

INFO NURSING

VOLUME 48 ISSUE 2 FALL 2017



Public Assurance 2018 Registration Renewal — 27

14 CANADA 150
CELEBRATES
NURSING

17 WHAT IS
PROFESSIONALISM?
WHY DOES IT MATTER?

29 ELECTIONS 2018:
CALL FOR
NOMINATIONS



Nurses Association
OF NEW BRUNSWICK

NANB 2017

Award Recipients



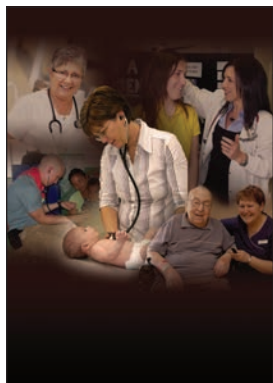
Award of Merit: Research
Suzanne Dupuis-Blanchard

Life Membership
Lynn Lawson

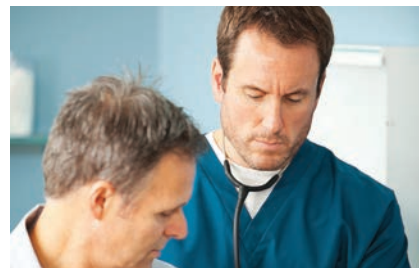
Award of Merit: Nursing Practice
Rejeanne Power

Award of Merit: Administration
Darline Cogswell

Honorary Membership
Gary Hughes



14 Canada 150 Celebrates
Nursing



17 What is Professionalism?
Why does it matter?

Cover

NANB is given the authority by mandate to regulate registered nurses and nurse practitioners in New Brunswick to ensure the provision of safe, competent and ethical care in the interest of the public. A mandatory component of this is registration renewal. Additional measures of assurance include NANB's Continuing Competence Program Audit. **For more information see page 27.**



27 Public Assurance:
2018 Registration Renewal



29 Be a Nursing Leader:
NANB Elections 2018 Call
for Nominations



16 CADTH's Continuing Commitment to Address the Opioid Crisis

By Stephanie Smith

20 Entry-to-Practice Exam Update

21 NANB Virtual Forum: Human Resources for the Aging Population

By Dr. Suzanne Dupuis-Blanchard

24 Nursing Practice in Rural and Remote Canada II

25 FAQ: What is the Difference Between the Assignment and the Delegation of Nursing Care?

By Virgil Guitard

26 FAQ: Can RNs Administer Medical Marihuana to Patients Who Have an Appropriate Prescription From a Physician?

By Dawn Torpe

31 Proxy Voting

What You Need to Know

32 Reflect, Refocus & Re-Energize

Brenda Kinney Reflects on Her Term as President of NANB

By Brenda Kinney

35 NANB 2018 Election Nomination Forms

the pulse

5 Message from the President

5 Message from the Executive Director

7 Boardroom Notes

34 Ask a Practice Consultant

36 Professional Conduct Review Decisions

38 Calendar of Events

Nurses Association of New Brunswick

Nurses shaping nursing for healthy New Brunswickers. In pursuit of this vision, the Nurses Association of New Brunswick is a professional regulatory organization that exists to protect the public and to support nurses by promoting and maintaining standards for nursing education and practice and by promoting healthy public policy.

..... The NANB Board of Directors



Karen Frenette
President



Maureen Wallace
President-Elect



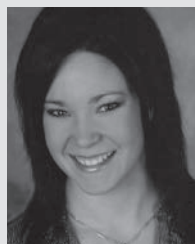
**Joanne
LeBlanc-Chiasson**
Director, Region 1



Rosanne Thorne
Director, Region 2



Amy McLeod
Director, Region 3



Vicki Doiron
Director, Region 4



Thérèse Thompson
Director, Region 5



Anne Marie Lavigne
Director, Region 6



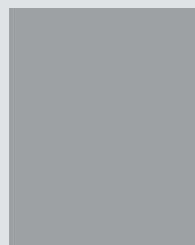
**Lisa Keirstead
Johnson**
Director, Region 7



Rebecca Butler
Public Director



Joanne Sonier
Public Director



**Pauline
Banville-Pérusse**
Public Director

Info Nursing is published twice annually by the Nurses Association of New Brunswick, 165 Regent St., Fredericton, NB, E3B 7B4. Views expressed in articles are those of the authors and do not necessarily reflect policies and opinions held by the Association.

Submissions

Articles submitted for publication should be sent electronically to jwhitehead@nanb.nb.ca approximately two months prior to publication (April, October) and not exceed 1,000 words. The author's name, credentials, contact information and a photo for the contributors' page should accompany submissions. Logos, visuals and photos of adequate resolution for print are appreciated. The Editor will review and approve articles, and is not committed to publish all submissions.

Change of address

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

DESIGNER ROYAMA DESIGN

TRANSLATION JOSÉ OUIMET

EDITOR JENNIFER WHITEHEAD

Tel.: (506) 458-8731; Fax: (506) 459-2838;
1 800 442-4417; Email: jwhitehead@nanb.nb.ca

Canada Post publications mail agreement number 40009407. Circulation 10,000. ISSN 0846-524X. Copyright © 2017 Nurses Association of New Brunswick.

Executive Office

LAURIE JANES
Executive Director
Email: ljanes@nanb.nb.ca

PAULETTE POIRIER
Executive Assistant, Corporate Secretary
459-2858; Email: ppoirier@nanb.nb.ca

Regulatory Services

SOPHIE NOËL
Senior Legal Counsel/ Registrar
459-2830; Email: snoel@nanb.nb.ca

LORRAINE BREAU
Regulatory Consultant: Professional Conduct Review
459-2857; Email: lbreau@nanb.nb.ca

STACEY VAIL
Administrative Assistant: Registration
459-2851; Email: svail@nanb.nb.ca

ERIKA BISHOP
Administrative Assistant: Registration
459-2869; Email: ebishop@nanb.nb.ca

Practice

LIETTE CLÉMENT
Director of Practice
459-2835; Email: lclement@nanb.nb.ca

VIRGIL GUITARD
Nursing Practice Consultant
783-8745; Email: vguitard@nanb.nb.ca

SUSANNE PRIEST
Nursing Practice Consultant
459-2854; Email: spriest@nanb.nb.ca

DAWN TORPE
Nursing Practice Consultant
459-2853; Email: dtorpe@nanb.nb.ca

JULIE MARTIN
Administrative Assistant: Practice
459-2864; Email: jmartin@nanb.nb.ca

Corporate Services

SHELLY RICKARD
Director of Corporate Services
459-2833; Email: srickard@nanb.nb.ca

MARIE-CLAUDE GEDDRY-RAUTIO
Corporate Services Assistant
459-2861; Email: mcgeddry@nanb.nb.ca

Communications and Government Relations

JENNIFER WHITEHEAD
Manager, Communications and Government Relations
459-2852; Email: jwhitehead@nanb.nb.ca

STEPHANIE TOBIAS
Administrative Assistant: Communications
459-2834; Email: stobias@nanb.nb.ca



United We Can Build a Strong Future for RNs & NPs

As incoming President of the Nurses Association of New Brunswick (NANB), I must begin by thanking our members for entrusting me with this opportunity. As summer changes to fall, the newly elected members of the Board of Directors of NANB join the existing Board members. Together we begin our journey as your representatives in fulfilling the mandate of NANB. Our mandate states—“*We regulate registered nurses and nurse practitioners in New Brunswick to ensure the provision of safe, competent, ethical care in the interest of the public.*” The Nurses Association of New Brunswick has developed a new three-year Strategic Plan (2017–2020). This plan has five “areas of focus”: Regulation, Member Engagement, Governance, Organizational Effectiveness, and Innovation. Each area of focus has strategic goals and initiatives that will drive our work over the coming years.

I would like to focus on Member Engagement. What does member engagement mean to you? As I reflect on the member engagement priority, I find myself reflecting on my nursing career. I have been privileged to be a registered nurse in New Brunswick for 34 years. During my nursing career, I have had the opportunity to work as a front line nurse, an educator, a manager, and a director in various clinical programs. I also have had the opportunity to lead the New Brunswick Operating Room Nurses and the Operating Room Nurses Association of Canada (ORNAC) as their President for a two-year term. Becoming engaged in my profession provided me with numerous opportunities during my career. The diverse opportunities within the nursing profession are limitless but, to realize these

➕ page 37

KAREN FRENETTE
President
president@nanb.nb.ca



Informed Nurses Make Better Choices

Beginning in 2016 to early 2017, NANB engaged in strategic planning with members and stakeholders. Communications revealed that many nurses do not understand what “regulation” is—nor the importance in day to day nursing practice. Although feedback indicated a desire for NANB to be more visible, the majority of responding members had never participated in NANB events or meetings. It was also evident that most members do not know the purpose or difference between NANB and NBNU.

With a mandate to regulate nurses in New Brunswick, NANB is responsible for assuring application of provincial nursing laws in everyday practice. NANB works with nursing programs to ensure that graduates receive the required competencies for safe provision of care to patients. NANB staff review and monitor all aspects of annual nursing licensure in New Brunswick. Professional reviews of individual nursing practice are completed following member, employer or public complaints. NANB works with organizations across Canada to ensure that nursing standards, competencies, education and practices are evidenced-based and reflect current health care system requirements. Decisions about changes that impact nursing education and practice are made with the same approach.

Over the next several months, NANB staff are seeking new ways to connect and work with members. With only six nursing consultants to support over 8,600 members, technology will play a vital role in communicating with nurses, and supporting nurses. We will be reaching out because an informed nurse makes better professional

➕ page 37

LAURIE JANES
Executive Director
ljanes@nanb.nb.ca



16

.....

STEPHANIE SMITH, BN RN MA (H Ed)
New Brunswick Liaison Officer, CADTH



17

....

SUSANNE PRIEST, RN, MN
Nursing Practice Consultant, NANB



21

.....

DR. SUZANNE DUPUIS-BLANCHARD
RN, PhD (Nursing)
CNFS-Université de Moncton Health
Research Chair in Population Aging



25, 34

.....

VIRGIL GUITARD, RN
Nursing Practice Consultant, NANB



26

.....

DAWN TORPE, RN, MN
Nursing Practice Consultant, NANB



Call For Entries

Do you have a story idea or article you would like to see in *Info Nursing*? Do you have someone you'd like to see profiled or an aspect of nursing you'd like to read more about? Please submit your ideas and suggestions to:

Jennifer Whitehead,
Manager of Communications and
Government Relations

jwhitehead@nanb.nb.ca
165 Regent St, Fredericton, NB E3B 7B4

THE BOARD OF DIRECTORS MET ON MAY 29 & 30, 2017 AT THE NANB HEADQUARTERS IN FREDERICTON.

Board of Directors & Committee Vacancies

2017 Election

An election was held for President-elect as well as Region 2 & 6 Directors. Region 4 was acclaimed. The successful candidates are as follows:

- President-elect: *Maureen Wallace, RN*
- Region 2 Director: *Rosanne Thorne, RN*
- Region 4 Director: *Vicky Doiron, RN*
- Region 6 Director: *Anne Marie Lavigne, RN*

Public Director Vacancies

The term of one public director, Edward Dubé, will expire August 31, 2017. This public director position is appointed by the Minister of Health from a list of candidates submitted by the NANB. The appointment is for a two-year term effective September 1, 2017. The Board approved the following three nominees:

- *Pauline Banville-Pérusse, Saint-Basile, NB*
- *Karen Cunningham, Fredericton, NB*
- *Hans Gauvin, Bathurst, NB*

Executive Committee

The President and President-elect are members of the Executive Committee along with two region directors and one public director. The Board appointed the following directors for a one-year term, effective September 1, 2017 to August 31, 2018 and are as follows:

- *Joanne LeBlanc-Chiasson, RN, Director, Region 1*
- *Lisa Keirstead Johnson, RN, Director, Region 7*
- *Rebecca Butler, Public Director*

Nursing Education Advisory Committee Appointments: September 1, 2017–August 31, 2019

- *Liette Andrée Landry, nurse educator, Université de Moncton, Shippagan Campus (new)*
- *Linda Plourde, staff educator, Vitalité Health Network- Restigouche, Campbellton (new)*

- *Loretta Waycott, nurse educator, University of New Brunswick, Saint John Campus, St. George (new)*
- *Nancy Sheehan, experienced clinical nurse, Dr. Georges-L.-Dumont University Hospital Center, Moncton (re-appointment)*

Complaints Committee Appointments: September 1, 2017– August 31, 2019

- *Angela Arsenaault-Daigle, nurse practitioner, Salvus Clinic, Shediac (new)*
- *Renée Benoit-Valdron, clinical nurse specialist, Campbellton Regional Hospital, Dalhousie (new)*
- *Diana Dupont, nurse educator, University of New Brunswick, Saint John Campus, Musquash (new)*
- *Denise Cyr LaPlante, regional business leader, Atlantic Canada, Amerisource Bergen Specialty Group, Waasis (new)*

- Jeannita Sonier, retired educator, Néguaac, public director (new)
- Edith Tribe, retired health care director, Bathurst, public director (re-appointment)

Discipline/Review Committee

Appointments: September 1, 2017–August 31, 2019

- Dorothy Arsenault, documentation coordinator for Saint John area, Saint John Regional Hospital, Grand Bay-Westfield (new)
- France Marquis, nurse educator, Université de Moncton, Edmundston Campus, Edmundston (new)
- Nancy Sirois Walsh, nursing professional practice advisor, Vitalité Health Network- zone 6, North Tetagouche (new)
- Brandie McCormack, emergency department staff nurse, Miramichi Regional Hospital, South Esk (new)
- Trevor Hamilton, staff nurse, York Manor Inc., Fredericton (new)
- Sharon Benoit, staff nurse, Néguaac Community
- Health Centre and Miramichi TeleNephrology Unit, Tracadie (re-appointment)
- Ghislain Ouellet, operating room staff nurse, Edmundston Regional Hospital, Saint-Jacques (re-appointment)
- Rhonda Reynolds, education coordinator, Dr. Everett Chalmers Hospital, Douglas
- Line Savoie, community health nurse, St-Joseph Community Health Centre, Dalhousie (re-appointment)
- Marlene Sipprell, community health nurse, Extra-mural Perth-Andover, Perth-Andover (re-appointment)

- Edith Peters, retired pharmacist, Moncton, Public Member (re-appointment)

For further information and to submit nominations for consideration, members can refer to the NANB website or call toll free 1-800-442-4417.

NP Re-Entry Program

The Board approved a re-entry program for registered nurses whose registration as a NP has lapsed. This work was informed by a jurisdictional review and consultation with key stakeholders in the areas of practice and education. Following the development of program requirements, tools were developed to support the program which include:

- NP Re-entry requirements;
- Self-Assessment tool; and
- Clinical Evaluation tool.

Nurse Practitioner Therapeutics Committee (NPTC)

The NPTC is an advisory committee with a mandate to develop recommendations to the NANB Board of Directors. The Board approved the re-appointment of Janet Weber, NP, and Martha Vickers, NP, and the appointment of Christine Michaud, pharmacist, to the NPTC for

the term commencing September 1, 2017 through August 31, 2019.

The Board approved a recommendation from the NPTC to modify Schedule A of the *Nurse Practitioner Schedule for Ordering* and also approved a proposed amendment to Rule 14.01. Magnetic Resonance Imaging (MRI) and Computed Tomography (CT Scan) will be added to the list of Medical Imaging Tests that NPs can order. The proposed amendments will take effect upon approval by the Minister of Health under paragraph 10.3(3) of the *Nurses Act*.

Presentation(s)

The Board received a presentation by Leanne Smith, Manager of Nursing Home Services, Department of Social Development, titled *Nursing Home Services—Person Centred Care*.

Next Board

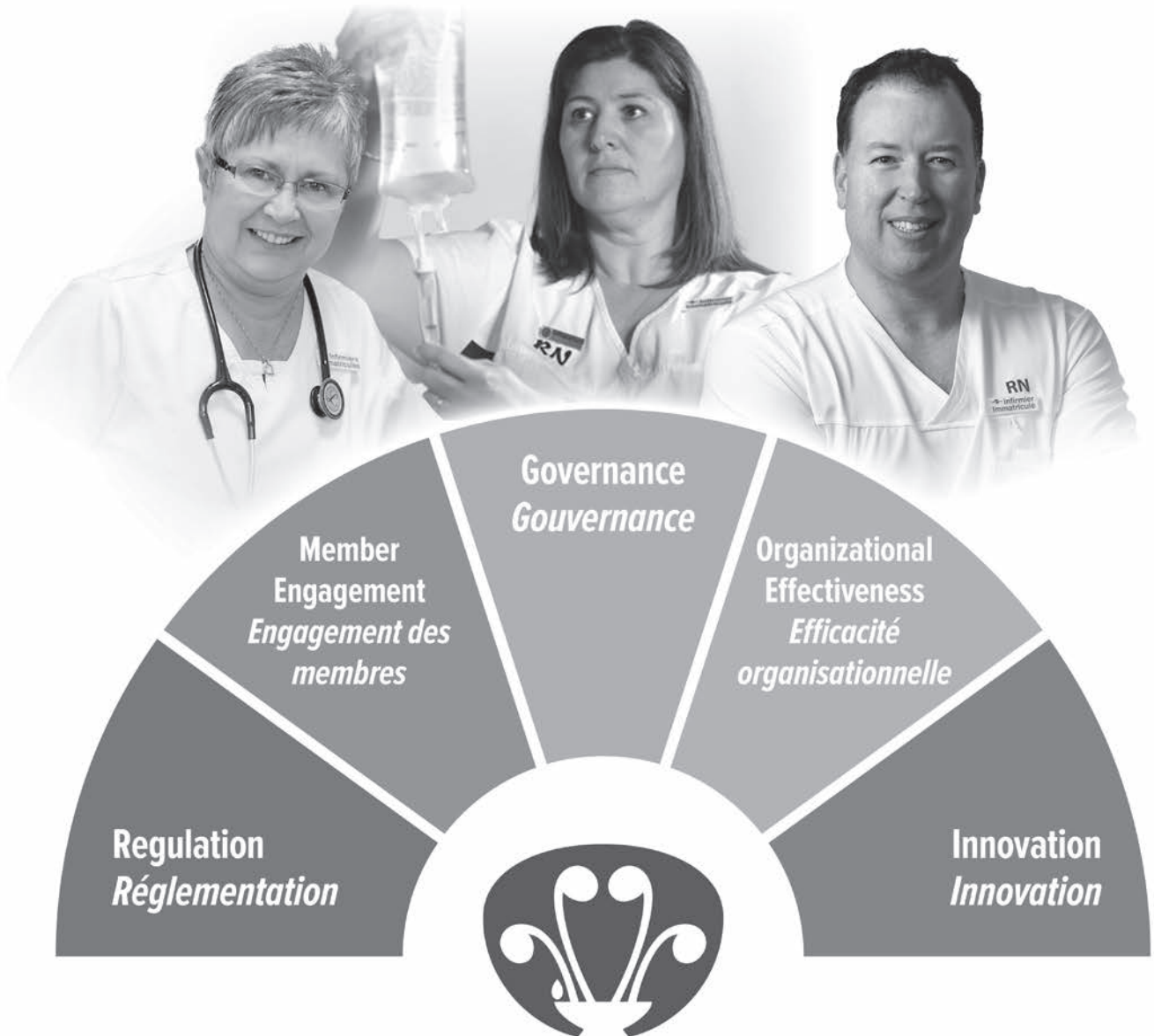
The next Board of Directors' meeting will be held at the NANB Headquarters on October 25 and 26, 2017. Observers are welcome at all Board of Directors' meetings. Please contact the Executive Assistant / Corporate Secretary at 506-459-2858 or 1-800-442-4417. ■

2017–2018 NANB Board of Directors

President	Karen Frenette, RN
President-elect	Maureen Wallace, RN
Director, Region 1	Joanne LeBlanc-Chiasson, RN
Director, Region 2	Rosanne Thorne, RN
Director, Region 3	Amy McLeod, RN
Director, Region 4	Vicky Doiron, RN
Director, Region 5	Thérèse Thompson, NP
Director, Region 6	Anne Marie Lavigne, RN
Director, Region 7	Lisa Keirstead Johnston, RN
Public Director	Rebecca Butler
Public Director	Joanne Sonier
Public Director	Pauline Banville-Pérusse



Building the Foundation Établir les fondements *for the Next 100 Years des 100 prochaines années*



NANB's Strategic Plan (2017–2019) **Five Pillars of Focus**

NANB regulates registered nurses and nurse practitioners in New Brunswick to ensure the provision of safe, competent and ethical care in the interest of the public.

Le plan stratégique de l'AIINB (2017-2019) **Les cinq domaines d'intérêt particulier**

L'AIINB réglemente les infirmières immatriculées et les infirmières praticiennes au Nouveau-Brunswick de façon à assurer la prestation de soins sécuritaires, compétents et conformes à l'éthique dans l'intérêt du public.



On May 31st, NANB hosted an awards banquet recognizing five outstanding individuals for their contributions to the nursing profession. Captured above are some highlights from the evening.

Hours & Dates

The NANB Office is open Monday to Friday, from 08:30 to 16:30

NANB WILL BE CLOSED		DATES TO REMEMBER	
October 9	Thanksgiving Day	October 25 & 26	NANB Board of Directors Meeting
November 13	Remembrance Day	November 15	Payroll Deduction Deadline
December 25–January 1	Holiday Closure	November 30	Registration Renewal Deadline
		January 31	Deadline for NANB Election Nominations
		February 21	NANB Board of Directors Meeting

New NANB Staff Sophie Noël

We are pleased to announce that Sophie Noël has accepted the position of Senior Legal Counsel/Registrar with the Nurses Association of New Brunswick (NANB) and started working in her new role on May 29, 2017. Ms Noël brings over six years of experience as a lawyer specializing in labour, employment, and administrative law and is fluently bilingual. Having worked as both union and employer-side counsel prior to joining the NANB, she brings a balanced legal perspective to her work overseeing registration and professional conduct review processes.



British Columbia Fires Appeal

NANB made a donation of 5K to the British Columbia Fires Appeal through the Red Cross in support of families and friends affected by the tragic wild fires devastating communities and threatening people's health and public safety. On behalf of registered nurses and nurse practitioners in New Brunswick, we hope our contribution and continued thoughts help those in need.

NANB's 2017 President Award Recipients

The President's Award is presented to outstanding nursing graduates representing New Brunswick program sites. Congratulations to the following recipients:

- Hillary MacCallum, UNB Bathurst
- Elizabeth King-Crossman, UNB Moncton
- Lauren Moffatt, UNB Moncton (ASP)
- Amanda Eng, UNB Fredericton
- Heather Baird, UNB Saint John
- Danika Schlosser, UdeM Moncton
- Amélie Fournier, UdeM Shippagan
- Kristine Daigle, UdeM Edmundston



Notice of Annual Meeting

In accordance with Article XIII of the bylaws, notice is given of an annual meeting to be held May 10, 2018 at the Fredericton Convention Centre, Fredericton, NB. 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 may vote. Confirmation of membership will be required for admission. Nursing students are welcome as observers.

Resolutions for Annual Meeting
Resolutions presented by practising members according to the prescribed deadline, March 30, 2018 will be voted on by the voting members. During the business session, however, members may submit resolutions pertaining only to annual meeting business.

Voting

Pursuant to Article XII, each practising nurse member may vote on resolutions and motions at the annual meeting either in person or by proxy.

Laurie Janes

Executive Director, NANB

Resolution 1 May 31, 2017

WHEREAS the taskforce on the NCLEX exam will be replaced by a "Stakeholder's Committee" as of June 2017;

WHEREAS the contract with NCSBN should not be renewed and that we should return to a Canadian exam (of which the content and format need to be determined);

THEREFORE BE IT

RESOLVED that the "Stakeholder's Committee" report on the committee's work and the recommendations be published in Info Nursing and reported at NANB's next AGM.

Moved by Anne Charron
Edmundston Chapter

Seconded by Marise Auffrey
Moncton Chapter

Annual Meeting

Rules and Privileges

The following are the *Standing Rules* governing the annual meeting. Members should note procedural authorities for further references.

- 1. When approved by a majority of the voting members and the registered proxies, the *Standing Rules* shall apply throughout the annual meeting.
- 2. *Robert's Rules of Order* shall be the parliamentary authority in all cases not covered by the *Nurses Act, Bylaws, Rules* or *Standing Rules*.
- 3. The order of business shall be that printed in the program. Subject to the consent of the voting members and the registered proxies, items of business may be taken up in a different order whenever appropriate.

Rules of Debate

- 1. Any member or student may ask questions and participate in discussions.
- 2. Speakers shall use microphones, address the chair and state their name and chapter. The chairperson shall call speakers in the order in which they appear at the microphone.
- 3. Motions or amendments to main motions may be made only by a practicing member and must be seconded by another practicing member. To ensure accuracy, these must be presented in writing on forms provided, signed by the mover with the name of the seconder, and sent to the recording secretary.
- 4. The chairperson will exercise her responsibility to limit debate. A speaker will be given a maximum of two minutes and may speak only once to any motion unless permission is granted by the assembly. The chairperson will announce the

termination of the discussion period ten minutes in advance.

- 5. All resolutions and motions shall be decided by a majority of the votes cast.
- 6. Only practicing members present and registered proxies have the right to vote and voting shall be by show of hands and proxy cards, unless a secret ballot is ordered.
- 7. The Board of Directors shall have the authority to approve the minutes of the Annual Meeting.
- 8. The rules of debate shall be strictly observed.
- 9. All members and guests are asked to turn off electronic devices while inside the meeting room.
- 10. As some participants may be sensitive to perfume or aftershave, members and guests are asked to refrain from wearing scents.

Where can NANB members turn for legal support?

The Canadian Nurses Protective Society is here for you!



How the CNPS can help you:

- confidential, free legal advice to support you in your nursing practice
- risk management and educational services
- assistance with legal proceedings

Call us: 1-844-4MY-CNPS (1-844-469-2677)

Visit us: cnps.ca

Follow us:  /CNPS.SPIIC  /CNPS_SPIIC

More than liability protection. For nurses, by nurses. 



NANB Webinars and E-learning



WEBINARS

- Nursing in the Anthropocene: the challenge of nursing practice in an age of environmental turmoil
- RNs and LPNs Working Together: Bringing the Best of Both Professions to Patient Care.
- Advancing RNs' Scope of Practice: Who decides?
- Problematic Substance Use In Nursing—Still an Important Issue
- When Meeting Standards Becomes a Challenge-Working with Limited Resources and Resolving Professional Practice Problems
- Frequently Asked Questions from RNs Working in Nursing Homes
- Collaboration: Shared Goals, Different Roles
- MISSION POSSIBLE: Strategies for Embracing Civility
- Safety First! Managing Registered Nurses with Significant Practice Problems
- Documentation: Why all this paper work?
- Leadership: Every Registered Nurse's Responsibility



E-LEARNING

- Cultural Awareness for Preceptors and Mentors of Internationally Educated Nurses (IENs)
- It's All About the Nurse-Client Relationship
- Problematic Substance Use in Nursing
- Committed to Professionalism, Committed to Care

AVAILABLE AT WWW.NANB.NB.CA

CANADA 150

Celebrates Nursing

Nurses have been foundational to health-care delivery and improvement for centuries. To mark the 150th anniversary of Confederation, CNA is pleased to recognize some of those who continue to pioneer health innovation in Canada and around the world by honouring 150 nurse innovators and champions in health care. NANB was pleased to nominate 10 members for this special recognition. *Congratulations to all!*



Stephanie Baptiste, RN, BScN

Originally from Haiti, Stephanie moved to Moncton, N.B. in 2008. In 2015, she received NANB's Entry-Level Nurse Achievement Award. Working in intensive care at CHUDUMONT, she is a model of leadership, caring and involvement in her workplace. Recognizing the importance of integrating the client and the family in care, she accompanies them on their journey while working in conjunction with the multidisciplinary team. Passionate about professional advancement, she keeps up to date with her knowledge and shares her findings with her colleagues. Her ultimate goal is to advocate for the beauty of diversity by providing care in the Maritimes.



Louise Billings, RN

Louise Billings worked as a staff nurse, where she facilitated a support group for parents of children with cancer, then as nursing supervisor and area director of a home care agency. Now retired, Louise volunteers 20-25 hours a week at Hospice Fredericton and facilitates a support/advocacy group for people suffering with Lyme disease.



Catherine Davies, RN

Catherine Davies has been an emergency care nurse for 32 years and is active in professional advocacy, community education and international medical aid. As a local president for the New Brunswick Nurses Union, she works diligently to ensure a good quality worklife for RNs. Cathy initiated and facilitates the PARTY program in Carleton County, an educational initiative aimed at reducing risk-related trauma to youth. She donates her time and skills to international disaster relief, having served on seven medical missions to Haiti and the Philippines. Cathy is an ED nurse, a community leader and innovator, and a local emissary for international aid work.



Suzanne Dupuis-Blanchard, RN, PhD (Nursing)

Suzanne is passionate about aging! A university professor, research chair holder and mentor, her strong ties with the elder community enable her to grasp important issues and stimulate the changes needed for healthy aging and for nurses' future training, research, political work and social innovation. As a champion of care and home support for seniors, she engages in local, provincial, national and international activities on issues related to nursing science as well as aging. She has authored publications and delivered numerous lectures.



Sherry Gionet, RN, GNC(C)

Sherry Gionet's 32 years of nursing have been devoted to caring for seniors and their families at St. Joseph's Hospital in Saint John, N.B. She volunteers in the community with the provincial Alzheimer Society by organizing monthly cafés. Sherry is a past member of National Seniors Council and is involved in several research initiatives to improve the life of seniors.

Fernande Losier-Cantin, RN (retired)

As a career nurse educator, Fernande has dedicated herself over the past 15 years to advocating and claiming the right to access high-quality health services for N.B. francophone women with breast cancer.



Barbara McGill, RN, MN

Barbara McGill's career in health care has been primarily in Saint John, N.B., Canada's oldest incorporated city and host to CNA's 2016 biennial convention. She has served the nursing profession as a clinical nurse, nurse manager, Regional Health Authority vice-president and chief nursing officer. Her dedication to innovation and the implementation of major projects include the development of the N.B. Heart Centre, interdisciplinary community health centres and the introduction and sustainment of the provincial nurse practitioner program. With a strong leadership style and high visibility, Barb worked with nurses, students, researchers and colleagues to enhance professional nursing practice throughout N.B.



Marilyn Quinn, RN

Marilyn Quinn retired in December 2016 following a 40-year nursing career. Her diverse work experience includes neurosurgery, orthopaedics and palliative care nursing. Most recently, she served for 12 years as president of the 6,900-member New Brunswick Nurses Union. Marilyn was a strong promoter of strengthening the "nurses' voice," especially when it came to advocating for patient safety and safe practice environments for registered nurses. She is passionate about her belief that improving workplaces and ensuring safety for nurses is critical to achieving quality patient care.



Martha Vickers, RN, MN, NP

Born in Bathurst, N.B., Martha Vickers obtained her bachelor of nursing in 1985 from the University of New Brunswick (UNB). In 2003, she received her master of nursing degree in the nurse practitioner stream from UNB. She started her collaborative family practice with Dr. Natalie Cauchon at the Clinique Médicale Nepisiguit (Bathurst) in 2004. In 2013, she began working as an NP with the Pabineau First Nation. She is a preceptor for NP students from various Canadian universities. From 2009 to 2011, she was president of the Nurses Association of New Brunswick and continues to participate in several provincial and national NP committees.



Isabelle Wallace, RN, BScN

Isabelle is a young Aboriginal nurse from Madawaska Maliseet First Nation in New Brunswick. Graduating in 2016 from the Université de Moncton, she is currently studying in the University of Ottawa master's program in nursing. Engaged and dynamic, she works for the First Nations and Inuit Health Branch (FNIHB) at Health Canada. At the end of her master's degree, she wants to fulfil her passion for social justice and plans to dedicate her career to the health and well-being of Aboriginal Peoples.



For the full list of 150 nurses recognized from across Canada, please visit CNA's website at <https://cna-aiic.ca/en/about-us/awards-and-recognition/150-nurses-for-canada>.



CADTH's Continuing Commitment to Address the Opioid Crisis

CADTH Evidence
Driven.
ACMTS Preuves
à l'appui.

Evidence Summaries on Opioids and Pain Management are Now Available

By STEPHANIE SMITH

As an independent agency that finds, assesses, and summarizes the research on drugs, medical devices, tests, and procedures, CADTH is working diligently to put the best available evidence on opioid- and pain-related topics in the hands of health care professionals, patients, and governments.

At the November 2016 national summit to address Canada's growing opioid crisis, convened by Federal Minister of Health Dr. Jane Philpott and Ontario Minister of Health and Long-Term Care Dr. Eric Hoskins, CADTH made the following commitment:

By November 2017: Analyzing the international literature to identify best practices and provide evidence-based recommendations, advice, and decision support tools that will inform and guide patients, clinicians, and policy-makers regarding pain management interventions (drug and non-drug), and the treatment of opioid addiction.

Two New CADTH Resources Are Now Available

For the latest evidence on opioids, go to www.cadth.ca/opioids to quickly find what you need. Categories include *Pain Treatment; Misuse/Abuse, Overdose, and Harms; Opioid Use Disorder/Addiction Treatment; and Alternatives to Opioids*. Here you will find our 2017 report *Buprenorphine for Chronic Pain: A Review of the Clinical Effectiveness*, which indicated that there is no evidence that other opioids are superior to buprenorphine for treating chronic non-cancer pain. Another example is the fall 2016 report *Buprenorphine/Naloxone Versus Methadone for the Treatment of Opioid Dependence*, which can also be found under *Addiction Treatment*. This report suggested that buprenorphine/naloxone appears to be a safe, effective, and cost-effective choice for treating opioid use disorder compared with methadone.

Want to browse the latest evidence on a specific topic related to pain management? Go to www.cadth.ca/pain. Here you will find our best evidence on the

management of pain—both acute and chronic—including pharmacological treatments (such as gabapentin), physical therapies (such as shockwave therapy), psychological therapies, and multidisciplinary treatments. *Physical Therapy Treatments for Chronic Non-Cancer Pain* (including a discussion of acupuncture, massage, and yoga) and *Behavioural and Psychological Interventions for Chronic Non-Cancer Pain* (including a discussion of cognitive behaviour therapy) are but two of the reports found here that were published within the last six months.

We will be updating these resources regularly with more evidence, including rapid evidence reviews (Rapid Response Reports), Environmental Scans, and our larger Optimal Use projects with expert recommendations, as they are completed.

To learn more about CADTH and the evidence we offer to help guide health care decisions in Canada, visit www.cadth.ca, follow us on Twitter @CADTH_ACMTS, or contact Stephanie Smith, CADTH's Liaison Officer in New Brunswick (stephanies@cadth.ca).



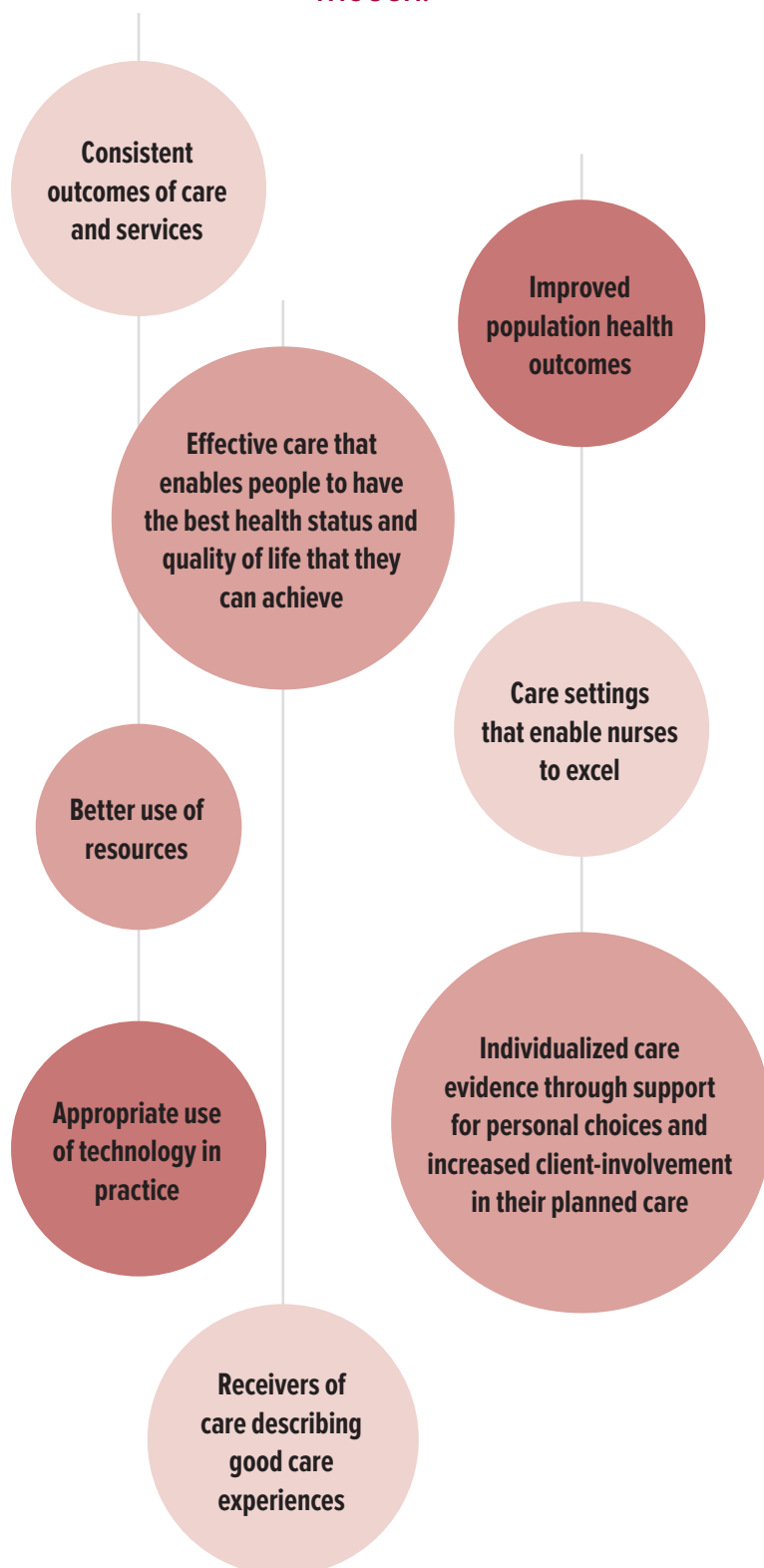
WHAT IS

Professionalism?

Why does it matter?

by SUSANNE PRIEST

**SUCCESSFUL ACHIEVEMENT
OF PROFESSIONALISM
MAY BE DEMONSTRATED
THOUGH:**



“I believe we are all leaders. Every nurse has something to share, to offer and we can learn a lot from one and other. Being a leader is believing in what you do and wanting to improve our profession, and the care we offer.”

—RN in NB

Professionalism is characterized by evidence-based decision making by members of an occupation who share the same values and similar education. In nursing, professionalism is realized through purposeful relationships with clients and the healthcare team. Healthy workplace environments in which each nurse embraces accountability for their actions, are key underpinnings in shaping professionalism.

The ultimate purpose for professionalism in nursing should be the delivery of competent, ethical and compassionate care for all persons, in which the client outcomes and quality of life are at the core of decision making, and support for significant others is included.

Nurses are prepared with the knowledge and skills (competencies), to provide safe and effective, client-centred care. They are educated and trained to practise in a compassionate, inter-collaborative manner and this is recognized by being a registered nurse or registered nurse practitioner. Practice expectations are described in the *Code of Ethics for Registered Nurses* and throughout the following documents: *Standards of Practice for Registered Nurses*, *Standards for the Practice of Primary Health Care Nurse Practitioners*; *Standards for the Therapeutic Nurse-Client Relationship*; and other supporting documents at www.nanb.nb.ca/resources.

The environment in which nurses work is pivotal in supporting professionalism. Employers have a responsibility to ensure the work environment supports and encourages professional behaviours. Fostering trust and feeling safe to raise concerns when issues arise, is essential for safe practice. A supportive environment that enables professional practice is one that:

1. Recognizes and encourages leadership by valuing the evidence-based opinion of nurses in decision making; having formal leadership roles held by nurses; and by conducting organizational assessments that allow professional judgement as a basis for action.
2. Encourages innovative nursing practice such as policies to support critical thinking and full scope practice; provides access to expert learning and coaching; and develops new roles, when identified as necessary to achieve optimal care outcomes.
3. Enables positive inter-professional collaboration through partnership approaches to care; by facilitating inter-professional learning/working opportunities; and by having clear lines of autonomy and accountability for actions.

4. Enables continual learning and professional development, including programs to develop professionalism and resilience; regular supervision to appraise work; and by encouraging reflective practice.
5. Provides resources through funding for learning development; ensuring safe staffing (appropriate skill mix and work experience); establishing and maintaining mechanisms for sharing information and data; and by providing up-to-date equipment and computer software (with training).

As self-regulated healthcare professionals, every nurse and nurse practitioner is responsible for upholding his or her own professional practice. Self-regulation enables nurses to lead, direct and make decisions about their own profession. In accordance with the *Standards of Practice for Registered Nurses* (NANB, 2012), the public has the right to expect professionalism from registered nurses and nurse practitioners; and nurses have the responsibility to embrace professionalism and to practise professionally.

References

Nursing and Midwifery Council. (n.d.). *Enabling professionalism in nursing and midwifery practice*. Retrieved from: www.nmc.org.uk/globalassets/sitedocuments/other-publications/enabling-professionalism.pdf



BE A ROLE MODEL OF PROFESSIONALISM BY:

- Learning about professionalism and demonstrating it at work.
- Being positive in attitude, even towards diversity and adversity.
- Making eye contact when communicating.
- Supporting learners and colleagues in the workplace (mentorship).
- Treating others with a positive regard and working collegially with others.
- Providing meaningful and constructive feedback, as necessary.
- Celebrating success (acknowledging all involved in the success).
- Raising concerns and encouraging other to raise concerns, when issues arise that could compromise safety or quality of care.
- Incorporating up-to-date evidence into practice and encouraging others to do the same.
- Supporting leadership in the workplace and in the profession of nursing.
- Staying connected with professional associations and the nursing regulatory body (NANB).

PROFESSIONALISM IS DEMONSTRATED BY:



Entry-to-Practice Exam Update

Following a resolution passed at the October 2016 AGM, a committee was struck with the mandate to form a provincial nursing taskforce with key stakeholders including: universities; government; health authorities; NBNU; nursing graduates and NANB. The purpose of the Taskforce was to bring all parties together for information sharing and to come to a resolution on issues relating to the NCLEX exam. The following potential actions were identified:

The need to increase graduates' awareness of:

- currently available financial assistance, such as NBNU's financial support for graduates who need to rewrite the NCLEX;
- UdeM's content review online modules developed in collaboration with Laurentienne University and funded by CNFS; practice NCLEX-style questions prepared by both UdeM and UNB;
- small group sessions made available by faculty members in both universities;
- continued support from both health authorities in providing flexible work scheduling for nursing graduates requiring time to prepare;
- competence assessment and remedial e-learning modules available to both Francophones and Anglophones through the RNPDC in Halifax; access to NCLEX webinars and presentations from NANB;

The need for nursing programs to:

- take into consideration writers' nursing graduates' preference for interactive technology in potential future study solutions;
- do a gap analysis of curriculum content and weighted areas of the NCLEX-RN test plan;
- explore best practices in other Canadian nursing programs showing higher pass rates success;
- explore the feasibility of: expanding the use of a readiness exam at both universities and delivery sites;
- work with appropriate groups to

increase funding for simulation programs;

- ensure students know the value of the information posted on the NCSBN and NANB websites.

The need for employers of nursing graduates to:

- ensure continued flexibility in work scheduling to allow time for review in preparation to write or rewrite;
- support NB RNs wanting to volunteer for different NCSBN committees and panels;
- examine ways to support RN staff wanting to accept a role of clinical instructors;
- discuss/ research and share information regarding the impact and required efforts to ensure all new graduates transition successfully to practice settings;

The need for the government of New Brunswick to:

- examine possible national initiatives in relation to the linguistic duality of NB's student population;
- enhance funding for technology access at universities;
- explore potential project funding to support the development of candidate preparatory resources.

The need for nursing students and graduates to:

- start preparing for the entry-to-practice exam earlier during their program of study (review requirements and develop study plan in Year 2);
- acquire and use available review and exam preparatory tools (non-commercial first) starting in Year II;
- involve student body to support students during their nursing program.

The need for the New Brunswick Nurses Union to:

- Continue providing financial support for writers;
- Increase awareness of education

funds available in collaboration with employers.

The need for NANB to:

- explore alternatives to the current entry-to-practice exam;
- continue advocating for access to preparatory resources such as commercial test bank for writers and increased opportunities for Francophone faculty to participate in the development, review and validation of the translation of items with the exam provider;
- continue advocating for support in reaching national parity of pass rates with the Canadian Council of Registered Nurse Regulators (CCRNRR) and a broader group of stakeholders.

Recommendations:

All meeting outcomes resulted in good discussion, sharing of information, and support for the efforts being made toward a solution for New Brunswick. To that end, NANB continues to work with specific stakeholders toward an innovative solution, with a commitment for communication with all members as plans unfold. Recommendations arising from the NANB and the Taskforce work include:

1. That NANB continue work with specific stakeholders to create an alternative entry to practice solution for New Brunswick nursing graduates, while ensuring commitment to a workforce of safe, competent and ethical registered nurses and nurse practitioners.
2. That the NB Nursing Taskforce members be recognized for their important contributions which will inform continuing and new future work.
3. That the Taskforce be dissolved to support the next phase of solution building for NB nursing graduates.



NANB VIRTUAL FORUM

HUMAN RESOURCES FOR THE AGING POPULATION

By DR. SUZANNE DUPUIS-BLANCHARD

It is no secret that the population is aging! According to the latest census of population, 19.9% of New Brunswickers are 65 and older and for the first time in history, seniors outnumber children 0 to 14 years in Canada (Statistics Canada, 2017). Also, the majority of seniors live in the community (92%) (Statistics Canada, 2015), and they want to stay at home as long as possible. To be able to do so, some seniors receive support from their families while others need services and/or care at home from community organizations.

Findings of a study that explored future planning for home support services in New Brunswick showed that human resources are a factor of considerable importance (Thériault & Dupuis-Blanchard, 2016). Community organization managers are concerned about the future delivery of services to seniors in view of retention and succession issues, their staff currently being in their fifties. Managers explained that not many young people are interested in this kind of work and that work conditions provide little incentive for recruitment: minimum wage, no guaranteed hours of work and travel expenses not paid.

In an effort to recruit a younger workforce, as well as to determine what students think of seniors and explore their career intentions towards the area of aging, Dupuis-Blanchard and Thériault (2016) conducted a study in the province's high schools. A total of 644 students from grade 10 and 11 participated in a survey which revealed that despite living near their grandpar-

ents and visiting them regularly (80%), only 7% said they would want to work with this age group. The reasons provided were that a career in aging is not exciting, they feel uncomfortable, they have no interest or they never thought about it before. We also observed misconceptions about the reality of seniors living in the community: more than half of the students thought that 50% of seniors end up living in nursing homes and that hospital care or nursing home care is cheaper than home care. Having this kind of image about seniors, it is not surprising that young people are not interested in a career working with this age group. Knowing that the population is aging, this lack of interest among students is worrisome. Even if 35% of the students surveyed intended to study in health disciplines, very few of them wanted to work with seniors.

Backing up this study, on January 27, 2017, the provincial strategy on aging *We Are All in This Together* was launched. The strategy, which includes 3 main goals and 12 initiatives, highlights the importance of establishing a human resource plan for the delivery of services

to seniors and their families. In fact, Initiative 1 under Goal 3 recommends that we promote the senior services and care sector among secondary and post-secondary students, that wages reflect the training and the certification, that career paths be developed by clarifying the knowledge and skills needed for progression and that gerontology and geriatric studies be included in post-secondary programs.

It was against such a background that in April 2017, NANB launched a virtual forum on human resources in light of the aging of the Canadian population. Three questions were asked:

- How do we increase young people's interest in careers in the area of aging or with seniors?
- What content on aging should be included in the school curriculums and in college and university programs?
- What roles can nurses take on to support services and care to the aging population?



Results

Encourage Young People to Develop an Interest

We need to integrate young people in the reality of seniors and their different stories—seniors with less income and seniors with a good income, healthy seniors and seniors who have chronic diseases, all to show that differences exist.

The creation of co-op programs that allow high school students to spend a day in a geriatric setting has changed the students' mentality quite a bit. We have to show them the real word in a positive environment.

We have to promote intergenerational activities, as the gap between young people and seniors is too great. Seniors should be integrated into schools and community activities where young people are. It would help to change attitudes among young people. Social media is important, but human contact is stronger.

Content on Aging in the Curriculum

School and university programs should include a description of the roles that seniors play in the community after their retirement and the important services they provide. They volunteer, sit on boards of directors and support non-profit causes, but all too often young people have negative views of aging.

The educational experience of our

young people should include hours volunteering with seniors. We know that seniors can be and are very often lonely! A young person visiting them to read to them or take them for an outing can do a lot for their well-being.

It is important to create interest in careers working with seniors by including relevant content in the curriculums.

Roles of Nurses

Nurses should be the leaders in the community in order to help seniors navigate the health system, maintain their independence, assess seniors in need and plan activities with seniors to maintain or improve their condition.

Nurses have a role in improving the quality of life of seniors, for example through day centres or need assessments in the community.

Nurses are at the centre of services and care to seniors. Clearly, it takes a skilled workforce mix of nurses, practical nurses and resident attendants to ensure good care.

It is important for all stakeholders, including government, to continue their efforts to maintain an interested and skilled workforce to meet the needs of this population.

Conclusion

It is obvious that the curriculums in

high schools and post-secondary institutions should include some knowledge on aging to reduce ageism and increase interest among young people. Nurses play an important role with the aging population, and we must insist on adequate training for any stakeholder that provides services or care to our aging population.

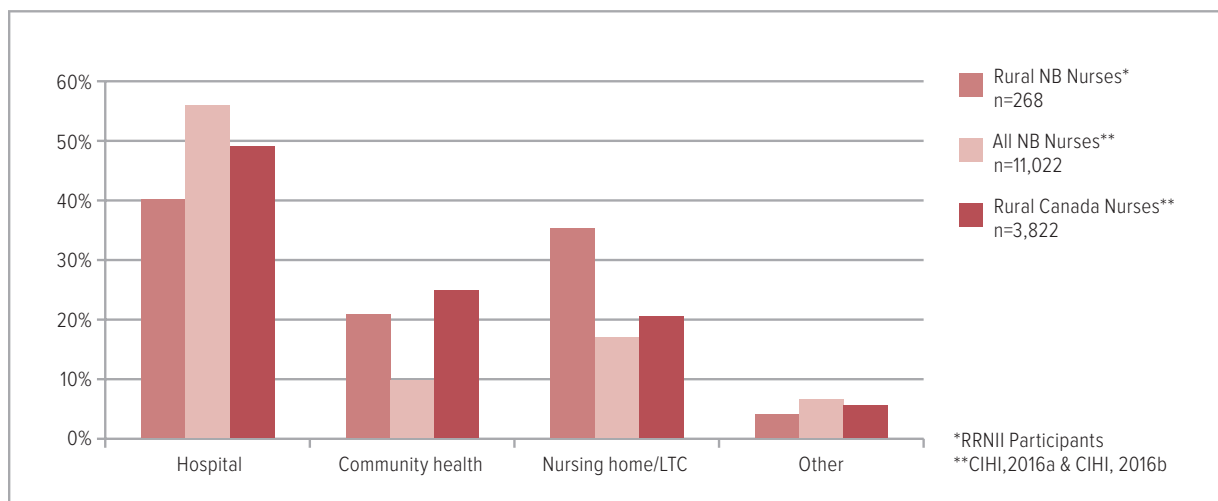
References

- Dupuis-Blanchard, S., & Thériault, D. (2016). *Portrait de la relève en matière de ressources humaines pour l'offre de services en français à la population vieillissante du Nouveau-Brunswick : Phase I*. Retrieved from <http://mavieestensante.ca/index.php/activites>.
- Province of New Brunswick (2017). *We are all in this together: An aging strategy for New Brunswick*. Fredericton: Author.
- Statistics Canada (2015). *Living arrangements of seniors*. Ottawa: Author.
- Statistics Canada (2017). *Age and sex, and type of dwelling data: Key results from the 2016 Census*. Ottawa: Author.
- Thériault, D., & Dupuis-Blanchard, S. (2016). *Exploration de la planification future et de la gestion des services pour le maintien à domicile des personnes âgées au Nouveau-Brunswick*. ■



Nursing Practice in Rural and Remote Canada II

Nursing Workforce in NB and Canada, Primary Place of Employment



Hospital includes hospital, mental health centres, rehabilitation/convalescent centres and integrated facility.

Community health includes community health centres, home care agency, nursing station (outpost or clinic), NP led clinic, multidisciplinary primary healthcare clinic, public health department/unit and physician's office/family practice unit or team.

Nursing home/LTC includes nursing home/long-term care facility.

Other place of work includes professional association/government, occupational health, private nursing agency/self-employed, educational institution and other place of work.

EDITOR'S NOTE: The following is a summary of the survey findings. The full report is available on NANB's website: nanb.nb.ca

In 2015, 28% of the regulated nursing workforce in New Brunswick was located in rural areas where 38% of the population lived (CIHI, 2016a). This is an increase from 2010, when 24% of the nurses in NB cared for 39% of the population (Pitblado, Koren, MacLeod, Place, Kulig, & Stewart, 2013).

Compared to rural nurses in Canada generally, a greater proportion of rural NB nurses worked in a nursing home/long-term care facility and a lower proportion worked in a hospital setting. A greater proportion of rural NB nurses held a permanent full-time position compared to rural nurses in Canada overall, and the large majority of all rural NB nurses worked as staff nurses. A greater proportion of rural NB RNs held a bachelor's degree in nursing as their highest nursing

credential compared to rural RNs in Canada overall; and all rural NB LPNs held a diploma, which is similar to rural LPNs across Canada.

The age of rural NB nurses is higher than NB urban nurses, with a greater proportion of rural NB nurses over 55 years of age compared to all NB nurses. There was a greater proportion of male nurses working in rural NB compared to male nurses working in rural Canada overall.

The two highest ranked recruitment factors among rural NB nurses were also the highest ranked retention factors, namely location of the community and family or friends. The third and fourth ranking factors were interest in practice setting and income. A greater proportion of rural NB nurses indicated plans to leave their present nursing position within the next 12

months compared to rural nurses in Canada overall. Most often, these nurses intended to nurse in the same community or retire. Rural NB nurses who stated they intended to leave indicated they would consider continuing to work in a rural community if they were to receive an annual cash incentive and have increased flexibility in scheduling, among other factors.

The large majority of rural NB RNs and NPs, and the majority of LPNs, indicated that they work within their licensed scope of practice. Rural NB nurses expressed positive views about primary health care, their contributions to it and the accessibility it provides for patients. They were concerned, however, about community agencies not meeting regularly to discuss issues affecting health. ■

What is the Difference Between the Assignment and the Delegation of Nursing Care?

By VIRGIL GUITARD

ASSIGNMENT

Assignment is defined as the distribution of nursing care among providers based on the scope of practice, in the case of RNs and LPNs, and the job description of UCPs. Assignment occurs at the beginning of a shift and as required throughout the workday, as patients' health condition and needs change. RNs are responsible for directing nursing care, thus they assess the patient care needs and assign the care of patients to other RNs, licensed practical nurses (LPNs) or to unregulated care providers (UCPs). LPNs may also assign care to other LPNs or to UCPs.

When assigning care, the following factors are considered:

- The client's condition (predictability, risk for negative outcome and complexity)
- The nursing care provider's scope of practice
- The nursing care provider's level of competence
- The provider's job description as determined by the employer

Example of Assignment

The RN assigns the care of a less complex, more predictable patient who has had a knee replacement two days ago, to an LPN. This is within the scope of practice for an LPN so the LPN accepting the assignment is responsible



to complete the patient's care safely, ethically and competently. If the condition of the patient becomes more complex or unpredictable, the RN has the authority to change the assignment to meet the patient's needs.

DELEGATION

Delegation is the decision to transfer an intervention that is within the scope of practice of one health care professional (delegator) who has the authority to perform the intervention, to another health care team member (delegatee) for whom this intervention is outside her/his scope of practice or job description. The core nursing process cannot be delegated, only interventions can be delegated. There can be circumstances in which an RN would delegate a task to an LPN for clients whose status may be unpredictable because it is in the best

interest of the client. An RN may delegate a task/procedure to an LPN if the RN believes that the risk to the client safety is greater than to not delegate. Registered nurses cannot delegate nursing activities that compromise the core of the nursing process and require specialized knowledge, judgment, and/or skill. For example, RNs can utilize data collected by other healthcare providers but they cannot delegate the comprehensive nursing assessment using that data.

The delegator is responsible and accountable for the decision to delegate and for the process of delegation, the education on how to do the task and the ongoing supervision of the provider's competence to perform the delegated task/procedure. A delegated task is always patient and time specific,

meaning the delegation applies to one patient only and on only one occasion. A delegated task cannot be applied to other clients. The delegated task does not become part of the health care provider's scope of practice.

Example of Delegation

An RN or LPN in a nursing home delegates to a UCP a task (ie: SaO2 monitoring) that is currently NOT in the job description of the UCP. The RN or LPN demonstrates to the UCP how to do the task and what, when and to whom to report the results. The UCP is responsible to perform the activities as demonstrated. The RN or LPN remains responsible for the decision to delegate and to the outcome of that decision.

Example of Delegation

In an emergency situation, the RN delegates a task/procedure to an LPN if the RN believes that the risk to the client safety is greater if not delegated.

Steps to Delegation

1. Determining when you should delegate:

- The safety and wellbeing of clients must not be jeopardized.

- Consideration must be given to the predictability, the complexity and the risk of negative outcomes for the client.
- Delegation of activities/tasks must be client specific and in the client's best interest.
- Agency policies and protocols must be in place to support delegation.

2. Following the process of delegation:

- The decision to delegate is made collaboratively between the delegator and delegate involved.
- Ascertain the delegatee has the knowledge and skills to carry out the delegated task.
- Ensure supervision and support are provided by the delegator so the task is performed within clearly defined limits.

3. Documenting:

- Date and time of the delegation

- Name of the delegatee to whom the task was delegated to
- Completion of task
- Evaluation of the process and outcome to the client.

Assigning and delegating are part of the role of a nursing care provider within a collaborative approach for the provision of safe and competent care. RNs and LPNs have a professional obligation to be knowledgeable about their role when assigning and delegating and to intervene if they become aware of any situation of unsafe or unethical assignment or delegation.

References

- Nurses Association of New Brunswick and Association of New Brunswick Licensed Practical Nurses (2015). Guidelines for Intraprofessional Collaboration-Registered Nurses and Licensed Practical Nurses Working Together. Fredericton: Author.
- Nurses Association of New Brunswick (2013). Examining Requests for Post Entry-Level Procedures. Fredericton: Author.



Can RNs Administer Medical Marihuana to Patients Who Have an Appropriate Prescription From a Physician?

By DAWN TORPE

The Access to Cannabis for Medical Purposes Regulations (ACMPR) clearly allows RNs to assist with self-administration of medical marihuana. However, there has been an increased number of clients using medical marihuana for extended periods, and many lose the ability to self-administer the product over time. In these situations, RNs should inform the prescribing physician so that alternatives for symptom control can be explored.

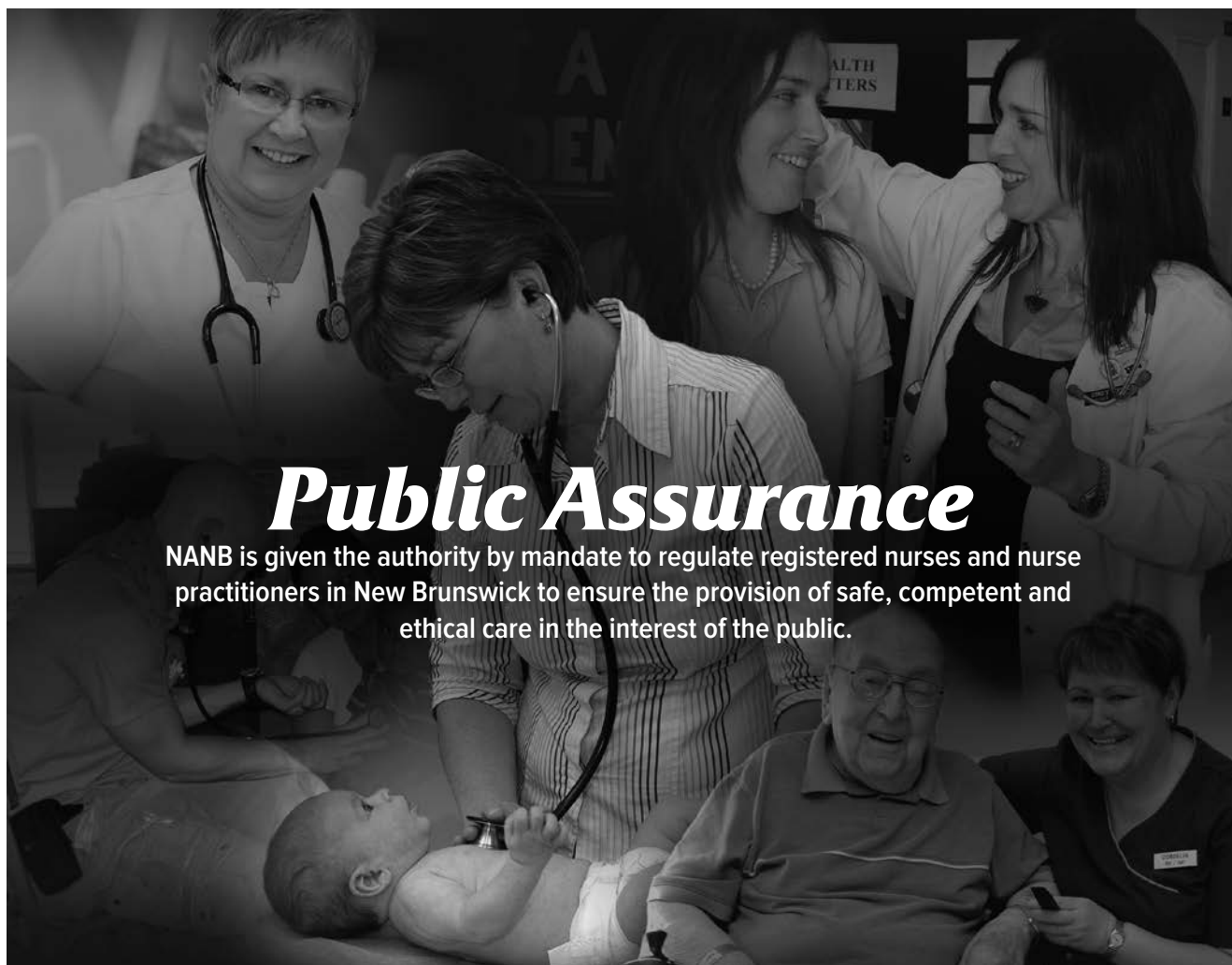
When it is decided that medical marihuana is the appropriate treatment option on a continued basis and was duly prescribed by a physician, NANB's legal review has concluded that:

- In hospitals, with the permission of the person in charge of the hospital, RNs can administer medical marihuana supplied by a licensed

producer (Section 56 Class Exemption to Authorize the Conduct of Activities with Cannabis in Hospitals).

- In other clinical settings RNs, acting as an agent of a physician, can administer medical marihuana supplied by a licensed producer (Subsection 3(2) of the Narcotic Control Regulations).

NANB recommends that all agencies develop policies to guide the use of medical marihuana in their facilities that ensure both client and employee safety. RNs working with clients using medical marihuana should review resources such as Health Canada's information for health professionals: <http://www.hc-sc.gc.ca/dhp-mps/marihuana/med/index-eng.php>.



Public Assurance

NANB is given the authority by mandate to regulate registered nurses and nurse practitioners in New Brunswick to ensure the provision of safe, competent and ethical care in the interest of the public.

2018 Online Registration Renewal

Online registration renewal opens on October 1, 2017 and closes at 4 pm on November 30, 2017. In early October, members will receive an email reminder to renew registration online. If your email address has changed, please contact the Registration Services at 1-800-442-4417 or 1-506-458-8731.

Payroll Deduction Deadline: November 15, 2017

Members participating in employer **payroll deduction** of registration fees must **renew online by November 15**. After November 15, payroll deduction fees must be returned by NANB to the employer and members will have to use their debit or credit card to renew online.

Avoid the Late Fee: Renew Your Registration Early

Registrations that are renewed after December 1, 2017 will be subject to a late fee of \$57⁵⁰. Any nurse, who practises while not being registered, is also in violation of the *Nurses Act* and may be charged an additional unauthorized practice fee of \$287⁵⁰.

Leave of Absence

If you are on an extended leave (e.g. maternity leave, sick leave) and do not expect to return to work after November 30, 2017, you may find some financial advantage in taking a non-practicing membership, and later converting to a practicing membership. If you are unsure about which membership type is best for you, please contact registration services.

Renew Online Via Your "My Profile" Account

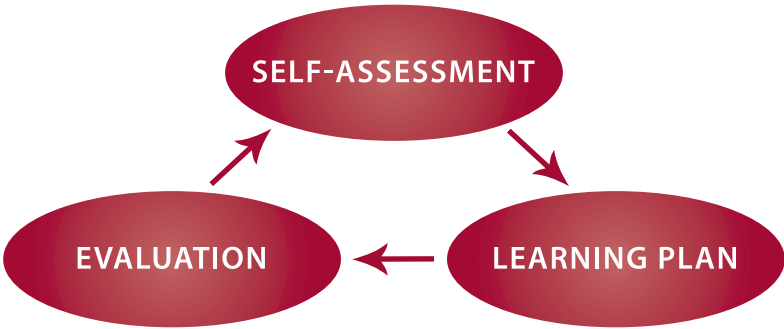
Registration renewals are to be completed online via your "My Profile" account. Log in to your secured "My Profile" account or create your profile at Create my profile. **Reminder:** your Username is your registration number.

Payment Options Online for Those Not on Payroll Deduction

You have the option to pay your online registration renewal fee by VISA, MasterCard and debit. Debit (Interac) is only available to clients of Scotia Bank, TD, RBC or BMO.



Continuing Competence Program (CCP)



To renew registration for the 2018 practice year you must have:

- completed a self-assessment to determine your learning needs;
 - RNs assess their practice based on the *NANB Standards of Practice for Registered Nurses*; and
 - NPs assess their practice based on the *NANB Standards of Practice for Primary Health Care Nurse Practitioners*;
- developed and implemented a learning plan that outlines learning objectives and learning activities;
- evaluated the impact of your learning activities on your practice; and
- reported on the registration renewal form that you have completed the CCP requirements for the 2017 practice year.

A user friendly electronic version of the CCP is available via your “My Profile” account. Log in to “My Profile” using your registration number as your username along with your password.

CCP information and resources, including downloadable forms are also available on the website at www.nanb.nb.ca.

CCP Audit

Compliance with the CCP is monitored through an annual audit process. In August 2017, a randomly selected group of RNs and NPs received notification to complete a CCP Audit Questionnaire related to their CCP activities for the 2016 practice year. These members were required to complete the online questionnaire by September 29, 2017, prior to registration renewal.

Verification of Registration Status for Employers and Members

Employers are required under the *Nurses Act* to annually verify that nurse employees are registered with NANB. A quick and efficient way to verify the registration status of nurse employees is to go to the NANB website and access the registration verification system as follows:

1. go to the NANB website at www.nanb.nb.ca;
2. select Registration from menu at the top of the screen;
3. select Registration Verification.

This login page will allow you to:

- Access your nurse registration list if you are currently registered as an employer with NANB. Enter your

user ID and password to verify the registration status of your nurse employees. You may verify registration of a nurse for the first time by entering her name or registration number and adding it to your list;

- Register as an employer with NANB if you have not done so previously. Once approved, you will be able to create and save a list of your nurse employees with their registration status;
- Verify the registration status of an individual nurse without having to use a password.

Individual registered nurses can use the registration verification system to verify their own registration status one business day after completing their online renewal.

Office Hours

The NANB office is open Monday to Friday 08:30 to 16:30. For assistance with any registration issue please contact NANB Registration Services at 1-800-442-4417 (toll-free in NB) or 1-506-458-8731.



Be a Nursing Leader

Call for Director Nominations

Regions 1, 3, 5 & 7

Be a Nursing Leader

Seek the nomination to NANB's Board of Directors and become part of the most progressive association of health professionals in New Brunswick.

Qualifications

The successful candidates are visionaries who want to play a leadership role in creating a preferred future. Interested persons must:

- be registered with NANB;
- have the ability to examine, debate and decide on values that form the basis for policy;
- understand pertinent nursing and health related issues; and

- have a willingness to embrace a leadership and decision-making role.

Role

The Board of Directors is the Association's governing and policy-making body. On behalf of registered nurses in New Brunswick, the Board ensures that the Association achieves the results defined in the Ends policies in the best interest of the public.

Information

For further information, please contact a local Chapter President or NANB headquarters at 1-800-442-4417, 506-458-8731 (local) or via email: nanb@nanb.nb.ca.

Position	Term
Director, Region 1 <i>Moncton</i>	2018-2020
Director, Region 3 <i>York-Sunbury</i>	2018-2020
Director, Region 5 <i>Restigouche</i>	2018-2020
Director, Region 7 <i>Miramichi</i>	2018-2020

Deadline: The deadline to submit nominations is January 31, 2018.

Why should I run for office?

Nominations for the 2018 Elections are Now Being Accepted

This is your opportunity to:

- Influence health care policies;
- Broaden your horizons;
- Network with leaders;
- Expand your leadership skills; and
- Make things happen in the nursing profession.

How can I become a candidate?

Any practising member of the Association may nominate or be nominated for positions on the board of directors of the Association.

Nominees for president-elect must be willing to assume the presidency.

Nominations submitted by individuals must bear the signatures and registration numbers of two practising members.

Nominations submitted by chapters must bear the signatures and registration numbers of two members of the chapter executive who hold practising membership.

Nominators must obtain the consent of the candidate(s) prior to submitting their names.

Nomination Restrictions

Only nominations submitted on the proper forms signed by current practising members will be valid.

No director may hold the same elected

office for more than four consecutive years (two terms).

A director is eligible for re-election after a lapse of two years.

If there is only one person nominated, the nominee is elected by acclamation and no vote will be required.

Information and Results of Elections

Information on candidates will be posted on the NANB website in March 2018. Voting will take place either online or by telephone.

The names of the elected candidates will be announced at the 2018 Annual Meeting and will be published in the Fall edition of *Info Nursing*.

Proxy Voting

Anyone who does not plan to attend the 2018 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 annual meeting, **May 10, 2018** in Fredericton.

By signing the proxy form, 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.

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 page 37 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 4, 2018 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



What the Association Bylaw Says About Proxy Voting

NANB bylaw 12.07 states:

- 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; and
- 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.

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 4, 2018 1300 hrs.**

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 Registration.
- 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 proxies with you. If they are lost, you may not be able to retrieve them to vote.

Anyone wishing clarification on proxy voting is welcome to call the Association at 506-458-8731 or toll-free 1-800-442-4417 ext.851. ■



REFLECT, REFOCUS & RE-ENERGIZE

Brenda Kinney Reflects on Her Term as President of NANB



EDITOR'S NOTE: The following is an abridged version of Brenda Kinney's presidential address delivered at the 2017 Annual General Meeting this past May.

.....

Fellow nurses, as I look back to 2015, beginning my term as your president, I was given an opportunity to **reflect, refocus** and **re-energize** on my nursing journey and how the Association has evolved over a century. After two very-eventful years of transitional challenges with the entry-to-practice exam and Centennial celebrations, I am now at a point in my career where those three words resonate yet again.

Reflect, Refocus and Re-energize

I have to pinch myself every time I think about our Centennial year and how fortunate and blessed I was to be elected NANB's president, highlighting a sense of pride that was felt all across New Brunswick. What it truly meant to be a part of our great profession, be it as a RN or NP, 100 years of regulated nursing care, is indeed something to be proud of!

From touring the province, reconnecting and meeting nurse colleagues; to our nursing profession being acknowledged and respected by all governing parties in the Legislature, reiterating that nurses are a key part of our provincial health system; to hosting CNA's Biennial Convention in my backyard with over 600 nurses from across the country—showcasing maritime hospitality at its best; and the list goes on.

Representing New Brunswick on the CNA Board, provided the opportunity to influence, discuss and appreciate nursing from a national context and bring our provincial nursing voice to the table, which continues to ensure we are heard and valued. I want to thank Barb Shellian, CNA President for her leadership and vision, as well as President-elect Claire Betker, who I am pleased to welcome here with us today.

Over the past two years, nursing in Canada has experienced an unantici-

pated and extremely difficult transition to the new entry-to-practice exam, nowhere more than here in New Brunswick. Recognizing the impact placed on graduate nurses, their families and health authorities, this has challenged nursing groups to come together as a Task Force, with a common goal of finding a solution that will result in successful outcomes for graduates, while maintaining the highest standards of public safety for New Brunswickers. It is our mandate to ensure that they continue to receive top quality nursing care as they have for over a century.

As we enter a new chapter, the Association also found itself at a cross-road experiencing staff retirements and welcoming new leadership within a refocused, re-energized organization. Change can sometimes be difficult, but it does come with huge potential and opportunities. I am confident that NANB is well positioned to lead our profession through the challenges we may be faced with, and continue to champion the nursing profession for the next 100 years!

As we embrace the next 100 years and refocus, recognizing times are changing at a rapid pace, and that we live and practice in a world that is broader, and more global in focus than at any other period in our history.

We ask ourselves, are we ready as an organization for the changes that will come?

I am proud to say that your NANB Board, our ED and staff have been very involved in the development of a new three-year Strategic Plan that builds on the foundation of, and refocus' on a vision to lead us into the future.

I challenge you! I challenge all of us to be forward thinking as we embrace the opportunities that are sure to come our way. Refocus and ask yourself:

- Who will lead our profession? Will it be you?

- What does our profession need to succeed?
- How will nursing define health care and what roles will we play?
- And most importantly, how do we continue to meet the needs of our patients?
- Are we truly ready for the changes to come?

I am very confident that we are, and under your new President Karen Frenette and the Board of Directors, as well as leadership from our Executive Director Laurie Janes and all the competent staff at NANB, we are well positioned for success.

I would like to sincerely thank my employer, Horizon Health Network, for their support and understanding throughout this journey. To my awesome work team for their patience and support, stepping-in many times when I was not available to ensure everything ran smoothly. To my family for their support, my husband who just rolled with things when I would announce, oh by the way, I may not see you all week, as I'll be away on business.

I have been incredibly blessed to have had this opportunity and to be part of this wonderful profession that has given me such joy. Now as I look forward to the next phase of my career I will once again **reflect, refocus** and **re-energize**.

As I end my term as President, I have a sense of satisfaction for the many accomplishments and activities that I was so proud to be a part of and a comfort passing the torch to incoming President Karen Frenette, whom I wish much success as she continues this journey leading NANB forward into the next 100 years of regulated nursing!

Thank you.

YOU'VE ASKED

Is there a difference between “pronouncing death” and “certifying death”?

The answer is YES. Pronouncement of death is the process of gathering information about a client's health status, analyzing that data and making a clinical judgment that life has ceased by observing and noting the absence of cardiac and respiratory function. Pronouncement of death is a convention not set in legislation used to formalize the occurrence of death and to provide assurance to relatives and the public that appropriate measures are being taken to ensure that individuals are indeed deceased before being treated as such. Pronouncement of death is not a “legal” requirement. It is a “nursing activity” that is supported by an agency policy. The principles that support RNs pronouncing death are:

- RNs are able to pronounce death when supported by agency policy;

Pronouncement of Death

Pronouncement of death is the process of gathering information about a client's health status, analyzing that data and making a clinical judgment that life has ceased by observing and noting the absence of cardiac and respiratory function. RNs are able to pronounce death when supported by agency policy.

- It is appropriate for RNs to perform a final assessment and pronounce death for patients as a natural continuation of compassionate and timely nursing care; and
- In some circumstances (i.e. unexpected and unexplained death), the coroner is required to be notified prior to release of the body.

The certification of death or “certifying death” is a different requirement that is set in legislation (*Vital Statistics Act*). It is defined as **determining the cause of death and signing the death certificate**. On April 1, 2017, the *New Brunswick Vital Statistics Act* was amended, with respect to the duties of nurse practitioners. Specifically, nurse practitioners may now complete and sign the medical certificate of cause of death portion of their patient's death registration. Also, nurse practitioners may have to provide information in their possession regarding any birth, stillbirth, marriage or death to the Registrar General of Vital Statistics, on demand. This duty to provide information to the Registrar General may include the disclosure of certain records (CNPS, 2017).

Certifying Death

Certifying death is defined as determining the cause of death and signing the death certificate. Certifying death can only be done by a physician and starting April 1, 2017, nurse practitioners (NB Vital Statistics Act, amended April 2017).

NOTE: This Ask a Practice Consultant article replaces the former NANB Position Statement: *Registered Nurses Pronouncing Death* (2014). This article is available on NANB's website in the FAQ section.

For more information about this topic or any other practice situations, please call NANB at 1-800-442-4417.

References

Government of New Brunswick. *Coroner's Act*.

Government of New Brunswick. *Vital Statistics Act*. Amended April 1st, 2017

Nurses Association of New Brunswick (2017) *Info Nursing*, Spring 2017. Fredericton: Author.

Nurses Association of New Brunswick (2014). *Position Statement: Registered Nurses Pronouncing Death*. Fredericton: Author. ■

Nomination Form

ELECTIONS 2018

(To be returned by chapter member)

The following nomination is hereby submitted for the 2018 election to the NANB Board of Directors. The nominee has granted permission to submit her or his name and has consented to serve if elected. All of the required documents accompany this form.

Position

Candidate's Name

Registration Number

Address

Telephone

Home

Work

Chapter

Signature

Registration No.

Chapter Position

Signature

Registration No.

Chapter Position

Nomination forms must be postmarked no later than **January 31, 2018**. Return to:

Nominating Committee

Nurses Association of New Brunswick
165 Regent Street
Fredericton NB E3B 7B4

Acceptance of Nomination

ELECTIONS 2018

(The following information must be returned by nominee)

Declaration of Acceptance

I, _____ a nurse in good standing with the Nurses Association of New Brunswick, hereby accept nomination for election to the position of

_____. If elected, I consent to serve in the foregoing capacity until my term is completed.

Signature

Registration No.

Biographical sketch of nominee

Please attach separate sheets when providing the following information:

- basic nursing education, including institution and year of graduation;
- additional education;
- employment history, including position, employer and year;
- professional activities; and
- other activities.

Reason for accepting nomination

Please include a brief statement of no more than 75 words explaining why you accepted the nomination.

Photo

For publication use, please forward an electronic self-image to jwhitehead@nanb.nb.ca. Return all of the above information, postmarked no later than **January 31, 2018**, to:

Nurses Association of New Brunswick
165 Regent Street
Fredericton NB E3B 7B4

REGISTRATION SUSPENDED

On January 26, 2017, the NANB Complaints Committee suspended the registration of registrant number 028005 pending the outcome of a hearing before the Review Committee.

REINSTATEMENT OF REGISTRATION AND CONDITIONS IMPOSED

In a decision, dated February 24, 2017, the NANB Discipline Committee granted reinstatement of the registration of Joseph Guy Turbide, registration number 023053. The Discipline Committee further ordered that conditions be imposed on the registrant's registration.

REPRIMAND ISSUED

In a decision dated March 1, 2017, the NANB Discipline Committee reprimanded Natasha Lorraine Brown, registration number 027072, for professional misconduct, conduct unbecoming a member and a disregard for the welfare of a vulnerable patient under her care as demonstrated by a breach of patient privacy and confidentiality and failing to protect the patient's right to privacy and confidentiality. The Discipline Committee ordered that the member must meet conditions within 12 months of the date of this Order. The Committee also ordered that within 12 months of the date of the

Order, the member pay a portion of the costs of the Complaint in the amount of \$2,500 and to pay a fine in the amount of \$1,000.

SUSPENSION LIFTED, CONDITIONS IMPOSED

In a decision dated March 31, 2017, the NANB Discipline Committee ordered that the suspension imposed on the registration of Marie Murielle Pauline Cormier, registrant number 012587 be lifted. The Committee found the member responsible for her actions and omissions and that she demonstrated incompetence, professional misconduct and a disregard for the wellbeing and safety of patients. The Discipline Committee ordered that the member is eligible to apply for a conditional registration. The Committee further ordered the member to pay costs to NANB in the amount of \$1,500 within 12 months of returning to the active practice of nursing.

REINSTATEMENT OF REGISTRATION AND CONDITIONS IMPOSED

In a decision, dated April 28, 2017, the NANB Review Committee granted reinstatement of the registration of Sylvie Thériault, registration number 023050. The Review Committee further ordered that conditions be imposed on the registrant's registration.

CONDITIONS IMPOSED

The NANB Registrar has issued a conditional registration to Julie Ann Aucoin, registrant number 020047 effective April 28, 2017.

REGISTRATION SUSPENDED

On May 17, 2017, the NANB Complaints Committee suspended the registration of registrant number 020245 pending the outcome of a hearing before the Review Committee.

SUSPENSION LIFTED, CONDITIONS IMPOSED

In a decision dated June 29, 2017, the NANB Discipline Committee ordered that the suspension imposed on the registration of Lynn M. McRae, registrant number 023625 be lifted. The Committee found the member responsible for her conduct and actions and that she demonstrated professional misconduct related to a lack of professionalism in her communication with a staff member and patients. The Discipline Committee ordered that the member is eligible to apply for a conditional registration. The Committee further ordered the member to pay costs to NANB in the amount of \$1,500 as stated in the Order dated February 25, 2015 plus \$500 for a total of \$2,000, within 24 months of returning to the active practice of nursing. ■

United We Can Build a Strong Future for RNs & NPs

continued from page 5

opportunities you must become engaged and involved. We live in a time of rapid change where status quo is no longer an option and as a profession we must also evolve to meet our mandate. NANB has evolved over the years and uses several mechanisms to reach out to membership and keep you informed. Our nursing journal *Info Nursing*, as well as the electronic bulletin *The Virtual Flame*, and various communiqués, emails and press releases are means of direct contact. Did you know NANB is active on social media both Facebook and Twitter? I encourage each and every one of you to follow us and consider opportunities to get involved.

Engagement requires a two-way communication. Consider forwarding your name for a NANB committee, attending a Board meeting as an observer, or participating in a Chapter meeting in your area. Funding is provided to active Chapters in seven NB regions to support these activities. We can build a strong future for registered nurses and nurse practitioners in New Brunswick and create a sustainable place for nursing in the future of our health care system. I look forward to embarking on this journey with you. ■

Informed Nurses Make Better Choices

continued from page 5

choices. Better choices/decisions result in positive consequences for both practising nurses and patients receiving care.

Get informed with NANB to understand how nursing law affects your practice every time you provide nursing care. Get informed so that you know what changes in practice are happening that impact your work, and may change how you provide care to patients. Be engaged and enhance your knowledge; work with other registered nurses to ensure excellence in care and maintain public trust. ■

NANB 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 10, 2018** and any adjournment thereof.

Signed this day _____ of _____ 2018.
Registration number _____
Signature _____

Original signed proxy forms must be received before **May 4, 2018 at 1300 hrs.** Forms sent by mail or scanned original copies sent by email or fax will be accepted.

NANB
165 Regent Street
Fredericton NB E3B 7B4
E-mail: nanb@nanb.nb.ca
Fax : 506-459-2838



Nurses Association OF NEW BRUNSWICK **Association des infirmières et infirmiers DU NOUVEAU-BRUNSWICK**

OCTOBER 25–26, 2017

NANB BoD Meeting

- NANB Headquarters, Fredericton, NB
- » www.nanb.nb.ca

OCTOBER 11, 2017

CNPS Webinar: *Public Health and Community Health Nursing and The Law*

- » www.cnps.ca

OCTOBER 12–14, 2017

Canadian Association of Perinatal Women's Health: 2017 Annual Clinical, Education, Research Conference

- Halifax, NS
- » www.capwhn.ca/en/capwhn/2017_National_Conf_p4765.html

OCTOBER 19–21, 2017

Diabetes Educator Course

- Vancouver, BC
- » <http://interprofessional.ubc.ca/initiatives/in9564/>

OCTOBER 19–21, 2017

Canadian Association of Nephrology Nurses and Technologists Annual Conference: *Charting Our Course—Setting Sail for the Future*

- Halifax, NS
- » www.cannt.ca/en/news_events/index.html

OCTOBER 21–24, 2017

Canadian Council of Cardiovascular Nurses: Canadian Cardiovascular Congress

- Vancouver, BC
- » www.cccn.ca/content.php?doc=18

OCTOBER 27–30, 2017

Canadian Association of Nurses in Oncology Annual Conference 2017: *The Path to Change: Oncology Nurses Leading the Way*

- Gatineau, Qué.
- www.cano-acio.ca/page/conference2017

NOVEMBER 1–3, 2017

2017 Canadian Federation of Mental Health Nurses National Conference: *Psychiatric Mental Health Nursing in a Dynamic Health Care Environment: Complexity and Collaboration across the Continuum of Care*

- Niagara Falls, ON
- » <http://cfmhn.ca/meetingconferences/2017NationalConference/CallForAbstracts>

NOVEMBER 8, 2017

CNPS Webinar: *RN Prescribing and Risk Management*

- » www.cnps.ca

FEBRUARY 21, 2018

NANB BoD Meeting

- NANB Headquarters, Fredericton, NB
- » www.nanb.nb.ca

MARCH 20–23, 2018

Canadian Domestic Violence Conference 5

- Halifax, NS
- » <https://canadiandomesticviolenceconference.org/>

APRIL 18–21, 2018

The 8th International Research Conference on Adolescents and Adults with Fetal Alcohol Spectrum Disorder (FASD): *Review, Respond and Relate*

- Vancouver, BC
- » <http://interprofessional.ubc.ca/initiatives/adults2018/>

APRIL 28, 2018

Canadian Family Practice Nurses Association Conference

- Winnipeg, MB
- » www.cfpna.ca/news-events

Be in the know

Provide your email address to NANB at nanb@nanb.nb.ca and receive electronic communications including our E-bulletin, *The Virtual Flame*.

The Virtual Flame
YOUR NANB E-NEWSLETTER



Get more out of your NANB membership.

Get **preferred insurance rates** today!

Take advantage of
your group privileges:

You could **save \$415***
or more when you
combine your home and
auto insurance with us.

Home and auto insurance program recommended by



Because you've earned it.

At TD Insurance we believe your efforts should be recognized. That's why, as a **Nurses Association of New Brunswick** member, you have access to the TD Insurance Meloche Monnex program, which offers you preferred insurance rates and highly personalized service, along with additional discounts. **Request a quote** and find out how much you could save!

Our extended business hours make it easy.
Monday to Friday: 8 a.m. to 8 p.m. (ET)
Saturday: 9 a.m. to 4 p.m. (ET)

HOME | AUTO

Ask for your quote today at 1-866-269-1371
or visit tdinsurance.com/nanb



The TD Insurance Meloche Monnex program is underwritten by SECURITY NATIONAL INSURANCE COMPANY. It is distributed by Meloche Monnex Insurance and Financial Services Inc. in Quebec, by Meloche Monnex Financial Services Inc. in Ontario, and by TD Insurance Direct Agency Inc. in the rest of Canada. Our address: 50 Place Crémazie, Montreal (Quebec) H2P 1B6.

Due to provincial legislation, our auto and recreational vehicle insurance program is not offered in British Columbia, Manitoba or Saskatchewan.

*Nationally, 90% of all of our clients who belong to a professional or an alumni group (underwritten by SECURITY NATIONAL INSURANCE COMPANY) or an employer group (underwritten by PRIMMUM INSURANCE COMPANY) that have an agreement with us and who insure a home (excluding rentals and condos) and a car on July 31, 2015 saved \$415 when compared to the premiums they would have paid with the same insurer without the preferred insurance rate for groups and the multi-product discount. Savings are not guaranteed and may vary based on the client's profile.

© The TD logo and other TD trade-marks are the property of The Toronto-Dominion Bank.

VOLUNTEER WITH THE ASSOCIATION

GET INVOLVED

WE WANT YOUR OPINIONS & EXPERTISE

- Join our email distribution list to receive updates & e-bulletins;
- Visit our website for recorded webinars, e-learning modules and documents to support your practice
- Partake in nursing workshops, conferences or meetings in your area;
- Participate in member surveys;
- Submit your candidacy, or that of a colleague's for the next Board election;
- Attend our Board of Director meetings as an observer;
- Contribute in our provincial & federal election advocacy campaigns to strengthen nursing's voice in healthcare;
- Be part of our Committees;
- Nominate deserving RNs/NPs for nursing awards; and
- Recommend a nurse colleague to profile, highlighting the diverse roles nurses play in our health system.