □

Graduate Nurse

Entitlements and applicable restrictions



By Ruth Rogers

NANB is frequently asked by employers and new graduates whether there are restrictions on the practice of a graduate nurse. In accordance with the *Nurses Act*, a new graduate nurse may be issued a temporary registration to practise nursing. Temporary registration is issued to new graduates for a limited period of time while they are waiting to write the registration exam or are waiting for the results.

Entitlement to practise nursing

Graduate nurses with a temporary registration are entitled to use the title "graduate nurse" or the initial "GN" and to provide basic nursing care in accordance with NANB's *Entry-Level Competencies*. *Entry-Level Competencies* describe the knowledge, skill, attitude and judgment expected of the new graduate nurse in New Brunswick in order to provide safe, competent, and ethical nursing care in a variety of practice settings.

Restrictions on practice of graduate nurse

There are four restrictions on the practice of the graduate nurse. The graduate nurse shall **not**:

- perform delegated medical functions;
- supervise registered nurses or new graduates;
- be in charge of a patient care unit; nor
- accept employment requiring practise contrary to the *Act*, bylaws or rules.

The graduate nurse cannot perform delegated medical functions. Delegation is required for those procedures which are performed primarily by the physician and deemed appropriate by nursing to be performed by nurses. The transfer of authority from medicine to nursing to perform selected medical functions will vary according to the

practice setting and will be outlined in agency/employer policy. Two examples of delegated medical functions are: 1) defibrillation and 2) the re-insertion of a gastrostomy tube with a metal guide or stylette.

Graduate nurses may not supervise registered nurses or new graduates. However, they may assign nursing workload as appropriate to licensed practical nurses and unregulated care providers (for example, aides, resident attendants, patient care assistants) as part of their responsibility to direct patient care.

The graduate nurse may not be in charge of a patient care unit. This means that they cannot work alone on a night shift or be in charge of a unit during lunch or coffee breaks.

The graduate nurse cannot accept employment requiring practise contrary to the *Act*, *Bylaws* or rules. A frequently asked question is whether it is illegal for new graduates to carry the narcotic keys. There are no regulations restricting new graduates from carrying narcotic keys. This function is within the scope of nursing practice and the graduate nurse is prepared to do so.

For more information on the expectations for professional nursing practice in New Brunswick you may access documents through the NANB website or call 1 800 442-4417 or (506) 458-8715. □

Notice of annual meeting

In accordance with Article XIV of the bylaws, notice is given of an annual meeting to be held June 1 and 2, 2005 at the Delta Hotel, Fredericton, New Brunswick. The purpose of the meeting is to conduct the affairs of the Nurses Association of New Brunswick (NANB).

Practising and non-practising members of NANB are eligible to attend the annual meeting. Only practising members of NANB are eligible to vote. A membership certificate will be required for admission. Students of nursing are welcome as observers. The fees will be as follows — conference: \$75; one day: \$40.

Resolutions for annual meeting

Resolutions presented by the general membership according to the prescribed deadline, February 28, 2005, will be voted on by the membership. During the general session, however, members may submit resolutions pertaining only to annual meeting business.

Voting

Pursuant to Article XII, voting, the election of officers of the Association will take place at the annual meeting using a system of proxy voting.

Roxanne Tarjan

Executive Director

Nurses Association of New Brunswick

CCCP

Target Date 2008



How to do self-assessment — Reflecting on your nursing practice

(Editor's note: This article is part of a series aimed at providing information on the different components of the Continuing Competence Program to be introduced for registered nurses in 2008. The three components are : 1) hours of practice; 2) self-assessment; and 3) learning plan. This article offers some suggestions for fulfilling the second requirement of the continuing competence program.)

By Noreen Richard

Self-assessment is a systematic process of reviewing one's own nursing practice in relation to NANB's *Standards of Practice for Registered Nurses*. It is an approach through which each registered nurse reflects in a formalized manner on own practice at least once annually, and identifies strengths and learning needs. Self-assessment may be complemented by eliciting peer feedback from colleagues as a means of gaining additional insight.

Self-assessment is the foundation for personal and professional development within the framework of the continuing competence program. As described in the article "Learning and maintaining competence through self-assessment" published in the fall 2004 issue of *Info Nursing*, self-assessment is a tool for returning to, and thinking about practice. When self-assessment is carried out in a purposeful way, it leads to learning from the practice experience.

Self-assessment is a skill which needs to be developed. Nurses must learn to acknowledge true reflection and to distinguish between this and just thinking about, or mulling over an event. The crux of reflecting on practice effectively is that the nurse develops stronger self-awareness and, as a result, is moved to a change in behavior, thus improving practice. The purpose of reviewing current experience or practice situations is three-fold:

- to monitor and evaluate one's own performance (This includes identifying achievements as well as gaps in knowledge — what I do well and what I would want to do better.);
- to form the basis for directing future professional development (what do I need to know to do it better); and
- to plan for and implement learning opportunities (what measures will I take to further develop my competence).

"... the nurse develops stronger self-awareness and, as a result, is moved to change in behavior, thus improving practice."

The *Standards of Nursing Practice for Registered Nurses (2005)* provide the foundation for the Continuing Competence Program. These standards reflect the values and priorities of the profession, provide direction for nursing practice and a framework for continuous improvement of practice. Each standard is a statement that describe the desirable and achievable level of performance expected of all registered

nurses in their practice regardless of their role. To help nurses apply the standards, there are corresponding indicators that serve as examples of activities which demonstrate how a standard may be applied.

All New Brunswick nurses received a personal copy of the revised standards in the winter edition of *Info Nursing*.

The following is an example of how a nurse could reflect on Standard 2- indicator 2.6: "*records and maintains timely and accurate documentation in accordance with agency policy and accepted professional standards.*"

- Think about several practice situations over the past few months.
- Do I have knowledge gaps about accepted standards for documenting care?
- Am I familiar with policies on charting at my facility/agency?
With NANB's document *Documenting Care: Standards for Registered Nurses?*
- Ask yourself what your charting practices are: do I chart in a timely manner, or do I wait until the end of my shift to chart everything from my 12-hour shift at once? When my patient developed severe dyspnea last week, did I document my nursing observations and interventions, or did I simply made sure to chart the medications that were administered?

- When I visited a family at home to assess the environment in relation to the birth of their new baby, was my documentation sufficient for members of the team to have a clear picture of the situation?
- What potential impact do my charting practices have on client care? on continuity? on safety?
- If you have identified gaps, think about using NANB's standards for documentation, articles in a nursing journal, a discussion with peers, or other means to enhance your charting abilities. Sharing

reflections in a group of nurses whose experience varies and whom you trust may add some value to your experience. Peer feedback builds on self-assessment by providing greater awareness of strengths and by allowing nurses to learn about aspects of their practice they may not have been aware of, as well as identifying opportunities for learning.

- Plan your learning activities.

The next article will feature a discussion about the development of a learning plan with some examples. Please consult the NANB web site

(www.nanb.nb.ca) regularly over the next several months for further information on the continuing competence program.

References

Registered Nurses of British Columbia (2004). *Continuing Competence Program*. Vancouver, Author.

Price, A (2004). Encouraging reflection and critical thinking in practice. *Nursing Standard*. 18(4), 46-52. □

Boardroom Notes

Bylaw amendments for organizational review approved

At its February 23 and 24, 2005 meeting, the Nurses Association of New Brunswick board of directors approved a resolution to amend the bylaw which will make possible changes to its board size, composition and structure. The proposed amendments will be brought to the annual meeting, to be held June 1 and 2 in Fredericton, for consideration and ratification by members.

The bylaw amendments were drafted as a result of 14 recommendations, approved by board last October, contained in the organizational review committee's report entitled *Nurses Association of New Brunswick Organizational Review*. The proposed bylaw amendments will enable the implementation and operationalization of these recommendations.

Other amendments relating to voting, nominations, board member terms of office, and chapter structure were also approved by the Board.

To facilitate decision making at the annual meeting, Beth Sparks, president; Sue Ness, president-elect; and Roxanne Tarjan, executive director, are planning information sessions in conjunction with chapter meetings taking place in April and early May to present the proposed bylaw changes. An overview of the *Nurses Association of New Brunswick Organizational Review* can be found

on the NANB Web site at www.nanb.nb.ca. As well, the proposed bylaw amendments will be printed in the May edition of *Info Nursing*.

Continuing Competence Program bylaw proposed

The NANB board of directors approved a resolution that will be brought to the June 2005 annual meeting amending bylaws to enable the implementation of a mandatory Continuing Competence Program by 2008.

The proposed bylaw, which will be printed in the May edition of *Info Nursing*, will be brought to the 2005 annual meeting for membership consideration and approval.

The Association is moving forward with the Continuing Competence Program to support ongoing safe, ethical and competent practice by registered nurses.

Revised Standards for Nursing Education in New Brunswick now in effect

The NANB board of directors approved revised *Standards for Nursing Education in New Brunswick*, replacing the 1997 standards.

The revised *Standards for Nursing Education* support the development and maintenance of high quality



nursing education and constitute an important foundation in fulfilling NANB's mission of setting standards which insure public protection. The standards also serve to provide guidance to nursing education programs in preparing nursing students to function effectively and competently within the present and future health care systems.

The *Standards for Nursing Education in New Brunswick* will be available on NANB's Web site (www.nanb.nb.ca) April 1, 2005.

Registrar's Report shows slight shift in membership

The *Registrar's Report* to the board of directors showed a slight shift in membership composition. The number of registered nurses in 2004 increased by 2.5 % bringing the total number of nurses registered to practice (including 16 nurse practitioners) to 8312. Non-practising membership decreased by 2.1 %. NANB's total membership, including non-practising and life members, totalled 8742 in 2004.

New Brunswick Association of Nursing Homes

Eric Mourant, executive director, New Brunswick Association of Nursing Homes, and Rayma O'Donnell, director of nursing, York Manor Nursing home, made a presentation to the board of directors concerning the pressing issues faced by nursing homes which have a negative impact on the quality of resident care:

- nursing homes receive significantly less funding per resident for comparable levels of care in federally funded veterans and extended care units in the province;
- heavy workloads contribute to low moral and high levels of workplace accidents and difficulty in recruiting and retaining registered nurses and licensed practical nurses;
- lack of resources for rehabilitation services which are essential to maintaining and improving the quality of life of residents; and
- nursing homes are private, not-for-profit entities and unlike other health care facilities do not have employees designated as "essential" during a strike, thereby putting patients at risk in such situations.

Nursing human resource plan

Alice Thériault, chief nursing officer, Department of Health and Wellness, was invited to speak to the board about government initiatives around a new *Nursing Service and Resource Management Plan* (2005-10). The plan which was released in July 2004 sets the strategic direction for nursing in New Brunswick and proposes direction for change in four key areas:

- nursing role and leadership,
- nursing education,
- nursing skill mix, and
- nursing human resources.

The Minister of Health and Wellness has requested that the Nursing Resources Advisory Committee review the plan and submit recommendations on priorities by March 31, 2005.

Nominations for committees

Nominations are required to replace committee members on the education committee, the complaints committee and the discipline/review committee for a two-year term. Nurses who would like to sit on one of these committees are invited to contact Lynda Finley, director of

corporate and regulatory services:
tel.: 458-8731 (local) or 1 800
442-4417 (toll free).

NP therapeutics committee

The board of directors appointed Martha Vickers, nurse practitioner, to the nurse practitioner therapeutics committee for a two-year term, September 2005 to August 2007. Ms. Vickers replaces Margaret Dykeman who will have completed her second two-year term in August 2005.

Chief scrutineer, 2005 annual meeting

The board of directors accepted the appointment of Louiselle Ouellet, York-Sunbury Chapter, as chief scrutineer. She will oversee the voting process at the 2005 annual meeting. □



HONORARY PRESIDENT — Carol (Preston) Wood (second from right) was named the first honorary member of the New Brunswick Office Nurses Interest Group (NBONIG) at the Group's October 2004 meeting in Fredericton. Carol has been an active member of NBONIG since its inception and served many years on the executive. Participating in the presentation (from left) are Lise Estabrooks, Marion Dryden and Mae Smith. □

Provincial Tour

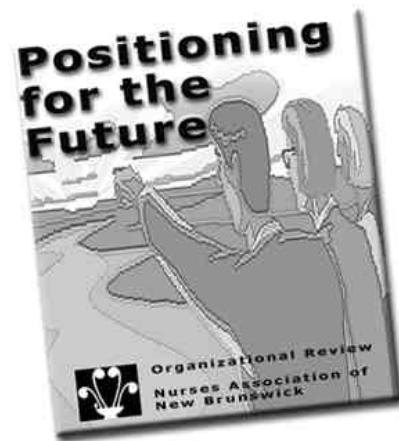
Chapters meetings on organizational review

NANB undertook an Organizational Review between March and September, 2004. The review was guided by a Working Group of the board which was comprised of: Susan Ness, president -elect; Trevor Fotheringham, Saint John Chapter president and Monique Cormier-Daigle, member-at-large for research. The review saw an unprecedented number of members providing input through focus groups, interviews and a survey that was sent to all members.

The final report entitled *Nurses Association of New Brunswick Organizational Review* included 14 recommendations which were accepted by the board of directors at its October 2004 meeting and which

will be put forward to membership for consideration and approval at the 2005 Annual Meeting in June.

The recommendations relate primarily to proposed changes in board size and structure, member relations and member communications. The proposed changes would see a reduction in the size of the board from 21 to 12 and would be made up of a president, president-elect, seven region directors and three public members. Also being proposed is a vote-by-mail system to elect members to the board. All members would have the opportunity to vote for the president-elect and members within each of the seven regions would elect their respective region directors.



More information, including the Executive Summary of the report, is available on the NANB website at www.nanb.nb.ca.

A series of Chapter visits have been scheduled (see times and places below) for April and May 2005 to provide an opportunity to meet with members to discuss the results of the organizational review. □

Organizational Review

Schedule of information meetings for chapter members

April 11, 2005 — York-Sunbury Chapter

A meeting will take place at 7:30 p.m., NANB Boardroom, 165 Regent St., Fredericton, N.B.

April 13, 2005 — Carleton-Victoria Chapter

A meeting is scheduled for 7 p.m., Boardroom, Carleton Memorial Hospital, Woodstock, N.B.

April 14, 2005 — Moncton Chapter

A meeting is planned for 7:30 p.m. at the Pavillon Jacqueline Bouchard, U de M, Moncton, N.B.

April 18, 2005 — Sussex Chapter

A meeting will take place at 7 p.m., Conference Room, Sussex Health Centre, Sussex, N.B.

April 19, 2005 — Saint John Chapter

A meeting is scheduled for 4:30 p.m., Saint John Regional Hospital, 5D South Classroom, Saint John, N.B.

April 20, 2005 — Charlotte County Chapter

A meeting is planned for 12:00 noon, Charlotte County Hospital, St. Stephen, N.B.

April 25, 2005 — Acadian Peninsula Chapter

A meeting will take place at 6:30 p.m., Les Résidences Inkerman Inc., Inkerman, N.B.

April 26, 2005 — Edmundston Chapter

A meeting is scheduled for 12:00 noon, Amphitheatre, Edmundston Regional Hospital, Edmundston, N.B.

April 27, 2005 — Bathurst Chapter

A meeting will take place at 6:30 p.m., Room A, Chaleur Regional Hospital, Bathurst, N.B.

April 28, 2005 — Restigouche Chapter

A meeting is planned for 7 p.m., Demonstration Room, 2nd Floor, Campbellton Regional Hospital, Campbellton, N.B.

May 2, 2005 — Miramichi Chapter

A meeting is scheduled for 7 p.m., 5th Floor Conference Room, Miramichi Regional Hospital, Miramichi, N.B. □

Information — 2005 ANNUAL MEETING

Theme

“Supporting Excellence in Nursing Practice”

When

June 1 and 2, 2005

Where

Delta Hotel, Fredericton, N.B.

Detailed Agenda in next edition of *Info Nursing*

Special Event: Awards Banquet

Delta Hotel, June 1, 2005 at 6:30 p.m.

Pre-registration required for Awards Banquet □

Proxy Voting

What you need to know

Anyone who does not plan to attend the 2005 annual meeting can, nonetheless, 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, June 1 and 2, 2005 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: "12.09 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 27, 2005 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 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 27, 2005 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 (506) 458-8731. □

Proxy voting form (please print)

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

_____ 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 June 1 and 2, 2005 and any adjournment thereof.

Signed this day _____ of _____ 2005.

Registration number _____

Signature _____

To be received at NANB offices before May 27, 2005 at 1300 hrs. Send by mail to: NANB, 165 Regent St., Fredericton, NB E3B 7B4. Proxies sent by fax will be declared "null and void." □

Pre-registration Form

NANB 2005 ANNUAL MEETING AND AWARDS BANQUET

Supporting Excellence in Nursing Practice

Delta Hotel, Fredericton, NB, June 1 and 2, 2005

Pre-register by May 24, 2005 OR register on-site
For more information, contact NANB at 1 800 442-4417 or
(506) 458-8731 (local) Email: nanb@nanb.nb.ca Fax: (506) 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 24, 2005**. Please fax to (506) 459-2838 or mail to NANB, 165 Regent St., Fredericton, NB E3B 7B4. Incomplete forms will not be processed. This form will be the official invoice; no other invoice will be provided.

Annual Meeting & Banquet Fees

ANNUAL MEETING

- | | | |
|--------------------------|------------------------------|---|
| <input type="checkbox"/> | \$86.25 (\$75 + \$11.25 hst) | Full meeting – June 1 & 2, 2005 |
| <input type="checkbox"/> | \$46.00 (\$40 + \$6 hst) | One-day meeting – Wednesday, June 1, 2005 |
| <input type="checkbox"/> | \$46.00 (\$40 + \$6 hst) | One-day meeting – Thursday, June 2, 2005 |

AWARDS BANQUET

- | | | |
|--------------------------|-----------------------------|--|
| <input type="checkbox"/> | \$28.75 (\$25 + \$3.75 hst) | Banquet – Wednesday evening, June 1, 2005 at 6:30 p.m. |
|--------------------------|-----------------------------|--|

DEADLINE for purchasing banquet ticket is May 24, 2005. 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

Visa: _____ Mastercard: _____

(Sixteen numbers)

(Sixteen numbers)

Expiry Date: _____ Authorizing Signature: _____

Cancellation Policy

Cancellations will be accepted to and including May 24, 2005.

Hotel Information

A block of rooms has been reserved for May 31 and June 1, 2005 at the Delta Hotel, 225 Woodstock Rd., Fredericton. Single or double occupancy is \$119 CDN plus taxes per room, per night. All individuals will be responsible for making their own reservations by contacting the reservation desk directly at (506) 457-7000 (in Fredericton); toll free at 1 888 462-8800 or; on line www.deltafredericton.ca/nanb. Be sure to mention that you are with the NANB Annual Meeting.

Gift of Life — Part IV



Bruce Horsman

In 1982, Bruce Horsman could not have imagined that less than 20 years later, he would be relying on someone's generosity in death to give him the gift of sight

By Natalie Hartford

(Editor's note: This is the final installment of a four-part series on organ and tissue donation. The first article explored the collection and distribution infrastructure for donating organs and tissues, outlined the types of organ donors and the most frequently needed organs and tissue. The second article looked at the vital role health care professionals can play in increasing the number of donors. The third highlighted the story of one family who donated the organs and tissue of a loved one. This article will focus on the difference an organ or tissue transplant can make in the life of a recipient.)

Bruce Horsman had just started his career in accounting in 1982 when he began to notice his vision changing dramatically.

"When the optometrist that was treating me suggested that I see an ophthalmologist, I realized something was seriously wrong," remembers Bruce.

At that appointment, the ophthalmologist, a physician who specializes in the medical and surgical care of the eyes and visual system, diagnosed Bruce with Keratoconus.

Keratoconus, often abbreviated to "KC," is a non-inflammatory eye condition in which the normally round dome-shaped cornea progressively thins causing a cone-like bulge to develop. This results in significant visual impairment. The cornea is the clear window of the eye and is responsible for refracting most of the light coming into the eye. Therefore, abnormalities of the cornea severely affect the way people see the world and make simple tasks such as driving, watching television or reading a book very difficult.

Typically, vision loss or impairments can be corrected in the early stages of Keratoconus by glasses but as the disease progresses, irregular astigmatism requires optical correction with rigid contact lenses. These contact lenses put pressure on the cornea to flatten the cone-like bulge which improves vision. However, as it continues to grow and peak, patients need to be refitted for lenses repeatedly and it becomes increasingly difficult to fit the lenses.

Bruce explains that there is a "catch-22" with the contact lenses. The more the disease progresses, the tighter they must fit the contact lens to flatten the cone-like bulge to

improve vision. This pressure causes scarring on the cornea.

"The scarring is extremely painful," explains Bruce. "I spent many, many days and nights in extreme pain. I would have to take the contact out for days and get prescriptions to combat the redness and scarring. I couldn't function on a day-to-day basis while I was waiting to heal and it would get very frustrating." Bruce says he learned to cope as best as he could.

"Night driving was extremely difficult," he says. "I could read to some extent in the worst of it if I held a paper to my nose but when you are trying to heal, you need to reduce eye strain so I would not use a computer or read."

Keratoconus has no known cure, and many people do not even know they have it because it begins as nearsightedness and astigmatism. It is a progressive disorder that may progress rapidly or sometimes take years to develop. Some keratoconus patients have described their vision as being "blind with light." It is also very individualistic and no two people who have the condition progress at the same rate or in the same way.

"Looking back over the past twenty years, I can remember how frustrated I would get with the doctors as they would repeatedly say to me "you're doing well and we don't want to consider surgery until we are sure it is our only alternative," explains Bruce. "I sure didn't think I was doing well as I missed time from work. Many days were spent in darkened rooms while my eyes were healing from a recent scarring and I couldn't tolerate light."

About 20 per cent of patients with Keratoconus will eventually require a corneal transplant, a procedure that has a 95 per cent success rate.

"In retrospect, I think the main reason that the doctors wouldn't suggest the surgery option was because of the availability of donor tissue," says Horsman.

In 1999, Bruce was finally put on the cornea transplant list and he stayed on the transplant list for two and one-half years.

"The wait seemed like forever and my condition worsened," says Bruce.

Bruce's two and one-half year wait time isn't unusual. According to Health Canada, this country's organ donation rate ranks in the bottom half of countries in the western world where transplants are performed. At the present time, there is a serious shortage of organ and tissue donors available in relation to the number of recipients in need of life-saving donations.

Health Canada says that more than 3,700 Canadians are now on waiting lists for organ transplants for kidneys, hearts, lungs and livers, and every year nearly 150 of them die waiting. Thousands more need organ and tissue donations of corneas, heart valves, bone grafts and skin. As of April 2001 there were 3,269 Canadians waiting for a corneal transplant.

"It is safe to say that the longest waiting time in Canada is almost four years and the average time is one and one-half years," says Mary Gatién, director of the New Brunswick Eye Bank (NBEB). "The reasons vary from region to region but the main reasons are lack of tissue, lack of operating room time and lack of transplanting surgeons. In the Atlantic region the average wait time is one year."

The majority of transplants are done in Halifax by Dr. Christopher Seamone and Dr. Stan George, corneal specialists. Dr. Guy Boswell does surgery in P.E.I., and there are general ophthalmologists throughout Atlantic Canada that perform transplants. The NBEB procures approximately 150 corneas per year resulting in approximately 85 transplants.

For Bruce, his wait ended in March 2002.

"I will never forget the day that Dr. Seamone's office called," says Bruce. "It was a Monday and they needed me in Halifax on Wednesday."

Before Bruce could get his bags packed, the office called back to cancel the procedure due to tissue availability and lack of an operating room. However, he says that he did not have too much time to feel sorry for himself as they called back within two weeks for another booking. He was scheduled to have a corneal transplant in his right eye on March 1, 2002.

"The day of my corneal transplant surgery, I felt calm and relaxed,"

Bruce remembers. "It was as though I had been preparing for this moment for most of my life."

After his surgery, Bruce remembers having a terrible night with pain and headaches. However, when they removed the bandages the next morning and checked his vision, he was seeing better with no vision correction than he had in years with contacts.

"The recovery process had a few bumps in the road," says Bruce. "It's been a process over the last two years while surgery has settled in."

Right after the surgery, things got scary for Bruce when the layer that covers the eye didn't regenerate for about a week. He also had scar tissue develop around stitches that had to be removed and he suffered from dry eye and had to have a tear duct implant. For Bruce, this has meant constant follow-up with the surgeon in Halifax while still residing in Saint John.

"It was a lot of travel and waiting," says Bruce. "But with the constant love and support from my wife Linda and my two children and Dr. Doherty and Dr. Seamone's skill and attentiveness, today I have really good vision in my right eye and I am very, very thankful for that every day."

Bruce says that his cornea transplant has improved his life 100-fold.

"I guess it is like anything else, you deal with the cards you are dealt and you learn to function with the disease or whatever problems go with it," says Bruce. "But then when you don't have it, you realize what kind of pain it was. It has changed me quite considerably. I don't know how to put it into words really."

He says he now wakes up every morning able to see and get around where before his surgery he would be fumbling to get to the sink to put his contacts in.

"No one ever knows the importance of being a donor until your life is impacted by a stranger's unselfish act," says Bruce. "I have often thought of the individual and family whose lives were changed forever so that mine could be made more complete."

Current health policy in New Brunswick states that even if someone signs an organ donor card, the family is still consulted and ultimately makes the final decision on whether or not to

donate organs and tissue. According to Health Canada, 96% of relatives agree to organ and tissue donation if they already know the wishes of the donor, while only 58% agree when they have not been included in the process in advance. So it is crucial to get the message out that people need to discuss organ and tissue donation with their families to ensure their wishes to donate are known.

Bruce says that it is difficult to put into words how thankful he is for receiving a cornea transplant.

"Until you are there and walked that road, it is very difficult to express," he says. "I never take it for granted. Life was a blur until now and to say it is a gift and to say it is something that is treasured, doesn't even touch it! It is like the gift of life, how do you say thank you for that? How do you tell somebody that what they have done for you is remarkable?"

For Bruce, he says that thank you will never be enough but he will always be grateful to the individual and their family for the gift of sight.

(Editor's note: Natalie Hartford is coordinator of member communications. Many thanks to Bruce Horsman for sharing his experiences. The author consulted several sources for the foregoing article: Janet Walker, RN, BN, nurse manager for hemodialysis and interim manager, Organ and Tissue Procurement Program, River Valley Health; Mary Gatién, director, New Brunswick Eye Bank; *Their Stories, Eyes Tissue Donors and Recipients* (a book that was part of a national campaign by the Eye Banks across Canada and which provided inspiration for this story); Health Canada's web site at http://www.hc-sc.gc.ca/english/organ_andtissue/; www.hc-sc.gc.ca/english/media/releases/2001/2001_36ebk1.htm; and www.hc-sc.gc.ca/english/socialmarketing/marketing_research/organ.html also provided valuable information.) □

A Novice Again

Reflections on re-Entry into the nursing profession

(Editor's note: Lynn Ritchie tells us how it feels to get back into nursing. After an absence of 30 years raising a family and working in a small business, she recently completed the nursing refresher program offered by Grant McEwan Community College (GMCC) and began working at the South-East Regional Health Authority in Moncton. This flexible and versatile re-entry program known in New Brunswick as the Nursing Refresher Program was re-approved by the NANB board of directors last February for another five years.)

By Lynn Ritchie

Few people have, or choose to take, the opportunity to enter their chosen profession as a novice, twice in a lifetime. It provides for an interesting perspective and comparison of the learning process at different stages of one's life.

I graduated from UNB's nursing faculty almost 30 years ago. It was a heady experience to begin a coveted career in pediatric nursing at a large metropolitan center with four years of student experience and lofty academic ideals. The workforce at the time had a median age of approximately 25 years and was full of young women eager to pursue individual hopes and dreams. Certainly the clash of expectation versus experience was fairly universal amongst my novice co-workers.

I was soon eager to continue studies in order to move on to other challenging areas of the pediatric venue. A wonderful post-basic course offered at a local hospital, and a new position in the emerging area of the neonatal ICU were just the challenge I needed! The camaraderie, extensive orientation program, and a growing body of knowledge in a relatively new care area created a marvelous learning as well as a good work environment. After a few years I succumbed, like many others, to the option of leaving this environment to raise three great kids while working in a small business for over 20 years.

Over the years, I had considered re-entering the nursing profession and, at the time my youngest left for university, several factors contributed to my decision to do just that. The coordinator of the re-entry program (provided through Grant MacEwan Community College, Alberta) and the examination sites were both easily accessible where I was living. Having an encouraging support person and additional learning resources (that is, lending texts, videos) nearby facilitated my learning experience.

Initially, the 20 lb. box housing the 25 self-study modules appeared intimidating but as my daughter reminded me, "when you eat an elephant it starts one bite at a time." I became a regular at a local college reading room and found I actually enjoyed the study process. Meeting other nurses at the testing site provided opportunities to learn from one another through sharing of experience: another aspect of the learning curve. Unfortunately the program, at that time, didn't have an on-line support component with additional resources which usually accompany distance learning.

Initially, the 20 lb. box housing the 25 self-study modules appeared intimidating but as my daughter reminded me, "when you eat an elephant it starts one bite at a time." I became a regular at a local college reading room and found I actually enjoyed the study process.

I can only judge the adequacy of the clinical component, for re-entry completion, on a personal basis, but it was one that I shared with others. While the workshops were good, they were too limited to address the infinite advances in nursing practice and machinery over a 25-year period. During my preceptorship I was fortunate to work with a nurse who was an expert in her field of maternal child nursing. She exemplified the nurse "who promotes a learning environment that supports on-going professional development for competent nursing practice" (3.6 *Standards of Nursing Practice for Registered Nurses*). Like many of my former professors she was inspiring because of her commitment to, and her love of, the care area where she worked. This experience, while excellent, was again, short of time.

I was aware of many of the challenges in the work lives of nurses: frustration with staffing shortages, increasing age with additional responsibility for nurses, family and health issues, dissociation of nursing management to staff level nursing, paradigm shifts in hospital management practices, to name a few. However, you can't really experience the impact of such until immersed in the milieu. Although most hospitals were experiencing staff shortages, budget cutbacks created a difficult re-entry into the nursing profession at that time. Fortunately, the South-East Regional Health Authority, Moncton, was willing to expedite my re-entry.

An excellent general hospital orientation made a good beginning and my orientation to the unit where I work, while shortened because of staffing demands, was in the hands of expert nurses to whom I am grateful. No one should underestimate the importance of having caring, encouraging and knowledgeable preceptors during the initial re-entry period. An investment in orientation has numerous spin offs. I was also assigned a mentor; someone to share experiences with, ask questions, and in general to help guide my learning curve.

Having an experienced peer who acts as an encourager to a newer grad or re-entry nurse while in the period between orientation and competency (Brenner, Patricia. *From Novice to Expert*. 1984) can impact significantly on the adjustment to, and in the learning of, new skills in the designated area. These concepts are inherent in our *Standards of Nursing Practice for Registered Nurses* (5.1, 4, 5, 6, 7) and are helpful in encouraging retention and loyalty in new staff.

The last 15 months have been an incredible learning curve, and, as one of my preceptors surmised, I had to learn to "think like a nurse all over again." Being a novice at an age when many of my former classmates have almost 30 years experience in the nursing field has had its unique perspective. I plan to always remember this when I have an opportunity to encourage another novice as they begin their journey. □

CNA publishes professional practice guide

CNA has recently published another professional practice document entitled *Achieving Excellence in Professional Practice: A Guide to Preceptorship and Mentoring*. It is available on the CNA website, free to download, at: http://cna-aiic.ca/CNA/documents/pdf/publications/Achieving_Excellence_2004_e.pdf.

Museum Exhibitions

Canadian Museum of Civilization

The Canadian Museum of Civilization (CMC) in Ottawa, will host an exhibition entitled "The Caring Profession: Centuries of Nursing in Canada," June 17 to September 4, 2005.

The NANB Nursing Resource Center has agreed to loan a VON bag with its contents to the CMC for this exhibition. In addition, the exhibition will feature a student nurse uniform and photos from the Miss A. J. MacMaster School of Nursing, Moncton, already part of the CMC collection.

New Brunswick Museum

The New Brunswick Museum, Saint John, New Brunswick, is planning an exhibition entitled "Ordinary People in

Extraordinary Conflict: New Brunswick in Wartime." The exhibition is scheduled for early summer and will be opened to the public for six months. The exhibition is part of the National Traveling Exhibition and may be in other New Brunswick venues.

On loan from the NANB Nursing Resource Center are uniforms and other articles belonging to Annie Elizabeth (Nan) Prescott who served in the Royal Canadian Army Medical Corp (RCAMC) from 1940 to 1946. A Sussex New Brunswick native, she served as a Nursing Sister in the United Kingdom, North Africa and Italy after graduating from the Ottawa Civic Hospital School of Nursing.

She was awarded seven medals, all part of the collection and her rank on discharge was Lieutenant/Nursing Sister.

Attention Fisher Memorial and Carleton Memorial nursing grads

Are you a graduate of the Fisher Memorial or Carleton Memorial School of Nursing, Woodstock, New Brunswick? If so, Margaret Caldwell and Doris Kennedy would like to hear from you. They are collecting information and memorabilia from the former schools to create a historical archive to be housed in a display at the new hospital to be built in Waterville, N.B. and scheduled to

open in 2007. When submitting artifacts please specify if you wish to donate them or would like to have them returned. For further information or to provide historical information or artifacts, please contact Margaret Caldwell, 103 Strong St., Woodstock, NB E7M 2V4, tel.: (506) 328-4879 or Doris Kennedy, 2651 Route 103, Somerville, NB E7P 3A8, tel.: (506) 375-4498.

Disability Awareness Week 2005

The Premier's Council on the Status of Disabled Persons is pleased to confirm Disability Awareness Week (DAW) will be held from May 29 to June 4, 2005. The theme will be "Put our abilities to work for you."

Activities for Disability Awareness Week will be coordinated at the provincial level by the Premier's Council on the Status of Disabled Persons. The co-chairpersons will be Randy Dickinson and Gary Comeau working with a volunteer executive planning committee.

During the run-up for Disability Awareness Week 2005, the provincial committee will be planning a variety of new and exciting activities related to the 2005 theme. Local committees will also organize community projects across the province. It is expected that thousands of New Brunswickers will attend these events, making DAW 2005 a true community initiative.

If you have an idea for a new Disability Awareness Week 2005 activity, please share it with the Premier's Council on the Status of Disabled Persons. Regular updates will be posted on the Council's website. For more information, contact Disability Awareness Week, 648 - 440 King Street, Fredericton, NB E3B 5H8, or phone toll-free: 1 800 442-4412, E-mail: pcsdp@gnb.ca or visit the Web site at www.gnb.ca/0048. □



NURSE DISCHARGE PLANNERS — The New Brunswick Discharge Planners Nurses Interest Group met last November at NANB headquarters. Present at the meeting were (front row, l. to r.) Mary Lou Price, president; Claudianne Arsenault, secretary/treasurer; and Elaine Farrah Costello, past president. In the back (l. to r.) are Monique Smyth, Marlene Siprell, Solange Dupuis, Jean-Victor Duguay, Arlene Dinan, Shirley Hovey, and Joyce McIntosh. □

National Nursing Week

May 9 - 15, 2005

The theme is:

Nursing

Patients first. Safety always. □

"Old Age in a New Age"

From April 28-30, 2005, the Health and Aging Department of the Atlantic Health Sciences Corporation, Saint John, New Brunswick, will be hosting its third "Old Age in a New Age" conference at the Hilton Hotel in Saint John. This is an interdisciplinary conference which has attracted 450-500 participants in the past.

Further information can be obtained by contacting: Pati Teed, Conference Planning office — tel.: (506) 632-5453; fax.: (506) 632-5484; Web site: www.ahsc.health.nb.ca/NewsRoom/geiatricconference.shtml.

Advanced practice nursing conference

The Canadian Association of Advanced Practice Nurses will hold its biennial conference September 28-30, 2005 in Fredericton, New Brunswick. Co-hosted by the Advanced Practice Nurses of New Brunswick and the Nurse Practitioner Association of Nova Scotia, the conference theme is "Honouring the Past — Embracing the Future."

To register or for more information, contact — Joanne Chantigny MN NP, Conference Chairperson, E-mail: 7senuf@nb.sympatico.ca; tel.: (506) 452-2968.

Healthy workplaces

The Registered Nurses Association of Ontario's fifth annual International Healthy Workplaces in Action Conference will take place November 17 and 18, 2005 at the Hilton Suites Markham/Toronto Conference Centre and Spa. For further information, contact Vanessa Mooney, Conference Co-ordinator, Registered Nurses Association of Ontario, tel.: (416) 599-1925, extension 227; E-mail: vmooney@rnao.org.

"One Voice, One Vision"

The 5th Annual Nursing Practitioner Conference will be held June 16 and 17, 2005 at the Centre for Nursing Studies, St. John's, Newfoundland. The theme is "One Voice, One Vision." To obtain further information, contact Beverly McLissac, Conference Chairperson: tel.: (709) 777-7199; E-mail: bmcissac@cns.nf.ca or Denise Waterman, secretary, NP Program: tel.: (709) 777-8174; E-mail: dwaterman@cns.nf.ca.

Oncology conference

The Atlantic Canada Oncology Group (ACOG), in conjunction with the Canadian Association of Medical Oncologies (CAMO), will host its 9th

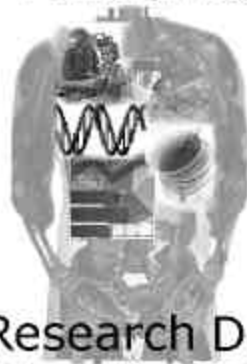
annual symposium in Prince Edward Island, June 23-25, 2005 at the Stanley Bridge Country Resort and Conference Centre. The Scientific Symposium, June 24 and 25, will focus its discussion on GI Malignancy (Colorectal), Symptom Management and highlights from a recent ASCO conference.

For more information, contact Dianne Smith, EDS Management, 9 Laval Place, Mt. Pearl, NL A1N 3W9. Tel.: (709) 364-3371; fax.: (709) 753-0927; E-mail: edsmith@nl.rogers.com.

UNB research day

The 10th annual Nursing Research Day will take place May 10, 2005 at the University of New Brunswick faculty of nursing, Fredericton, New Brunswick.

10th Annual Nursing



Research Day May 10, 2005

It is an opportunity for sharing and learning about health research and applied research projects relevant to health care practitioners, educators, and policy makers. A wide range of submissions are invited from all health disciplines and all sectors including: ongoing or completed research, demonstration projects, thesis findings, evaluation studies, and research methods.

Dr. Judith Ritchie, associate professor and director of nursing research, McGill University, will be the keynote speaker.

Abstract deadline for Nursing Research Day is April 1, 2005. Information on how to submit abstracts can be found on the UNB nursing faculty Web site at: www.unbf.ca/nursing/resday05.html.

Seeking English Graduates of Bathurst School of Nursing

Seeking English graduates of the Bathurst School of Nursing, class of 1981. A group of nurses is attempting to organize a 25-year reunion and invites you to contact them. Please contact: Margaret (Peggy Fournier) Corrigan, 526 MacKenzie Lane, Dalhousie, NB E8C 1Z0; E-mail: gpcorr@nbnet.nb.ca.

Reunion of the Graduates of the Hôtel Dieu Bathurst School of Nursing

On July 29, 30 and 31, 2005, graduates of the Hôtel Dieu Bathurst School of Nursing are invited to attend a reunion to reconnect with former graduates. Tell your fellow nursing graduates about the reunion and plan to attend. For more information, please contact Connie Morrison at (506) 548-2136 or Angie Hebert at (506) 546-4143.

Seeking graduates of 1987 from the Edmondston School of Nursing

Did you graduate from the Edmondston School of Nursing on June 26, 1987? A group of nurses is attempting to organize a reunion and invites you to get in touch with them. Please get in touch with co-organizer: Nicole Y (Charette) Sauvé 229, Olivier-Boucher, Edmondston (N.-B.) E3V 4L8 or by E-Mail: mnsauve@rogers.com.

Hannah 2005 Nursing History Conference

"Identities, Diversity, and Canadian Nursing History" is the theme of the 2005 Hannah Nursing History Conference to be hosted by the University of Ottawa school of nursing, Ottawa, Ontario, June 15-16, 2005.

The Canadian Museum of Civilization has extended a special invitation at no cost to participants of the Hannah Conference to attend the exhibition opening of the special exhibit on nursing history.

For further information, consult the Conference Web site available through links from the University of Ottawa school of nursing or contact Linda Souliere-MacLeod at souliere@magma.ca. Registration forms are available at: www.health.uottawa.ca/hannah.htm.

19th National Conference of the Operating Room Nurses Association of Canada

Today's projects, tomorrow's progress

The 19th Conference of the Association of Operating Room Nurses of Canada will be held at the Palais des Congrès de Montréal, Montréal, Québec from May 1 to May 6, 2005.

The Operating Room Nurses Association of Canada is an organization of registered nurses dedicated to:

- the promotion and advancement of excellence in the provision of perioperative care to their patients and

- the professional growth and personal enhancement of perioperative registered nurses.



Director of practice and policy

The organization

The Nurses Association of New Brunswick (NANB) is an 8600-member professional organization that exists to protect the public and to support nurses by promoting and maintaining standards for nursing education and practice and by advocating for healthy public policy.

The position

NANB is seeking a candidate for the position of Director of Practice and Policy, effective June 7, 2005.

As the Director of the Professional Practice and Policy Department, you will be responsible for providing leadership and strategic direction in nursing practice and health policy. As a member of the management team, you will translate the corporate objectives of NANB into relevant projects and activities in support of members' needs and you will establish strong working relationships with members, practice settings, government departments, and other provincial associations where appropriate.

You will bring a significant depth and breadth of nursing knowledge and experience including leadership skills and project management expertise.

Qualifications

- Excellent knowledge of nursing practice acquired through a combination of clinical nursing practice in a variety of roles, relevant university education and key leadership and management positions.
- Ability to establish and maintain networks to promote inter-agency collaboration.
- Excellent verbal/written communications skills and presentations skills in both official languages.
- Master's degree in nursing.
- Eligibility for registration with NANB.

Salary

The organization offers a competitive salary and benefits package.

How to apply

Submit a letter of application and a resume by April 29, 2005 to:



Roxanne Tarjan
Executive Director
Nurses Association of New Brunswick
165 Regent Street
Fredericton, N.B. E3B 7B4

This conference will offer participants an enriching program, electrifying evenings, and the opportunity to visit the wonderful city of Montreal. The keynote address, "The Team Work: From the Inside Out," will be presented by Mr. Roger Fournier, General Director, Brome-Missisquoi-Perkins Hospital.

Educational sessions will range from patient satisfaction in the waiting room, to anaesthesia research nurse: a day in her life, to fetal surgery: where do we stand?

For more information, please visit the ORNAC web site at www.ornac.ca.
□

Registration suspended

On February 11, 2005, the NANB complaints committee suspended the registration of registrant number 021584 pending the outcome of a hearing before the review committee. □



www.cnps.ca

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Consent for the Incapable Adult

Introduction

Mental Health or Hospital Acts contain specific procedures to address the issue of consent to treatment for those with a psychiatric disorder. This *infoLAW*[®] will not touch on persons subject to those Acts but will focus on other adults who do not have the capacity to give or refuse consent to treatment on their own behalf. Examples include: a young adult living with a permanent developmental handicap; an adult temporarily unconscious due to injury or intoxication; and an older adult whose mental abilities have deteriorated.

Provincial/territorial statutes differ in their content. They may set out how consent to treatment is to be obtained when the patient does not have the capacity to consent. They may also stipulate how an advance directive for health care may be made.¹ Nurses must comply with the applicable legislation in their jurisdiction.

What is meant by having the capacity to consent to treatment?

Having the capacity to consent to treatment means understanding the nature of the decision to be made and understanding the consequences of the decision, including the decision to decline treatment.

The legal presumption is that all adults have the capacity to consent to treatment. A nurse need not explore an adult's capacity to make treatment decisions unless there is reason to believe he does not understand the nature of the decisions to be made or their consequences.

A person's capacity may vary with time or with the nature of the decision to be made. An assessment of a person's capacity may lead to different results at different times. Obtaining consent to treatment should therefore be considered a process rather than a single event.

Who decides on an adult's capacity or incapacity?

The health care professional proposing the treatment is responsible for obtaining the patient's consent. For example, if a nurse runs her own foot care business, she must obtain consent before providing care or not proceed.² If a patient is clearly incapable of consenting, the nurse must adhere to the law on substitute decision-making in her jurisdiction. If the nurse is unsure of the patient's capacity to consent, an assessment and determination is needed, with thorough documentation of the process and its outcome. Consultation with other professionals is recommended.

It is more common for the patient to be under the care of a physician who is proposing an overall treatment plan. This physician should make a determination of capacity if the circumstances warrant it, unless additional expertise is required. Because nurses have such close contact with patients, the information they gather may be of critical importance to the physician making the determination. Sharing relevant patient information between health team members is proper practice and is not a breach of confidentiality.³

*Professional
Liability
Protection
for Nurses
by Nurses*

When an adult is deemed incapable, who makes decisions about his care and treatment?

Statutes tend to provide a hierarchy of substitute decision-makers. First priority is given to a court-appointed substitute decision-maker or person with a power of attorney for personal care or proxy. If these do not exist, authority falls to a spouse, or then to various family members in accordance with the statutory list. Careful documentation is essential when consent is obtained from a substitute decision-maker.

As with any patient, a plan of care must be devised to meet the incapable adult's current health needs. Substitute decision-makers and health care professionals must consider and respect the patient's best interests and any previously known wishes or advance directives that apply to the situation.

What if emergency treatment is required?

When immediate medical treatment is necessary to save the life or preserve the health of a person who, by reason of unconsciousness or extreme illness, is incapable of either giving or withholding consent, the law considers this an emergency that justifies an exception to the usual rules of consent.⁴ Giving emergency treatment without consent is lawful if the delay that would result from obtaining a consent or refusal would put the patient at greater risk.

The fact that a person is in serious physical jeopardy does not nullify previously expressed directives regarding health care treatment if these directives become known to health care professionals and apply to the emergency situation. An Ontario court made this clear when it found a physician had committed battery when he personally gave blood transfusions to an unconscious MVA victim whose wallet card identified her as a Jehovah's Witness.⁵ The wallet card contained an explicit refusal of any blood or blood products but consented to non-blood intravenous fluids. The court found that she had clearly communicated a health care directive in the only way possible in preparation for just this kind of emergency.

Summary

Failure to obtain consent means the treatment cannot be legally given unless it is an emergency. Given the variations in the laws between provinces and territories governing consent procedures for incapable adults, it is important to follow your agency's policies and procedures for obtaining consent in these situations. If you have questions or concerns, call CNPS at 1-800-267-3390.

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1. For example, see Alberta's *Personal Directives Act*, R.S.A. 2000, c. P-6 and *Dependant Adults Act*, R.S.A. 2000, c. D-11; Saskatchewan's *The Adult Guardianship and Co-decision-making Act*, S.S. 2000, c. A-5.3; Manitoba's *The Health Care Directives Act*, C.C.S.M. c. H27; Ontario's *Substitute Decisions Act*, 1992, S.O. 1992, c. 30; New Brunswick's *Infirm Persons Act*, R.S. 1973, c. I-8; Nova Scotia's *Medical Consent Act*, R.S.N.S. 1989, c. 279; PEI's *Consent to Treatment and Health Care Directives Act*, S.P.E.I. 1996, c. C-17.2; Newfoundland's *Advance Health Care Directives*, S.N.L. 1995, c. 4-41; and Northwest Territory and Nunavut's *Guardianship and Trusteeship Act*, S.N.W.T. 1994, c. 29, as duplicated for Nunavut by s. 29 of the *Nunavut Act*.
 2. *infoLAW*®, Independent Practice (Vol. 4, No. 1, November 2004; revision of September 1995).
 3. Canadian Nurses Association, Code of Ethics for Registered Nurses (2002) at 14.
 4. *Reibl v. Hughes* (1980), 114 D.L.R. (3d) 1 (S.C.C.).
 5. *Malette v. Shulman*, 72 O.R. (2d) 417, [1990] O.J. No. 450 (Ont. C.A.).

N.B. In this document, the feminine pronoun includes the masculine and vice versa except where referring to a participant in a legal proceeding.

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