

# INFO NURSING

VOLUME 46 ISSUE 1 SPRING 2015

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NANB'S 99<sup>TH</sup> AGM &  
INVITATIONAL FORUM:  
JUNE 3 & 4, 2015



**Nurses Association**  
OF NEW BRUNSWICK

## NANB's Registration Year and Renewal Deadline Are Changing

**OCT 01** Registration Renewal Opens

**NOV 30** Registration Renewal Closes

**DEC 01** 2016 Registration Year Begins

### New Registration Year: December 1, 2015–November 30, 2016

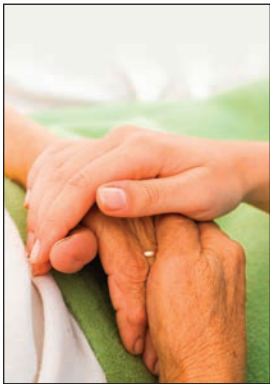
At NANB's Annual General Meeting on May 29, 2013, members supported a resolution stating that changes to the registration year be determined by the NANB Board of Directors. This provides the Board an opportunity to respond to employers' requests to change the registration year in order to alleviate challenges encountered during the busy work environment of the holiday season. Beginning December 1, 2015 NANB's registration year will change to December 1 through November 30.

### Registration Renewal Period: October 1, 2015–November 30, 2015

Online registration renewal will open October 1, 2015 and close on November 30, 2015. All 2016 renewals must be received and processed prior to December 1, 2015. Members who are currently registered will not be charged the December 2015 portion of the 2016 registration fee.



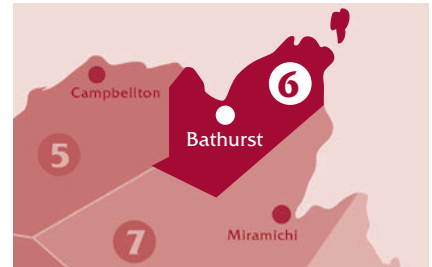
Questions regarding these changes can be directed to [nanbregistration@nanb.nb.ca](mailto:nanbregistration@nanb.nb.ca).



**Cover**  
NANB hosted a Virtual Forum lead by Dr. Timothy Christie, opening the dialogue about nursing practice and assisted death. See page 26.



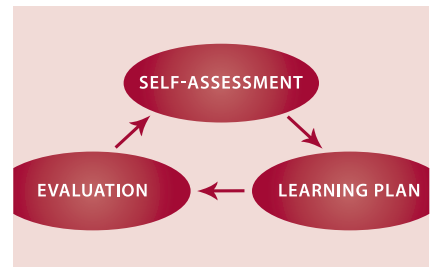
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# Nurses Association of New Brunswick

*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 .....



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**Edward Dubé**  
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](mailto: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.

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“What you do makes a difference, and you have to decide what kind of difference you want to make.”

Jane Goodall

As this overwhelming winter winds down, so does my term as your President, prompting me to reflect not only on my few years with the Association but on decades representing the registered nurse profession. I am privileged to carry the RN credential and recognize what we do every single day makes a difference in our patients' lives and the health and well-being of all New Brunswickers. Preserving the quality of care and the public's trust in nursing is the responsibility of all registered nurses and nurse practitioners in the profession.

Your Association is a professional regulatory organization that exists to protect the public while supporting nurses in maintaining standards for nursing education and practice as well as promoting healthy public policy. During my presidency, the Association has evolved and continues to introduce new technologies and supports available to nurses, such as: creating a 'My profile' section on the website supporting online registration renewal; electronic and telephone voting for Directors and President-elect positions; offering e-learning and webinar nurse support presentations; and streaming our AGM and Invitational Forum as they're happening. I am continuously amazed at the commitment of NANB staff to monitor trends and remain current on issues that impact nursing and affect healthcare locally, nationally and beyond. *Info Nursing* is an example of that relevance, as we just completed another successful virtual forum opening dialogue on the issue of 'Nursing Practice and Assisted Death' led by Dr. Timothy Christie. A summary article can be found on page 26. I am proud of our journal, which rivals other

provinces' in content, external contributions and operational advances. While representing NANB at the Canadian Nurses Association Board of Directors' meetings, I often find myself smiling as other jurisdictions launch new initiatives the NANB currently practices.

As New Brunswickers plan for changes to our healthcare system, as well as to services and programs delivered by our provincial government impacting the nursing profession, NANB is continuously budgeting; monitoring nursing human resources; setting operational priorities and strategic goals; electing new board directors; transforming and implementing new technology initiatives; renovating your building to enhance access; and preparing to celebrate a milestone centennial in 2016. I invite all RNs/NPs to participate in the planning and celebrating of this milestone accomplishment by submitting ideas and volunteering for events throughout 2016, email 100years@nanb.nb.ca.

Nurses in New Brunswick can and should be proud of our professional image and remind themselves of their contribution, recognizing “what you do makes a difference, and you have to decide what kind of difference you want to make”—Jane Goodall.

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Francine Bordage



Timothy Christie



Odette Comeau  
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Rob Fraser



Karen Furlong



Gemma  
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Virgil Guitard



Rose McCloskey



Cathy O'Brien-Larivee



Réjean Savoie



Kelly Scott-Storey

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Nursing Practice  
Consultant, NANB

Editor's note: Stephanie Smith's credentials were published incorrectly in December's *Info Nursing*. The correct information should read: Stephanie Smith, RN MA (H Ed), New Brunswick Liaison Officer, CADTH.



## Pursuing Regulatory Excellence

After 14 years as Executive Director of the Nurses Association of New Brunswick, this is my last column. After 30 years of direct involvement with the NANB, I remain in awe of our profession and discipline in all its dimensions. Nursing continues to hold an exceptionally high level of trust by society. The past three decades have also demonstrated an increasing level of knowledge and expectations in the general public related to their health and the health services provided by health care professionals.

This increase of knowledge and expectations has also led to significant scrutiny and sometimes skepticism of professional regulators by the public and government in the public interest. The NANB mandate is lifted directly from our legislation, the *Nurses Act*, and requires that the NANB:

protect the public and support nurses by promoting and maintaining standards for nursing education and practice, and by promoting healthy public policy.

When a regulatory body is perceived (whether correctly or incorrectly) as acting in self-interest or the interest of its members/registrants, public trust is challenged. Over the past decades, significant cases of professional misconduct or incompetence have focused the public and the government's attention on regulatory processes, no doubt with the perception of regulatory failure or incompetence. This has resulted in increasing intervention, control and oversight by governments of regulators.

New Brunswick is the single jurisdiction in Canada, and possibly internationally, with a truly self-regulating model, as confirmed by the work of David Benton, Executive Director of the International Council of Nurses. Professional regulation is authorized by private acts and by the government in the public interest. However, the privilege, responsibility, accountability and costs of professional regulation are born by the professionals themselves; the reason why, as professionals, we pay annual registration fees. This regulatory independence is being challenged. The New Brunswick government is requiring health professional regulators to


submit all foundational regulatory tools to the Minister of Health for approval. NANB respects the authority delegated to the government and recognizes they have a role in setting standards but believe the nursing profession itself remains the most skilled and expert to establish professional standards for education and practice, standards that protect the public interest and the professions' commitment to quality nursing services.

Given New Brunswick's reality and commitment to maintaining our regulatory autonomy, in the public's interest, after almost 100 years, the NANB is committed to ensuring rigor and transparency in its regulatory mechanisms. Public members who serve on our Board of Directors and professional conduct committees are essential to maintaining public trust.

The NANB team has accomplished considerable innovation over the past decades. I am proud of our record; but much remains to be accomplished to sustain our hard-earned public trust. As much as the public's trust remains high for our profession, so do their expectations of competent, ethical and professional practice. I have been humbled many times over during my career, by you, my peers, for your commitment to that public trust and your standard of professionalism. William Lahey, Professor, Dalhousie Law School, has written extensively on professional regulation and continues to underline the most important dimension of professional self-regulation is just that, each individual's commitment to their professional standards and their individual competence across their career. I believe the same. The NANB exists to support you in that goal.

Thank you for the wonderful opportunity and privilege to be a part of the NANB and our regulatory journey. It has been the highlight of my nursing career. ■

ROXANNE TARJAN  
Executive Director  
rtarjan@nanb.nb.ca



## THE BOARD OF DIRECTORS MET ON FEBRUARY 18, 2015, AT THE NANB HEADQUARTERS IN FREDERICTON.

The February 17 meeting day was cancelled due to inclement weather.

### Policy Review

The Board reviewed policies related to:

- *Ends*
- *Governance Process*
- *Executive Limitations*
- *Board-Executive Director Relationship*

### Organizational Performance: Monitoring

The Board approved monitoring reports for the Ends policies, the Audited Financial Statement, 2015 Budget and Executive Limitations policies.

### Amended Rules: Short-Term Education Courses

The Board approved a rule amendment to provide further clarification to the intent of the rule to enable registered nurses (RNs) and nurse practitioners (NPs) from other Canadian jurisdictions to participate in clinical practicums related to a short-term course in New Brunswick (e.g., foot care) without having to establish registration in New Brunswick.

### By-law Amendment: Fiscal Year

The Board approved a resolution to amend By-law 3.01 to enable the Board

to change the date of the fiscal year. The resolution will be presented to membership at the Annual General Meeting in June 2015.

### Board of Directors' and Committee Appointments

#### Board Elections

The Nominating Committee reported on the slate of candidates for election to the positions of president-elect and Directors for regions 2, 4 and 6. Candidate information can be found on page 17.

Results will be communicated following the election using all NANB communications tools. During the 99<sup>th</sup> Annual General Meeting, June 3, 2015, newly elected directors will be announced with the 2015–2016 Board of Directors.

#### Public Director Vacancies:

The Board approved the following nominees to be submitted to the Minister of Health to fill a public director position on the Board for a two year term beginning in September 2015.

#### Nominees:

- Edward Dubé, Edmundston, NB
- Joanne Sonier, Tabusintac, NB
- Rebecca Butler, Fredericton, NB

#### Committee Vacancies:

Nominations are required to replace committee members on the Nursing Education Advisory Committee, the Complaints Committee and the Discipline/Review Committee for two-year terms effective September 2015.

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

#### NANB Awards Selection Committee

The Board appointed the following directors to the NANB Awards Selection Committee:

- Brenda Kinney, RN, President-elect
- Lisa Keirstead Johnson, RN, Director Region 7
- Annie Boudreau, RN, Director Region 6
- Joanne LeBlanc-Chiasson, RN, Director Region 1
- Thérèse Thompson, RN, Director Region 5

### Executive Director Recruitment/ Selection Committee

The Board approved the Executive Committee to act as an Ad Hoc Executive Director Recruitment/ Selection Committee that will review and determine NANB's next executive director at the October 2014 meeting. The Board received and approved an update at this meeting. Recruitment is expected to be completed by the summer of 2015. An executive director position description will be circulated by email and posted on NANB's website later in April.

### NANB/NBNU Joint Communication Meeting

The NANB Executive Committee and the NBNU Council met on December 17, 2014. Joint meetings are scheduled biannually to discuss issues of mutual interest and concern.

### Change in Dates of Membership Registration Year and Fiscal Year

The Board approved changes to the dates of the membership registration year and the fiscal year from the current calendar year date of January 1–December 31 to the new date of December 1–November 30 beginning in December 2015 for the 2016 registration year.

### Continuing Competency Program (CCP) Audit

A report on the Continuing Competence Program Audit, which was conducted in the fall of 2014, was provided to the Board. The purpose of the audit questionnaire is to monitor compliance with the CCP. In 2014, 412 registered nurses and 11 nurse practitioners were randomly selected to be audited. All but one audited member met the CCP requirements. Members who do not meet the requirements are provided with remedial education and support to assist them in meeting the mandatory requirement on an ongoing basis.

### New NANB Interest Group

The Board approved a motion to recognize a new interest group called: New Brunswick Nursing Informatics Interest Group (NBNIG) as a special interest group of the Nurses Association of New Brunswick.

### NANB Centennial Planning

The Board received a presentation on a tentative draft plan and promotional efforts to engage RNs/NPs in Centennial Planning. A budget and final plan for approval will be presented to Board at the June meeting. As well, NANB will host the CNA Biennium in 2016.

The Board approved an Ad Hoc NANB Centennial and NANB/CNA Biennium Planning Committee.

### NANB Documents

The Board approved the following revised documents:

#### Revised

- *Approval Review Process: Baccalaureate Nursing Programs in New Brunswick*—a revision of *Approval of University Nursing Programs in New Brunswick*
- *Approval Review Process: Nurse Practitioner Programs in New Brunswick*—a revision of *Approval of Nurse Practitioner Programs in New Brunswick*
- *Scrutineers' Manual: Section 4—Electronic Voting*—an addition to the *Scrutineers' Manual* as a result of the introduction of electronic voting for Board elections

#### New Position Statement:

- *Electronic Cigarettes and Flavoured Tobacco*

All documents and position statements are available on the NANB website or 1-800-442-4417.

### Finances

The Board of Directors received and reviewed the 2014 Audited Financial Statement which reflected a \$26,306 cash surplus. The NANB building has undergone major renovations, including the installation of an elevator supporting improved access, during the past year and is approximately 90% complete with expenditures of \$913,156. The Audited Financial Statements will be presented at the 2015 Annual General Meeting. The Board reviewed the 2015 budget. A balanced budget is projected for 2015 in accordance with Board policy. Planned expenditures are approximately \$3,882,862 with a surplus of \$51,008.

### Next Board

The next Board of Directors meeting will be held at the NANB Headquarters on June 1 and 2, 2015, prior to NANB's Annual General Meeting, Awards Banquet and Invitational Forum to occur on June 3 and 4, 2015, at the Delta Hotel Fredericton.

Observers are welcome at all Board of Directors meetings. Please contact Paulette Poirier, Executive Assistant/ Corporate Secretary at ppoirier@nanb.nb.ca or call 506-459-2858/1-800-442-4417. ■

### NANB Board of Directors 2014–2015

President	Darline Cogswell, RN
President-elect	Brenda Kinney, RN
Director, Region 1	Joanne LeBlanc-Chiasson, RN
Director, Region 2	Jillian Ring, RN
Director, Region 3	Amy McLeod, RN
Director, Region 4	Josée Soucy, RN
Director, Region 5	Thérèse Thompson, RN
Director, Region 6	Annie Boudreau, RN
Director, Region 7	Lisa Keirstead Johnston, RN
Public Director	Fernande Chouinard
Public Director	Wayne Trail
Public Director	Edward Dubé



**The President's Brief**  
Find it online at  
[www.nanb.nb.ca](http://www.nanb.nb.ca)



**Did You Know?**

Every edition of NANB's e-bulletin, *The Virtual Flame*, is immediately posted on the NANB website after it has been distributed by email. If you have provided NANB with your current email address and are still not receiving *The Virtual Flame*, it could be blocked by your security settings or filtered to SPAM/junk folders. To receive notification and a direct link to the latest NANB e-Bulletin, forward your email address to [nanb@nanb.nb.ca](mailto:nanb@nanb.nb.ca) to be added to *The Virtual Flame* notification distribution list.



**RN/NP FAQs**

**What are the restrictions related to a graduate nurse practitioner?**

A person whose name is entered in the temporary NP register shall not order screening and diagnostic tests, prescribe drugs or order the application of forms of energy without a registered nurse practitioner or physician's co-signature on the order or prescription.

NURSE PRACTITIONERS  
OF  
NEW BRUNSWICK



INFIRMIÈRES PRATICIENNES  
DU  
NOUVEAU-BRUNSWICK


**Cruise into the Future with NPs**  
**8<sup>th</sup> Annual Nurse Practitioner Conference**

October 14–16, 2015 • Delta Brunswick Hotel • Saint John, NB

**Hours & Dates**

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

NANB WILL BE CLOSED		DATES TO REMEMBER	
May 18	Victoria Day	May 11–17	National Nursing Week
July 1	Canada Day	June 3, 4	NANB's AGM, Awards Banquet and Invitational Forum
August 3	New Brunswick Day		
September 7	Labour Day		



CELEBRATE EXCELLENCE  
**2015 NANB  
AWARDS**

**JUNE 3, 2015**

Join nursing colleagues as we recognize this year's NANB Award recipients. Space is limited. Tickets are \$60 including HST and available for purchase, please contact Marie-Claude Geddry-Rautio at [mcgeddry@nanb.nb.ca](mailto:mcgeddry@nanb.nb.ca) or 1-800-442-4417.

## Notice of Annual Meeting

In accordance with Article XIII of the bylaws, notice is given of an annual meeting to be held June 3<sup>rd</sup>, 2015, at the Delta Fredericton, 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. Students of nursing are welcome as observers.

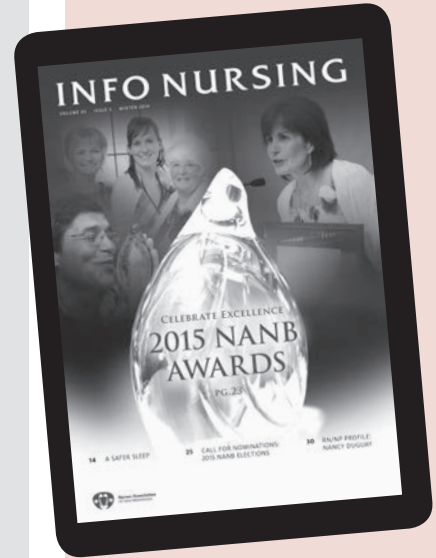
### Voting

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

### Roxanne Tarjan

Executive Director, NANB

Do you want to receive *Info Nursing* electronically?



NANB offers members the opportunity to receive *Info Nursing* electronically. In a continuous effort to be an environmentally friendly Association, NANB currently emails stakeholders and members a direct link to your nursing journal. Please email [stobias@nanb.nb.ca](mailto:stobias@nanb.nb.ca) indicating you would prefer to receive future issues of *Info Nursing* electronically.

## NANB CNA Centennial Award 2014–2015 Recipient: Heather McQuinn

For almost 20 years I have worked in the field of mental health in both hospital and community care. Currently there is a deficit of understanding between non-aboriginal and aboriginal people, and nowhere is this more pronounced than in the field of mental health. Many First Nations people do not seek mental health support because they believe that they are not understood. Only through education will this gap be closed. My goal is to contribute to the inclusiveness of our mental health care model by furthering our understanding of the role of spirituality in mental health, especially among our First Nations people.



the role of their spirituality in well-being. On the Aboriginal side, there is a lack of trust and respect for the health care model espoused by modern medicine. Because of its holistic and trusted nature, nursing is in the key position to implement research in this area. My goal is to make New Brunswick a recognized leader in research

and health system change, addressing these issues and better integrating culture, spirituality, and medicine for the optimal mental health of all Canadians.

My research will be used to educate nurses in providing culturally competent and culturally safe care in both clinical and community settings. This award enables me, despite continued health problems, to complete my Masters degree by partnering with First Nations in a community-based study to address these issues.

There is much to be learned on both sides. With non-aboriginals, there is a lack of education and understanding of the value of First Nations culture and customs and

## Parish Nursing Ministry

There is a possibility of offering the Basic Preparation for Parish Nursing Ministry probably either in April or September 2015 (depending on the number of interested registered nurses). For detailed information on this educational program, please contact Sr. Ernestine La Plante at: 506-548-8505 (office), 506-547-8320 (residence), e-mail to [enrnlpla@hotmail.ca](mailto:enrnlpla@hotmail.ca).

NEW NANB WEBINAR: MARCH 2015 (PREVIOUSLY RECORDED)

Employer policies  
Post-entry Practice setting  
Procedures Responsibilities **Safety**  
Ethically **ADVANCING RNs'** Dynamic  
**SCOPE OF PRACTICE:**  
Learning **WHO DECIDES?** Enhancing  
**Skills** PELP Individual competence  
Nursing Activities **Decision-making**  
Entry-level Patients' needs



## E-LEARNING MODULES



Cultural Awareness for Preceptors and Mentors of Internationally Educated Nurses (IENs)



It's All About the Nurse-Client Relationship



Problematic Substance Use in Nursing



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## WEBINARS

- Problematic Substance Use In Nursing—Still an Important Issue
- Frequently Asked Questions from RNs Working in Nursing Homes
- When Meeting Standards Becomes a Challenge—Working with Limited Resources and Resolving Professional Practice Problems
- 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

AVAILABLE AT [WWW.NANB.NB.CA](http://WWW.NANB.NB.CA)



## Keeping Up-to-Date

*Exploring How Digital Tools can Improve Health and Healthcare*

By ROB FRASER

In an information age, it is easy to feel overwhelmed and more like an age of information overload. Technology increases the speed and amount of information produced and creates more ways for it to reach us, yet information overload is not a new concept.

Sociologists were studying the effect of information glut in the 1800's, and the problem of more information than it is possible to digest has affected individuals since we started to have libraries. So instead of trying to avoid this overload, the question is, how does social media allow us to manage information and notifications in ways that make us more knowledgeable and productive?

When you feel overwhelmed by information, it might be easy to ignore social media and new digital tools. The question you should ask is, how might this help me? Not many individuals would say they do not get enough email in their inbox, so how can social media

help you filter information and go through it more efficiently? For example, if you are not on Facebook, it is likely you use email to correspond with family, friends and colleagues about personal matters. Perhaps Facebook can make it easier to stay up to date with that information when you want to, instead of when you are trying to sort through your work email.

Below are some ideas and thoughts on how you can use social media services to keep up to date with professional information and manage information. Hopefully, these ideas will help you stay on top of staying up to date with personal, professional and current events.

### **Email Inbox**

#### **Industry Digest or Newsletters**

One simple way to stay up to date is by subscribing. Many websites, such as

HealthyDebate.ca, offer an email newsletter option. This means that you don't have to visit the website regularly to check for new stories and allows you to browse the most recent emails in your inbox on a regular basis. Other specialty sites like <http://plus.mcmaster.ca/EvidenceUpdates> allow you to choose medical specialties and to receive email updates with recent journal articles on the topic and rate the overall quality of the research evidence. This can dramatically reduce the amount of time spent searching for articles on your practice.

#### **Email Filters**

If your inbox is overloaded, consider applying filters to it. This is a feature available in many web email services or through email clients like Outlook, although they might work slightly differently. In general, filters allow you to apply certain criteria to emails (e.g., from a specific email address, with a

certain subject line, that you are cc'd on) and trigger an automatic action such as moving the email out of your inbox to a designated folder. This can be helpful for work emails and you could create a folder for emails from your boss and co-workers. If you subscribe to email newsletters, you could create a folder called 'news' and filter those emails and then check it once a week. Filters are a great way to make it easier to deal with the important emails first or at the most appropriate time.

## RSS Feed Reader and Podcasts

### Really Simple Syndication

When websites converted from static to more dynamic and time sensitive (e.g., blogs), a new standard called RSS was developed. It allows users to subscribe to the website feed, which publishes updates that you receive in your RSS feed reader like feedly.com. These readers allow you to create a customized newspaper with all your favourite websites. So instead of regularly checking 20 different websites or filling your inbox with updates, you can add them to your reader and check that regularly.

### Podcasts

The low cost of microphones and video cameras has made it possible for more individuals and organizations to produce digital media such as audio or video content. A regularly recorded and published show is called a podcast. Listening to podcasts such as EmCrit (<http://emcrit.org>) can help you keep up to date with emergency medicine, and can turn a drive to work or the store into a continuing education session. If you are looking for podcasts or an app to manage them, stitcher.com is a great way to stream your favourite shows.

## Twitter and Facebook

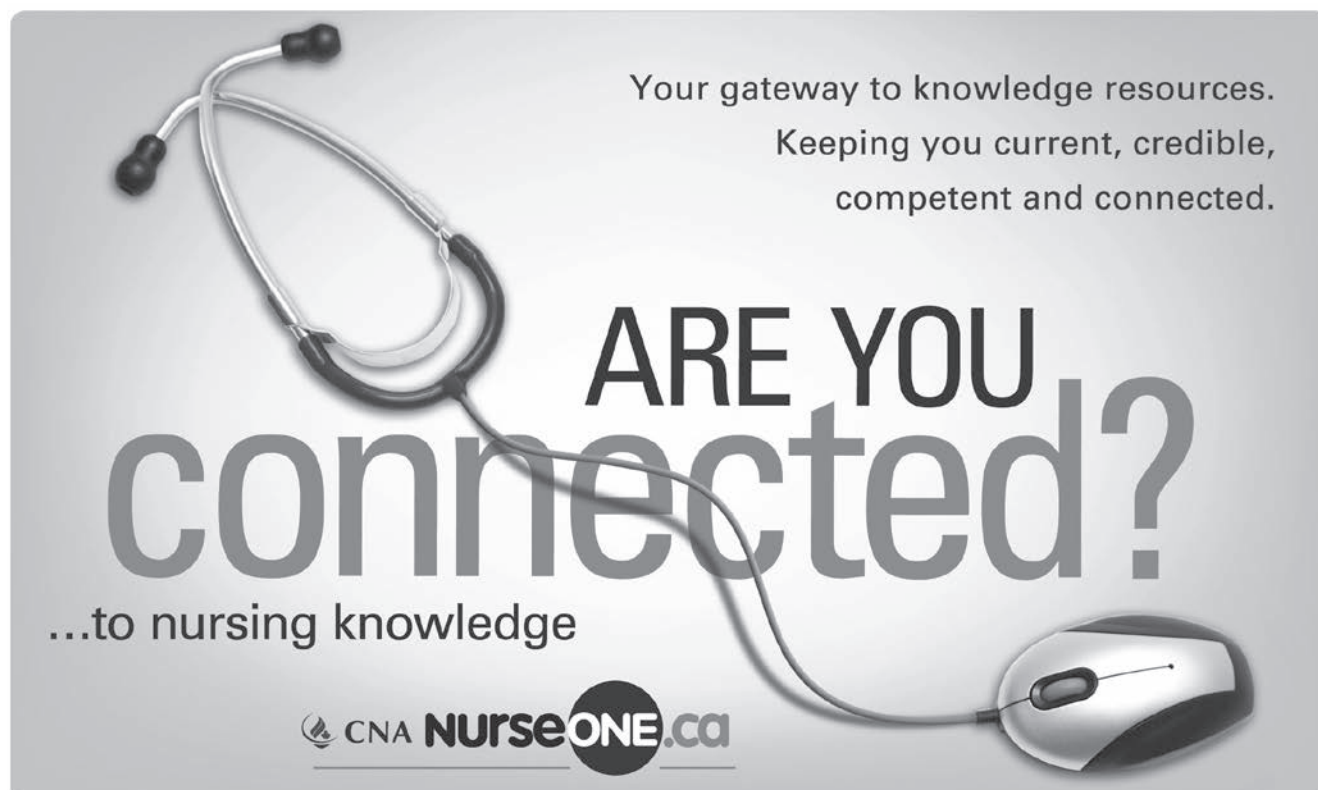
### Twitter

If you have Twitter, you should be familiar with following other users. One way to stay up to date is finding the organizations and journals you want to follow. For example, you can follow the Nurses Association of New Brunswick (@NANB\_AIINB) to stay up to date with nursing news in the province or follow organizations like @PedNIG if you want to keep up with the Pediatric Nursing Interest Group. This way when you open

Twitter you can find discussions, news and articles about your area of practice or interests.

### Facebook


Facebook allows organizations and interest groups to create pages. Since many people use Facebook, it is a popular place to host discussions and post news items. This can be another great way to stay up to date with causes and issues you care about at your leisure. If you do not know of any, a simple search can turn up some or many nursing websites, now linked to their Facebook pages if they have them. Moving forward, try to think of social media as a tool that serves you. Your email inbox does not have to be your only source of information. The best part about having multiple places where you get information is that you can control when you look at each source. Since the amount of information published will likely continue to grow, it is important that you take proactive steps to manage information. Next time you hear of a new social media service, think about how it might be helpful to your information management strategy. ■



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# Nursing: A Career of Endless Opportunities

FRANCINE BORDAGE

*Chief Nursing Officer / Nursing Resources Advisor,  
Department of Health*

**P**lease join me as I take this opportunity to send my predecessor, Mary O'Keefe-Robak, best wishes on her retirement. On October 1, 2014, I embarked on a new journey as Chief Nursing Officer/Nursing Resources Advisor in the Health Workforce Planning Branch with the Department of Health (DoH). A career of endless opportunities, nursing has opened many doors and provided limitless learning.

After completing a bachelor of nursing from the Université de Moncton in 1980, I earned a Master of Nursing with Athabasca University in 2007. Early on in my career, I realized that nursing is a profession of ongoing learning opportunities that if explored, could lead to exciting experiences and professional growth. I have always endeavoured to pursue all nursing had to offer and have remained open to all opportunities presented along the way.

I began my career in 1980 as a novice nurse at the Moncton Hospital. Three years later, I joined the Soldiers Memorial Hospital (SMH) in Campbellton. While in Campbellton, my husband and I became the proud parents of the most beautiful baby girl, Thea, who to my delight, chose nursing as her career! During my three years at SMH as an ICU nurse, I attended a three-month Critical Care Nursing Program delivered at the Saint John Regional Hospital (SJRH). This program certification proved to be an asset when I joined the Coronary Care Unit at the SJRH in 1986.

In the early 1990's, cardiovascular nursing became my passion. This passion was given a landscape to



flourish through the planning and implementation of the New Brunswick Heart Centre Program, which became operational on April 8, 1991. Following the implementation phase of the program, I was fortunate to work in various capacities: Nurse Manager; Nurse Associate for Interventional Cardiology; Cardiac Rehabilitation; and finally as Administrative Director.

Throughout my career, I became intrigued with the role of the DoH in the health care system. When the opportunity came up, I applied for the position of Director, Clinical Services in the Hospital Services Branch and joined the DoH in September 2009. I held this position along with the position of Director of Hospital Operations until October 2014 when I took over as CNO/Nursing Resources Advisor.

Today, I find myself in a role where I can utilize all the experiences acquired over the past 35 years. You could say, I have returned to my "nursing" roots. My goal for the next three years is to use my knowledge and experiences to serve the profession of nursing to the best of my ability, alongside other nursing leaders and colleagues.

My role at DoH is multifaceted and can be summarized as providing expert and strategic advice to the Minister, Senior Management, and staff of the DoH and other government departments in the development of policy and programs related to nursing practice; education; research; administration of nursing services; identifying issues that impact the integration of new professionals in the New Brunswick healthcare system; and addressing matters relating to the effective management of the provincial nursing recruitment and retention initiatives identified in the nursing resources strategy.

Currently, I am working with a team actively planning a one-day session for Nursing Unit Managers titled "Mission Critical: A Nurse Manager Summit" that will take place on April 30, 2015, at the Crowne Plaza-Lord Beaverbrook Hotel, Fredericton. This is a joint initiative of the Provincial Nursing Collaborative. The planning committee is comprised of representatives from DoH, RHA's, NANB and NBNU.

Over the last six months, I have been familiarizing myself with this new role and plan on developing both short and long-term goals with specific targets. I look forward to sharing these with you in future *Info Nursing* articles. ■

# Meet Your Candidates



**Karen Frenette**  
*President-Elect*



**Jillian Ring**  
*Director Region 2*



**Jenny Toussaint**  
*Director Region 4*

**President-Elect:**  
**Karen Frenette (Acclaimed)**

**Education**

Diploma in Nursing, Bathurst School of Nursing, 1983

**Additional Education**

- Recertification Perioperative Nursing, CNA, 2013 (original certification 1998)
- Masters in Nursing, University of New Brunswick, Fredericton, NB, 2005

- Nursing and Health Care Leadership/Management Program, McMaster University, Hamilton, ON, 2005
- Bachelor Degree in Nursing, University of New Brunswick, Fredericton, NB, 1991

**Present Position**

Director of Programs (Surgical & Maternal Child), Chaleur Regional Hospital

**Professional Activities**

- Operating Room Nurses Association of Canada representative on CNA-Canadian Network of Nursing Specialties, 2011–2013
- President ORNAC, 2011–2013
- Recipient of ORNAC Muriel Shewchuk Leadership Award, 2009
- Recipient of ORNAC Isabelle Adams Award of Excellence in Perioperative Nursing, 2009
- Presenter at ORNAC National

- Conference in St. John's, NL, 2009
- Exam writing for perioperative Certification Exam (CNA), 2009
- Member of International Federation of Perioperative Nurses (IFPN), 2005–present
- Member of Canadian OR Leaders (CORL) 2005–present
- Board Member ORNAC, 2002–2009
- President of New Brunswick Operating Room Nurses (NBORN) 2001–2003
- Member ORNAC 1986–present

**Nominated by**

Susan LeBlanc and Marius Chiasson

**Reason for Accepting Nomination**

I am honored to accept the nomination for President-Elect of NANB. As a registered nurse, with more than 30 years of experience in different facets of health care, I have a diverse perspective on both the challenges and opportunities facing our profession. NANB plays a key role in the advancement and evolution of the nursing profession. The voice of New Brunswick nurses can positively influence the direction of healthcare and ensure healthy public policy exists to protect the public. I would be privileged to be that voice.

**Director Region 2:  
Jillian Ring (Acclaimed)**

**Education**

Bachelor of Nursing, Advanced Standing Program, University of New Brunswick, Fredericton, 2007

**Additional Education**

- Master of Nursing, Primary Care Nurse Practitioner Stream, Dalhousie University, Halifax, current
- Honours Research program in Psychology, University of New Brunswick, Saint John, 2005
- Bachelor of Science, Biology/Psychology, University of New Brunswick, Saint John, 1999

**Present Position**

Registered Nurse, Medical/Surgical Intensive Care Units, Saint John Regional Hospital, Horizon Health Network

**Professional Activities**

- Nurses Association of New Brunswick, Region 2 Director, 2013–present
- Nurses Association of New Brunswick Executive Committee, 2014–present
- Nurses Association of New Brunswick Ad hoc Executive Director Recruitment/Selection Committee, 2014–present
- Nurses Association of New Brunswick, Saint John Chapter, President, 2011–2013
- UNB Nursing Preceptor/Nurse Mentor, Spring 2009
- New Brunswick Nurses Union, member, 2007–present

**Nominated By**

Lori Burke and Laura Walker

**Reason for Accepting Nomination**

It is an honour to represent RNs and NPs on the NANB Board of Directors. RNs are the foundation of healthcare. The optimization of the NP role in primary healthcare is imperative for sustainability and improved access and health outcomes in the province. As Director, I will continue to take every opportunity to promote and advocate for nursing and its role in protecting the public, influencing health policy, and ensuring safe, competent care through self-regulation.

**Director Region 4:  
Jenny Toussaint (Acclaimed)**

**Education**

Bachelor of Nursing, Université de Moncton, Edmundston Campus, 2002

**Additional Education**

- Three-day training in workplace health and safety, NBSafe, Saint-Basile, N.B., 2014
- Yellow Belt Lean Training, Edmundston, N.B., 2014
- Course on disability management for workplace injuries, practical tools, actual cases in Edmundston N.B. by HRANB, 2013
- Cardiopulmonary Resuscitation Course, Edmundston Regional Hospital, 2013

- Turnaround Interview (human resources management), Bathurst N.B., 2011
- MBA (one course completed), Université de Moncton, Moncton Campus, 2008
- Result-oriented leadership course, Edmundston Regional Hospital, 2008
- A Resource From the Institute of Health Care Improvement (online education), Edmundston Regional Hospital, 2008
- Basics of Writing Policy and Procedure, Fredericton N.B., 2008
- Primary health care course, Edmundston Regional Hospital, 2007
- Course on team work, Edmundston Regional Hospital, 2007

**Present Position**

Clinical Program Director, ERH

**Professional Activities**

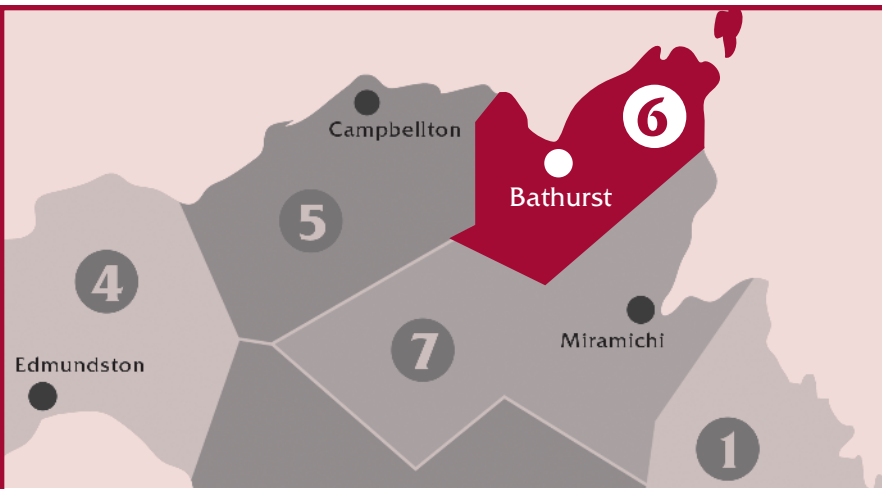
- Member, workplace health and safety committee
- President of the OR governance committee
- Local NANB chapter president; member, NANB discipline committee
- Involved in the regional implementation committee on strokes, Edmundston Regional Hospital

**Nominated By**

Renelle Thibodeau and Nancy Jalbert

**Reason for Accepting Nomination**

I would like to be director in Region 4. Having worked in health care for 15 years now, I would like to support the Association's Board of Directors and members. I would like to be involved in addressing the various current nursing issues in New Brunswick. As clinical program director and president of the NANB local chapter, I am well aware of various issues such as: insufficient human resources, the challenges of nursing practice, care complexity and financial challenges. I work every day in collaboration with various partners to address these challenges, find solutions to improve care quality and provide safe care. I would like to bring my positive ideas to NANB.



# Region 6 Votes!

NANB's Election will open April 15 through April 30<sup>th</sup>. All practising members residing in Region 6 are eligible to vote for their region director. Voting details can be found on page 51.

## YOUR REGION 6 CANDIDATES

### Annie Boudreau



#### Education

Bachelor of Nursing, Université de Moncton, 1990

#### Additional Education

MBA, Université de Moncton, 2007

#### Present Position

Clinical Coordinator for the Nursing Sector, Université de Moncton, Shippagan Campus, Bathurst Site

#### Professional Activities

- Active member, NANB Bathurst Chapter Executive Committee, 2004–present
- participated in exam item writing for the CRNE, 2010–2012
- President, clinical experience network committee, Université de Moncton.

#### Nominated By

Rachel Boudreau and Julie Vienneau

#### Reason for Accepting Nomination

I am available and committed to the nursing profession and I am ready to take up the challenge. My work gives me the opportunity to work closely with nurses from the Chaleur Region and the Acadian Peninsula. I can listen and I am aware of the different aspects and issues concerning nurses in New Brunswick. I have gained experience as regional director for

the last two years, and I appreciated each moment. I would like to stay on the Board and contribute to the advancement of the profession.

### Linda Austin



#### Education

Providence Nursing School, 1982

#### Additional Education

- St. John Ambulance Instructor, Tracadie-Sheila, 2011
- certification in emergency operations centre management, Canadian Emergency Management College, Ottawa, 2008
- certification in primary health care, Dalhousie Dalhousie, 2006
- diabetes certification, correspondence training course, 2002
- clinical leadership for bedside nurses, UdeM, 1995
- introduction to nursing care management, correspondence training course, 1993
- Bachelor of Nursing, Université de Moncton, Shippagan campus, 1992

#### Present Position

Director of Nursing Care, Résidence Lucien Saindon, Lamèque

#### Professional Activities

- Clinical care committee, New

Brunswick Association of Nursing Homes (NBANH), 2014

- advisory committee, École Réseau de science infirmière, Nursing Homes, UdeM, Moncton, 2013–present
- Clinical care committee, Region 6 and 8, NBANH, Fredericton, 2013–present
- facilitator, Alzheimer Society of NB support group, Résidence Lucien Saindon inc., Lamèque, 2013–present
- Prevention of Elder Abuse Centers of Excellence Program (PEACE), New Brunswick Nursing Home Association, Fredericton, 2013–present
- Acadian Peninsula Chapter President, NANB, 2009–present.

#### Nominated By

Sophie Power and Estelle Bujold

#### Reason for Accepting Nomination

I would like to be elected to the position of Director, Region 6, in order to facilitate the development of innovative strategies and solutions for various issues: member recruitment and retention, quality of life in the workplace, quality care, protection of the public, promoting the role of the nurse in a collaborative workplace and best professional practices. This opportunity would also allow me to have some influence on health care policy and expand the horizons of the nursing profession.

# You Are Invited...

## NANB's 99<sup>th</sup> Annual General Meeting

**Wednesday, June 3, 2015**

Delta Hotel, Grand Ballroom  
225 Woodstock Road, Fredericton, NB

### KEYNOTE

#### **Nurses as Leaders and Advocates for Patient and Family Centered Care in Transformed Health Systems**

Dr. Marlene Smadu



The National Expert Commission established in 2011 by the Canadian Nurses Association issued its final report in June 2012, *A Nursing Call to Action: The Health of the Nation, the Future of the*

*Health System*. In addition to the nine recommendations for action, the report includes a clarion call to all nurses: "Registered nurses are deeply engaged in system transformation because they care about human health and about delivering responsible health care. But more than caring, it is the professional and social responsibility of nurses to take a strong leadership stand on behalf of Canadians".

This presentation will challenge participants to identify what nurses and nursing must do individually and collectively to transform our systems to be patient-and-family-centred, supporting high quality health care and outcomes for patients/families, and high quality workplaces for nurses and other health care team members.

### AGENDA

#### **07:30**

- Registration

#### **09:00–10:30**

- Call to order
- Introductions
- Greetings
- Announcements
- Deadline for Resolutions (11:00)
- Approval of Agenda, Rules & Privileges
- 2014 Annual Report
- Auditor's Report

#### **10:30–11:00**

- Nutrition Break
- Announcement (Resolutions Submission Deadline)

#### **11:00–12:30**

- *Nurses as Leaders and Advocates for Patient and Family Centered Care in a Transformed Health System*  
Marlene Smadu, RN, EdD, LLD (h.c.), Keynote Speaker

#### **12:30–13:30**

- Lunch (provided)

#### **13:30–14:30**

- Resolutions Committee Report
- Voting on Resolutions
- New Business
- Open Discussion

#### **14:30–15:00**

- Nutrition Break

#### **15:00–16:00**

- President's Address
- Installation of New President
- Invitation to the 2016 Annual Meeting
- Adjournment

#### **18:00**

- Reception / Cash Bar

#### **19:00–21:00**

- Awards Banquet (ticket required)

**RESOLUTION: Submitted by NANB Board of Directors. See page 50.**

Some participants may be sensitive to perfume or aftershave, so members are asked to refrain from wearing scents. A photographer will be circulating taking pictures at our Annual Meeting. Photos may be used in future NANB communication materials.

# MANAGING LIABILITY RISKS IN NURSING PRACTICE

NANB INVITATIONAL FORUM  
JUNE 4, 2015

Registration is mandatory as space is limited. Please email [nanb@nanb.nb.ca](mailto:nanb@nanb.nb.ca) or call 1-800-442-4417 to register.



## AGENDA

**08:30–09:00**

Registration

**09:00–09:15**

Welcome

**09:15–09:30**

**Info Burst: Demystifying the Legal Process**—The prospect of becoming involved in any legal process can be very intimidating. In this short presentation, the participants will learn about the main steps in the litigation process, along with practical legal insight.

**09:15–10:30**

**Session 1: Collaborative practice in the courtroom: one for all and all for one?**—Collaborative care is now hailed across Canada as the preferred model to optimize patient care delivery, both in hospitals and in primary care. What are the sources of risk in a team approach? How does practice in a collaborative model affect your professional standard of care? Learn how courts determine issues of liability in a team approach and how to reduce risk in a collaborative practice.

**10:30–11:00**

Nutrition Break

**11:00–12:00**

**Session 2: Nursing in 2015: new models of care, new laws, new liability considerations**—The health care system is in transition as we again try to re-design the health care system to do more with less. Expanding scopes of practice, evolving technologies, numerous legislative changes and new models of care raise new legal questions. From privacy to end-of-life decisions to cosmetic nursing, this session will examine the impact of recent legal changes on nursing practice and how changes in nursing practice have in turn given rise to new legal considerations.

**12:00–13:00**

Lunch (provided)

**13:00–14:15**

**Session 3: Documentation, Your Best Ally**—A look at nursing documentation from the perspective of the judge and the experts. What is

adequate documentation? Is the standard of documentation different in a collaborative practice? How does a court view charting by exception? When is it appropriate to do a late note? A private note? Learn from case studies and other examples how to make the most of your documentation.

**14:15–14:30**

Nutrition Break

**14:30–15:00**

**Q & A Open Mic**—It's your turn. Bring your burning questions to a panel of legal experts.

**15:00–15:15**

**Info Burst: When can you turn to the CNPS for support?**—CNPS services are available to you as a benefit of membership in NANB, yet most nurses are unaware of the extent of the legal support available. Find out how CNPS can help!

**15:15**

Closing remarks

## PRESENTERS



**Chantal Léonard**  
CNPS CEO



**Sandrine Racette**  
CNPS Legal Advisor



**Nathalie Godbout**  
Partner, Lawson  
Creamer



## PUBLIC HEALTH EMERGENCY AT OUR DOORSTEP

By SHELLEY LANDSBURG

The most significant public health event of 2014 is without a doubt the Ebola Virus Disease (EVD) outbreak in West Africa. It was declared a Public Health Emergency of International Concern by the World Health Organization (WHO) on August 8, 2014. Many thousands of people have become infected and died in the most affected countries (Guinea, Liberia, and Sierra Leone) and a handful of cases have been imported into other countries, in a few cases causing localized transmission to health care workers.

Chief medical officer of health Dr. Eilish Cleary recently spent ten weeks in West Africa helping the World Health Organization to fight the Ebola virus. Above she is looking at the epidemiology of the outbreak in Nigeria.

Dr. Cleary is in Port Loko, Sierra Leone with a team of district public health staff after decontaminating the

accommodations occupied by an international aid worker who contracted Ebola. The aid worker did subsequently recover.

The three most affected countries have Atlantic Ocean coastlines and the crescent-shaped Guinea wraps around Sierra Leone and most of Liberia. Guinea has extensive mineral wealth and Sierra Leone is rich in diamonds. Liberia was relatively calm until the intensive civil war during the 1990's that left the country in economic ruin, with endemic unemployment and illiteracy. Sierra Leone also recently emerged from a decade of brutal civil war in 2002, perpetuated by the trade in "blood diamonds". Economic growth has occurred but the ruinous effects of the war are still felt today. Guinea too has had an ongoing history of tyrannous governments and tremendous civil unrest.

The social and economic effects of recent civil wars and unrest have

resulted in extreme poverty, low literacy and education, weak and fragile infrastructures, and lack of access to health care. The brutality of the conflicts has also mentally and/or physically traumatized considerable proportions of the population. This has resulted in significant fear and distrust of government and foreigners.

The United Nations Human Development Index (HDI) measures the average achievements of a country for three basic components – a long and healthy life, access to knowledge and a decent standard of living. According to the 2013 HDI values, these countries are among the poorest countries in the world. Liberia ranks 175 out of 187 countries, Guinea is 179 and Sierra Leone is 183. Canada is eighth. In Canada there are approximately 210 doctors for 100,000 persons; compared to one or two doctors in the Ebola affected countries (not taking into account the significant number of

health care worker deaths due to the current EVD outbreak).

Previous outbreaks of Ebola only occurred in central Africa, have been limited in size and geographic spread, and were typically in remote areas. The first cases of Ebola virus disease appeared in Guinea in December 2013 in districts bordering both Sierra Leone and Liberia. It took more than 3 months to determine Ebola was the cause of the outbreak, due in part to the unfamiliarity of local health care workers with this disease, which was thousands of kilometers from its typical stomping grounds. By June, the epidemic had expanded to urban areas in Sierra Leone and Liberia, leading to increased ease of transmission through densely populated areas and risk of international spread. The hot zone of intense transmission had a porous border with easy movement between countries. Coordinating control efforts was further complicated by poor communication infrastructure, multiple language barriers, fear and anxiety of a fatal disease without a cure, and cultural behaviors that resulted in continued transmission, for example, funeral practices.

The impoverished health care systems in these countries had very limited equipment or resources to respond, and in many cases people preferred care at home with family members, which increased community transmission risks. To date, subsequent control efforts have been insufficient to stop the spread of Ebola and the situation remains serious. Traditional control efforts need to be strengthened, including early diagnosis, patient isolation and care, contact tracing and

monitoring, infection control, safe burials, community engagement and support from the international community. That being said, there have been many inspiring stories that illustrate the courage, dedication, ingenuity, and tireless efforts of West African people and international aid agencies in the face of this monstrous crisis.

Tragically, the effects of EVD in the most affected countries will not dissipate when the outbreak is declared over. The outbreak has significantly disrupted trade and agriculture, as well as community and family level survival, which could lead to ongoing poverty, hunger and desperation. It may not make the international news, but the daily lives of many West Africans will continue to be immensely challenging.

Although there are many reasons why the outbreak has become so extensive in West Africa, imported cases have also illustrated that developed nations are not invulnerable to Ebola. It has reinforced the need for health care workers to be vigilant for illness in returning travelers, as well as for health care facilities to ensure that protective environments, policies, procedures and equipment exist for health care staff. There is a fine line that needs to be walked between ensuring that those outside the global outbreak zone are protected, and ensuring sufficient aid and resources get into the 'hot zone' to stem the tide at the source.

But perhaps most importantly, this outbreak should be seen as a wake-up call to the importance of addressing global health equity and resources. Such crises are not contained by geographic or political boundaries. As the Director-General of the WHO

Dr. Margaret Chan states:

“Ebola for 40 years was an African disease. The world this time has learned a lesson: The world is ill-prepared for severe, sustained public health emergencies.”

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Dr. Eilish Cleary helped fight Ebola's spread in Nigeria. New Brunswick's Chief Medical Officer of Health says she learned valuable lessons about the disease.





**ONLINE  
SUPPORT FOR  
WOMEN  
EXPERIENCING  
PARTNER  
VIOLENCE**

iCAN Plan 4 Safety Project

By KELLY SCOTT-STOREY

Intimate partner violence (IPV), a pattern of physical, sexual, and psychological abuse directed toward a woman by a partner, affects 1 in 4 Canadian women in their lifetime and threatens women's physical and emotional safety.<sup>1,2,3,4</sup> It is a universal phenomenon affecting women regardless of age, ethnicity, socioeconomic status, level of education or religion.<sup>5</sup> Violence is known to have a significant impact on both physical and mental health, often with long-term consequences even after the abuse has ended.<sup>6,7,8</sup> Nurses, in all aspects of their work and within their personal communities, will encounter women who have experienced abuse/violence. Being aware of what resources are available is an important step in helping women.

Violence against women (VAW) services are critical community resources, but fewer than 1 in 5 Canadian women who experience partner violence access these services.<sup>9</sup> Rural, Aboriginal, racialized, immigrant, sexual minority women and women who prioritize privacy face particular barriers to information and support to help them decide what to do about their situations. Some of these women may be more willing or able to seek information or support online.

A team of researchers from Western University and the Universities of British Columbia and New Brunswick have developed the first *online* safety planning tool for Canadian women who are experiencing abuse/violence from a current or ex-partner. *iCAN Plan 4 Safety* is a personalized, safety decision aid which women access securely and confidentially from a computer or tablet.

In the tool, women complete questions and activities to help them identify their priorities and safety risks. This information is used to create a tailored Action Plan which is unique to each woman's priorities, preferences and living situation. This plan includes information and options (or tips) for managing issues of concern to women, including contact information for existing services or resources that may be helpful. The plan can be accessed online at any time (or printed if safe to do so) and updated by the woman as her situation changes.

*iCAN Plan 4 Safety* was not developed as a replacement for shelters or other

counselling and support services, but as another option for women who may never access these services or to help them find a local service that fits with their needs.

In developing this online tool, many people gave generously of their time to help us "get it right". We consulted with experts from varied sectors (e.g., women's shelters, victim's services, police, legal supports, community-based VAW services, mental health and health care) to ensure that the information we included is accurate and appropriate for diverse groups of Canadian women. We also pilot tested the online tool with 30 stakeholders (15 service providers and 15 women with lived experience) and, based on their feedback about its content, format and ease of use, we refined the tool.

We are now testing whether *iCAN Plan 4 Safety* actually helps women make decisions and take actions to improve their safety, and improves their mental health. To do this, we have launched a national study funded by the Canadian Institutes of Health Research. We are recruiting 450 women to take part in this study. Our goal is to reach women who may be struggling with issues on their own and who may not necessarily be accessing VAW services.

Women who may be interested in participating in the study can call the study line at 1-844-264-4226, email [nb@icanplan4safety.ca](mailto:nb@icanplan4safety.ca) or visit the study homepage at [www.icanplan4safety.ca](http://www.icanplan4safety.ca).

For further information on this study, please contact Jeannie Malcolm, New Brunswick Research Coordinator ([jeannie.malcolm@unb.ca](mailto:jeannie.malcolm@unb.ca)), or Investigators Judy Wuest or Kelly Scott-Storey ([kscottst@unb.ca](mailto:kscottst@unb.ca)).

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## A woman is eligible to participate in this study if she:

- is experiencing abuse from a partner or ex-partner (if ex-partner, separated less than 12 months)
- lives in Ontario, BC, or New Brunswick
- has access to a safe computer and Internet
- is 19 years of age or older
- speaks English



NANB VIRTUAL FORUM

NURSING  
PRACTICE AND  
ASSISTED  
**Death**

By DR. TIMOTHY CHRISTIE

**O**n February 06, 2015, the *Supreme Court of Canada* ‘struck down’ the *Criminal Code* provisions that prohibited physician-assisted death (more popularly known as physician-assisted suicide). The Court ruled that grievously ill patients have a legal right to assistance with the termination of their life. The ruling is as follows:

Section 241(b) and s. 14 of the *Criminal Code* unjustifiably infringe s. 7 of the *Charter* and are of no force or effect to the extent that they prohibit physician-assisted death for a competent adult person who (1) clearly consents to the termination of life and (2) has a grievous irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition.

The federal and provincial governments have one year to develop new legislation that respects this right. The implications for registered nurses in New Brunswick (and the rest of the country) are profound and many pressing issues will have to be resolved over the next year. Therefore, NANB hosted an on-line discussion and asked New Brunswick registered nurses the following three questions:

1. What would be the standard for determining that a particular patient is competent enough to consent to the termination of his or her life; that he or she has a ‘grievous irremediable medical condition;’ or that the patient is enduring intolerable suffering?
2. Under what conditions could a nurse be forced to, or refuse to, participate in assisted death?
3. When, where, and how should nurses have discussions about assisted death with patients?

## Results

**Question 1:** The overwhelming response to the first question was that the determinations of: A) whether the

*“Although I agree with this ruling and know it will help bring an end to the needless pain and suffering that goes on at the end of life, I can’t help but wonder how insurance companies and beneficiaries of life insurance may hasten the decision to end a life based on personal financial gains or losses.”*

*“I also cannot believe that people think that the patients who do not choose that option (assisted-death) are not dying with dignity. [ ]... there are wonderful palliative care nurses who have assisted patients and relieved the suffering not only of the dying patient but of their family and had that patient die with the highest dignity. One must wonder if it is not the society that cannot bear suffering, not the patient and this alternative would ease the society not the patient. Dignity for who?”*

patient is mentally competent, B) whether he or she has an irremediable medical condition, and C) whether he or she is enduring intolerable suffering, must be made by the physician and patient collaboratively. Special safeguards and strict criteria will have to be established to guide these decisions. Furthermore, there is a very real concern about patients who satisfy these criteria (i.e., mentally competent, irremediable medical condition, and intolerable suffering), but do not have a sincere wish to die and could be somehow pressured or coerced by other people (who may be very well-intentioned, but whose intentions are inconsistent with what the patient really wants). Although, on the surface, the patient’s consent might appear to be voluntary, there will have to be special processes to guarantee that the patient’s consent is “authentic” as well.

**Question 2:** There was a unanimous consensus that nurses should have the right to refuse to participate in this process. Many respondents stipulated that patients have the right to have assistance in dying; nevertheless, individual nurses should not be forced to participate if participation would violate one or more of their idiosyncratic beliefs. They thought that there would be a professional obligation to ensure that the proper referrals were made; however, individual nurse participation in assisted dying must be ultimately voluntary. The most important precedent for this is nurse participation in performing abortions.

**Question 3:** Most of the virtual discussion participants were of the opinion that nursing practice already involves having difficult discussions with their patients and that discussions about assisted dying would be no different. For example, registered nurses routinely discuss difficult issues with their patients like withdrawing or withholding life-sustaining treatment, they have difficult discussions around “code status,” and are constantly confronted with heart-breaking circumstances that require a professional response. Although assisted dying would be somewhat of a new discussion, it is in no way fundamentally different from what occurs in current nursing practice.

# LA MÉNŌPAUSE

## au jour le jour

Découvrez comment alléger vos symptômes

Dr Réjean Savoie  
Gemma A. Gallant, Ph.D.



BERGER

## Discover the Symptom Management Diary for Perimenopausal and Menopausal Women

By GEMMA AUCOIN-GALLANT & DR. RÉJEAN SAVOIE

Our Symptom Management Diary for Menopause is a tool developed to help perimenopausal and menopausal women maintain their quality of life. Most women (80%) experience hot flashes, which can vary in intensity. More than half (60%) have trouble sleeping. Furthermore, half of them (50%) experience vaginal dryness with or without pain during sex. Considering the very high percentage of women who experience symptoms and the severity of these symptoms, there is reason to believe that a large number of women would benefit from keeping a diary focused on symptom management. The Society of Obstetricians and Gynaecologists of Canada (SOGC) recommends that women take responsibility for their own health by adopting a healthy lifestyle. Thus, this diary is a practical tool that nurses can recom-

mend to perimenopausal and menopausal women.

Self-management of symptoms involves asking questions in order to reduce or suppress them. The diary is based on a problem-solving process that usually unfolds in four stages:

- identify symptoms and specify their degree of intensity,
- specify one's intentions,
- select actions to undertake, then take action,
- assess the effectiveness of actions taken.

We add a fifth stage to this process, which is consultation. Based on Dr. Réjean Savoie's advice, women learn in what circumstances they should consult their physician. The follow up to the consultation is documented. The diary

includes three parts for this process. The first part is one's personal history: women can describe their marital relationship, accessibility to the health system, lifestyles habits and gynecological history. The second part focuses on nine common symptoms: hot flashes, sleep disorders, physical tiredness, irritability, weight gain, vaginal dryness, anxiety, urine leakage and pain during intercourse. Each of these symptoms is described: whether the symptom is present or not, and its intensity if it is. Women select and incorporate to their daily life as many actions as possible in order to achieve satisfying results, document the number of actions taken, then assess the effectiveness of the actions. They also specify if they consulted their physician. If so, they document the follow up. Let's take the example of vaginal dryness, experienced by half of women. Vaginal dryness is a lack of lubrication at the opening and on the walls of the vagina. In the menopause diary, the management of this symptom will be as shown on page 29.

In the last part of the diary, women can document the results of tests recommended for this age group.

You can find a detailed version of this diary with all the other symptoms in our book titled *La ménopause au jour le jour : Découvrez comment alléger vos symptômes*. The preface was written by Dr. Michel P. Fortin, past president of the SOGC, one reason being that it conforms to the SOGC recommendations. The book can be a reference tool for nurses in order to encourage and support women to take responsibility for their health.

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## Is the symptom present?

I experience vaginal dryness:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Intensity of vaginal dryness:	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High

## Management

To reduce vaginal dryness, I select recommended actions and incorporate them in my daily life. I:

<input type="checkbox"/>	Communicate openly with my partner.
<input type="checkbox"/>	Express my concerns, my fears and desires to my partner.
<input type="checkbox"/>	Feel sexual desire again thanks to the tenderness, love and fondness expressed through words and gestures.
<input type="checkbox"/>	Give a lot of importance to cuddling.
<input type="checkbox"/>	Learn to relax before having sex.
<input type="checkbox"/>	Enjoy getting there and take my time with foreplay.
<input type="checkbox"/>	Have sex regularly, at least twice a week.
<input type="checkbox"/>	Use water-based moisturizers and lubricants.
<input type="checkbox"/>	Do Kegel exercises regularly to strengthen my pelvic floor.
<input type="checkbox"/>	Avoid washing my genitalia more than twice a day.
<input type="checkbox"/>	Use a mild pH-neutral soap to avoid altering the acidity of the vaginal flora.
<input type="checkbox"/>	Use panty liners only for urine leaks.
<input type="checkbox"/>	Avoid vaginal douching.
<input type="checkbox"/>	Prefer underwear made of natural fibers (cotton).
<input type="checkbox"/>	Avoid wearing pants that are too tight.
<input type="checkbox"/>	Avoid using scented products, such as scented toilet paper.

Number of actions selected \_\_\_\_ / 16

## Effectiveness of Actions

I took an average of \_\_\_\_ /16 actions during \_\_\_\_ weeks, with a monthly effectiveness average of \_\_\_\_\_.

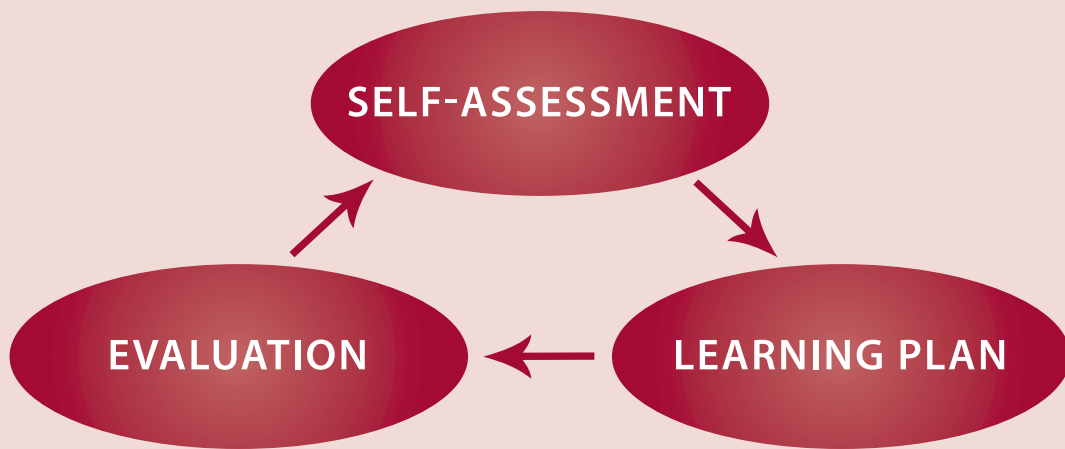
I find these actions:	<input type="checkbox"/> Effective	<input type="checkbox"/> Somewhat effective	<input type="checkbox"/> Not effective
-----------------------	------------------------------------	---	--

## Advice from Dr. Réjean Savoie:

If vaginal dryness persists after taking action or there is pain or other local symptoms such as itching or bleeding, it is recommended that you consult your physician.

## Follow up to the consultation:

I consulted my physician:	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Physician's recommendation:						
I followed the recommendation:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Completely	<input type="checkbox"/> Regularly	<input type="checkbox"/> Somewhat regularly	<input type="checkbox"/> N/A



# CCP Audit Results

By ODETTE COMEAU LAVOIE

TABLE 1 *Language*

	RN	NP
English	261	7
French	134	2

TABLE 2 *Areas of practice*

	RN	NP
Direct care	314	9
Administration	57	—
Education	22	—
Research	1	—
Other	1	—

TABLE 3 *Employment setting*

	RN	NP
Hospital	241	1
Community	77	8
Nursing Home	55	—
Educational Institution	10	—
Other	12	—

404 Members Audited

## Important CCP Facts

CCP Worksheets are updated yearly prior to registration renewal

Online interactive CCP module is available via My Profile

2015 RN CCP Worksheets are based on the current *Standards of Practice for Registered Nurses (2012)*

Annual CCP requirements are mandatory for all RNs and NPs

Recent graduates are **ONLY** exempt when they renew their registration the first time

Members on extended leave **MAY** be exempt

Self-assessments are to be completed **EARLY** in the calendar year

Examples of completed CCP

## CCP AUDIT RESULTS

In accordance with the NANB Bylaws, an annual CCP Audit is to be conducted to assess members' compliance with CCP requirements. The CCP requires all members to reflect on their practice through self-assessment, to complete a learning plan, and to evaluate the impact of their learning activities. Registered nurses (RNs) and nurse practitioners (NPs) must comply with CCP requirements to maintain their registration and confirm if they have or not by answering a compulsory question as part of the annual registration renewal process.

This past fall, 404 members (395 registered nurses and nine registered nurse practitioners) were required to complete a CCP Audit questionnaire prior to renewing their registration. Members were asked to complete an online questionnaire related to their CCP activities for the 2013 practice year. Eighty-seven percent of audited members completed the questionnaire online; the other 13 percent requested and completed a paper copy of the questionnaire. The completed questionnaires were examined and assessed for compliance with the program. NANB was looking for evidence of the following three steps of the CCP:

1. Completion of a self-assessment based on standards of practice;
2. Development and implementation of a learning plan including at least one learning objective and learning activities; and
3. Evaluation of the impact of the learning on nursing or nurse practitioner practice.

### What did members report?

#### SELF-ASSESSMENT

##### Indicators

In 2013, the RN CCP worksheets were based on the NANB *Standards of Practice for Registered Nurses* (2005). RNs chose these two indicators more frequently than any other:

- 2.1 – I demonstrate competencies relevant to own area of nursing practice.
- 3.2 – I continually assess own practice to identify learning needs and opportunities for improvement

NPs assessed their practice based on the NANB *Standards of Practice for Primary Health Care Nurse Practitioners* (2010) and chose a variety of indicators.

#### LEARNING PLAN

##### Learning objectives

RNs and NPs included their main learning objective on the audit questionnaire. RNs included learning objectives such as:

*“to further develop my knowledge of current peri-operative standards and evidence based practice”*

*“to develop and enhance my communication skills with coworkers”*

*“to gain confidence and knowledge in the role of mentoring nursing students”*

*“to increase my knowledge in order to competently manage, teach/mentor my employees to assure quality of care to our clients”*

One NP included the following learning objective:

*“to learn best evidence for diagnosing, managing and achieving target with diabetes according to new 2013 Canadian Diabetes Association guidelines”*

##### Most popular learning activities

Reading articles /books; In-services / Workshops; Accessing the Internet

##### Most popular CCP tools

Self-Assessment Worksheet; Learning Plan Worksheet

#### EVALUATION

Members commented on the impact of

their learning on their nursing practice and included statements such as:

*“As a result of my learning, I felt more comfortable caring for the patient and was more confident in my practice.”*

*“I can now take a more holistic approach and comfortably address the emotional and spiritual needs of the client and family.”*

*“I feel more motivated, more client focused and more comfortable working with a client as opposed to working for a client.”*

*“I am better able to recommend services to clients and inform them of available resources.”*

#### Results

As a result of the audit, 17 RNs and two NPs required follow-up by an NANB Consultant to obtain clarifications on the information they had submitted on their audit questionnaire. It was subsequently determined that all but one audited member had met the CCP requirements. The member, who did not meet the CCP requirements for the 2013 practice year, was provided with education and support to comply with the mandatory requirement for the current practice year. Additional follow-up is required with this member to confirm compliance and continued registration.

#### What's next?

The next CCP Audit will be conducted in the fall of 2015. At that time, a random sample of approximately 430 RNs and 10 NPs will be audited on their CCP activities for the 2014 practice year. These members will be required to complete the online CCP Audit questionnaire prior to the fall registration renewal.

Members who have questions related to the CCP or who experience difficulty in meeting CCP requirements should visit the Continuing Competence Program section on the NANB website under the Professional Practice heading or contact a Nursing Practice Consultant at 1-800-442-4417. ■



## *Be a Part of the Celebrations!*

### NANB CENTENNIAL PLANNING

**2**016 marks the Nurses Association of New Brunswick's (NANB) 100<sup>th</sup> year of regulating the nursing profession in New Brunswick; guided by a mandate to protect the public and to support nurses by promoting and maintaining standards for nursing education and practice, and by promoting healthy

public policy.

To celebrate together, the NANB is asking RNs/NPs to participate in the planning and execution of what will undoubtedly be a year recognizing the nursing profession and its contribution to nurses shaping nursing for healthy New Brunswickers.

If you are interested in volunteering for events throughout the year or would like to submit ideas, please email [100years@nanb.nb.ca](mailto:100years@nanb.nb.ca). Suggestions will be collected and provided to the NANB Board of Directors for approval.



Canadian Nurses  
Protective Society

# infoLAW<sup>®</sup>

## Mobile Devices in the Workplace

Increasing numbers of nurses are using smartphones and other mobile devices to communicate with colleagues and patients by telephone, text message or email and even to photograph wounds or skin conditions. Understanding the risks involved in using mobile devices may prevent potential adverse personal and professional consequences.

### Risk Management Considerations

#### *Privacy Breaches*

Unauthorized disclosure of a patient's personal health information (PHI) is a risk because mobile devices, such as smartphones, generally store and retain data on the device itself. Also, mobile devices are vulnerable to loss and theft because of their small size and portability.

Nurses have a professional and legal obligation to protect the privacy of patients' PHI. This is commonly accomplished through the use of strong passwords and encryption to safeguard electronic PHI being communicated through mobile devices. Employers generally have policies that require the use of such safeguards.<sup>1</sup> Without encryption, any emails, voicemails, pictures or text messages containing a patient's PHI could be inappropriately accessed or disclosed if the mobile device is lost, stolen or inadvertently viewed by a friend or family member. Unauthorized disclosure can also occur during the wireless transmission of personal data.<sup>2</sup>

There have been several reported privacy breaches in Canada involving mobile technology in the healthcare sector. Recently, a nurse lost an unencrypted USB key that contained the personal health information of approximately 83,500 patients who had been immunized for H1N1. The memory stick was not encrypted. This incident resulted in an investigation by the privacy oversight office and a class action lawsuit. In another case, a nurse working for a large teaching hospital had her laptop stolen from her car. The laptop contained records of approximately 20,000 patients. It was determined that the laptop was not encrypted, despite the hospital's stated policy.<sup>3</sup> These cases highlight that encryption is now the expected safeguard for data protection on mobile devices.<sup>4</sup>

#### *Workplace Integration*

Some employers have prohibited the use of personal mobile devices during work hours or in certain areas of the workplace, while others provide nurses with employer-owned mobile devices for clinical use. More commonly, healthcare employers are implementing bring-your-own-device (BYOD) programs in which employees are permitted or even encouraged to use their own mobile devices in the workplace. Employers with BYOD programs will generally implement corresponding policies, protocols and systems that enable healthcare practitioners to use wireless devices to securely interact with other healthcare practitioners and to access patient records.<sup>5</sup> However, the use of personal mobile devices without secure workplace integration, support (including the implementation of adequate encryption modalities) or knowledge can create an increased risk of a privacy breach and other adverse consequences.

Vol. 21, No. 1,  
November 2013

**"Encrypt Your  
Mobile Devices:  
Do It Now"**

**Ann Cavoukian,  
Information &  
Privacy  
Commissioner  
of Ontario**



**More than  
liability  
protection**

### **Managing Expectations**

In some cases, nurses, including nurse practitioners, are using their mobile devices to communicate directly with patients, both during and after hours. In addition to managing the privacy and security concerns associated with these communications, nurses are reminded to manage patient expectations about permitted purposes of these communications, how quickly they will respond to enquiries and what to do if the nurse is unavailable. Reasonable limits and response times can then be clearly communicated to patients.

### **Infection Control**

Studies have found high bacterial contamination, (including MRSA), on mobile devices, which are likely to have originated from the hands of the healthcare workers.<sup>6</sup> Since mobile devices are frequently handled and carried into multiple patient rooms, nurses are reminded to disinfect them often.

## **Consider Implementing the Following Precautions for the Security of Mobile Devices**

- Use employer-issued mobile devices, where available, instead of your own device.
- Limit the use of your device for recording, transmitting or storing patients' PHI, unless there are clear organizational policies permitting this practice.
- Work with your employer's information technology department, if using your own device, to ensure your device has features and software that comply with your employer's BYOD policies.
- Follow employer policies and only use employer-issued mobile devices for taking photographs or videos of patients for clinical purposes.<sup>7</sup>
- Have and use strong password and encryption capabilities.
- Limit the amount of PHI stored on your device or, de-identify the PHI it contains.
- Turn off or do not enable WiFi and Bluetooth on any device containing or having access to patients' PHI without confirming the connection is secure and protected.
- Transfer patient health care information recorded on your mobile device to the patient's record as soon as practical, then use wiping software to permanently erase the information from your device.
- Use the time-out feature on your device, such that it automatically locks when not in use.
- Store your mobile device in a secure location; avoid leaving it unattended or allowing others to have access to it.
- Confirm whether your device has the capability to remotely erase data stored on the device, in the event that it is stolen.

Please contact CNPS at 1-800-267-3390 if you have questions regarding the professional implications of the use of mobile devices in the workplace and visit our website at [www.cnps.ca](http://www.cnps.ca).

- 
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# RN Candidates Election Experience

*Bernadine Gibson*

EDITOR'S NOTE: In last September's provincial election, three registered nurses presented themselves as candidates for various parties: Helene Boudreau, NDP (Memramcook-Tantramar); Bernadine Gibson, Liberal (Fredericton West-Hanwell); and Sharon Scott-Levesque, NDP (Fredericton York). All three candidates were invited to share their personal campaign experience. NANB will publish other submissions when received.

## What motivated you to let your name stand as candidate in the recent provincial election?

My interest in putting my name forward as the Liberal candidate for Fredericton West-Hanwell was influenced by a couple of factors. Firstly, like many residents, I wanted a candidate who had lived in the riding and knew our challenges. As a long-time resident of Hanwell and having raised my family in the area, I felt I had a good sense of what kinds of issues were troubling the residents. I appreciated the Liberals' citizenship engagement efforts, which reflect my style of involving people in planning and implementing change. As a nurse, I feel



it is important to be engaged, to advocate, and to work with people.

## What was the most challenging/surprising aspect to political life?

One of the more challenging components of campaigning is to hear the emotion in the struggles that people live with daily. The toughest conversations were with people who have lost hope in the leaders and the direction of our province. Reviving hope will be a challenging mandate for this government.

On a positive note, I was amazed at the detail people gave me—a stranger at their door—asking them what was the most pressing issue. One door I knocked on brought it all home. This lady, struggling financially, having health care concerns, was extremely isolated and lonely. In less than a year, she had lost her husband, a daughter, and a beloved pet. She was grieving. I sat with her and just talked about the importance of these people in her life over a two hour period. No election rhetoric—just being in the moment.

## What three messages relating to healthcare were included in your platform/vision?

Although my platform aligned with the Liberal party's election platform, three key areas stood out for me the most:

accessibility, financial management, and programming.

**Accessibility**—timely access to the right resource at the right time by the right service provider is important not only to the individual needing the service but the provider. We discussed the issues and the solutions. People recognize that we need to focus our investments in the right programs and resources. Silos need to be removed so that flow through healthcare is as seamless as possible.

**Financial management**—healthcare is one of the largest budgets in government across the country. Looking for opportunities to conserve dollars, investing in programs such as primary health care, and acknowledging that the present healthcare system is being funded on antiquated concepts are the first steps to realigning dollars so that they follow the patient rather than forcing the patient into a healthcare model that is 50 years old.

**Programming**—knowing what the people need for services rather than what the system offers will require honest and open dialogue amongst all stakeholders. We have some very good programs, like the Extra Mural Program, which is internationally recognized, that continue to need investment. But I also heard about areas that require further development, areas such as mental health services and senior care options. We need to consider more partnerships between health and external partners like Social Services, Education, Justice, and community organizations to enhance opportunities for innovation, growth and development of holistic programs, knowledge exchange and cost sharing.

## What advice would you give other RNs/NPs considering a future in politics?

I would tell my nursing colleagues, be open, honest, accessible, and ready to listen. People need nurses to step up and help in New Brunswick. We need the nurse's voice, experience, and perspective in the Legislature. We need the nurse's compassion, advocacy skills, and humanity. Be ready to be challenged! Nurses are ideally trained through our educational programs, work life, and what motivated us to become nurses in the first place, a profound desire to care for others and in turn will be exceptional political leaders. ■



## NANB Participates in CNA's Annual Parliament Hill Lobby Day

CNA hosted a successful annual 'Hill Day' where board members, jurisdictional executive officers and staff participated in 24 meetings with MPs from all parties, political staff and a number of Senators. Overall, MPs and staff were receptive to CNA's recommendations and showed strong interest in supporting actions to improve healthy aging and seniors care. CNA also submitted four innovations to Health Canada's Advisory Panel on Healthcare Innovation which included: advancing indigenous health and healing; health and where the home is: healthy aging; navigating Canada's complex health systems: deploying registered nurses; palliative approach and end-of-life care for all Canadians. ■





## **Nursing on the Front Lines : Meet Crystal Killam, RN**

### **Where did your nursing career begin and how has it evolved?**

After graduation, I started working on the in-patient unit at the Sussex Health Center in a temporary position before being hired full-time. When the job cuts began, I was the last full-time RN hired on the in-patient unit which meant I was the one to get bumped. I chose a part-time position in the IVDH at the Sussex Health Center, where I am currently working. I also continued working on a casual basis on the in-patient unit and most recently in the Sussex Extra Mural Department.

Although I graduated only three years ago, I have seen my nursing career advance in ways I had only dreamed of. I have always wanted a community nursing career and although it was not the most ideal way of changing positions, I am pleased with where my nursing career has taken me thus far.

### **What is your vision for the future of New Brunswick's health care system?**

I would love to see the family centered approach continue. It is so important to include the family in the care we provide as nurses and all health care



Crystal Killam has recognized early in her nursing career that every day is an opportunity to learn.

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providers for that matter. The patient's family is a great resource when trying to get a full picture of the patient's health. I have seen several times where the patient does not want to express their true feelings and the family are able to shed some light on what the patient is actually feeling. For example, when completing an assessment on an oncology patient we ask if the patient has been nauseated, more tired, etc. The patient will on occasion state that they have been feeling about the same as usual and when the family steps up to say "that's not what you told me yesterday" the patient then elaborates. If we did not include the family in these discussions we may have treated the patient differently.

**In general, what do you think is the greatest challenge that nurses face in the workforce today?**

Although each unit and each individual nurse has their own challenges, I think that a major challenge across several units would be working short staffed. As nurses, we want to provide safe, competent care in a timely manner and

working with a low RN to patient ratio presents challenges. Not only does this increase the possibility of errors but it also cuts into the nurse-patient relationship. When we aren't able to take the time to hear our patients' full stories, as we are busy passing meds, answering call bells and so forth, it is challenging to provide holistic nursing care.

**What advice would you give to new graduates entering the nursing work force?**

One piece of advice I would pass along to a new graduate would be to ask questions and lots of them! To not be afraid to ask for help and don't think they have to know it all. I have been blessed with the co-workers I have had the opportunity to work with, as they have been wonderful mentors and have been great at answering any and all questions over the last three years. It is important for new grads to know that each and every day is a learning experience and to not shy away if they come across something unfamiliar as that is the time to take the opportunity to learn.

# Get Involved! Play an Active Role in Your Association

## Committee Members Needed

Do you promote your profession? Will you share your expertise? The Nurses Association of New Brunswick (NANB) is presently looking for members interested in becoming involved in various committees. Factors considered when selecting committee members are:

- geographic area;
- language;
- gender;
- years of nursing experience (at least five years); and
- area of nursing experience.

## Public Members Needed

NANB is currently seeking interested members of the public to serve as public directors on the Board of Directors and as public members on the Complaints Committee and the Discipline and Review Committee on a voluntary basis. Public members are individuals who are not now, and have never been, registered nurses. Public members should have:

- An interest in health and welfare matters;
- Previous committee or board experience;
- Time to devote to the role and some knowledge about the nursing profession;
- Volunteer or work experience that demonstrates acting in the interest of the public.

*The Nurses Act* mandates your professional association to maintain a number of standing committees, which includes the Complaints Committee; the Discipline/ Review Committee; and the Nursing Education Advisory Committee. These committees allow members to be a part of a process that ensures the public is protected and that New Brunswickers receive safe, competent and ethical nursing care.

If you would be able to contribute to NANB's Board of Directors or the standing committees, please forward your curriculum vitae to Jennifer Whitehead at [jwhitehead@nanb.nb.ca](mailto:jwhitehead@nanb.nb.ca) or by fax to 506-459-2838. For additional information, you may contact the Association at 1-800-442-4417.

## Committee Members

Name

Address

Registration No.

Current Area of Practice

Telephone No.

Email

Language  English  French

### Areas of interest (please check):

Nursing Education Advisory Committee  
(currently recruiting an experienced clinical nurse)

Complaints Committee (This committee conducts the first step in the Professional Conduct Review (PCR) process and determines if further action is required. Meetings occur by teleconference.)

Discipline / Review Committee (This committee conducts the second step in the PCR two-step process. Committee members examine evidence, hold hearings and make decisions.)

Other

Please return this form to NANB at 165 Regent St.,  
Fredericton, NB E3B 7B4 or fax to 506-459-2838.

# NURSING STUDENTS CARE FOR PEOPLE WITH

By DR. ROSE MCCLOSKEY, DR. KAREN FURLONG & CATHY O'BRIEN-LARIVEE

# Dementia

## A Community Partnership to Help Prepare the University of New Brunswick Saint John

**EDITOR'S NOTE:** The authors would like to express their appreciation to all staff at Loch Lomond Villa for their willingness to accommodate nursing students. To Dr. Linda Yetman, Shelley Shillington and Cindy Donovan for helping to prepare and deliver the event. Kerri Gillies, Kathleen McWhinney, Dr. Lisa Keeping-Burke, Cynthia Bonnar, Anne Timms, Paulette Meister and Shauna Figler for assisting with the delivery of the Virtual Dementia Tour®.

According to the World Health Organization (2012), dementia is one of the greatest public health challenges of the 21<sup>st</sup> century. The incidence of dementia in Canada is estimated at one new case every five minutes, and by 2038, a new case will be identified every two minutes (Alzheimer's Society of Canada, 2010). With this projected increase in the number of people with dementia, it is likely that future nurses will be responsible for caring for this population, regardless of the practice setting. To this end, it is imperative that nurse educators create opportunities for nursing students to develop the necessary skills to care for people with dementia.

Preparing future nurses to care for this special group of people presents unique challenges as quality dementia care extends beyond knowledge and skills; care delivery must embody empathy and sensitivity. Experts in the health-care field assert that the development of empathy and sensitivity

in practitioners promotes quality care, and may help to minimize anxieties and stressors that are often experienced when providing care to people with dementia (Cahill, O'Shea & Pierce, 2012; Zimmerman, Shier & Saliba, 2014).

In an effort to prepare students to provide quality dementia care, University of New Brunswick (UNB) Saint John nursing faculty have obtained certification and purchased a license to deliver the Virtual Dementia Tour® to their nursing students. The Virtual Dementia Tour® is a simulated learning experience developed and patented by Second Wind Dreams Inc.—its primary goal is to build sensitivity and awareness towards people with dementia. The Virtual Dementia Tour® was created by award-winning geriatric specialist and Founder of Second Wind Dreams, P.K. Beville M.S. The Virtual Dementia Tour® ([www.secondwinddreams.org](http://www.secondwinddreams.org)). The Virtual Dementia Tour® helps students understand dementia from a person's perspective, allowing faculty to

**Pictured from left to right:**

Shelley Shillington, Director of Operations, Loch Lomond Villa; Kerri Gillies, Recreation Supervisor; Cathy O'Brien-Larivee, Senior Teaching Associate, UNB Saint John, Nursing & Health Sciences; Cindy Donovan, Chief Executive Officer, Loch Lomond Villa; Dr. Karen Furlong, Senior Teaching Associate, UNB Saint John, Nursing & Health Sciences; Dr. Rose McCloskey, Professor, UNB Saint John, Nursing & Health Sciences



integrate theory learned in the classroom setting with a simulated experience.

The nursing faculty partnered with management and staff of Loch Lomond Villa nursing home in Saint John to deliver the program. The University's Department of Nursing & Health Sciences has a well-established partnership with Loch Lomond Villa. This nursing home has served as a clinical practice setting for Bachelor of Nursing (BN) students for several years and has participated in and contributed to a number of research projects conducted by UNB graduate students and faculty. Similar to past experiences, Loch Lomond Villa welcomed the opportunity to help educate future nurses about dementia.

The Virtual Dementia Tour<sup>®</sup> was offered to students as part of an introductory communication course that included content on how to communicate with individuals with cognitive and sensory impairments. The course is followed by a clinical practice experience in a gerontological setting. Students who participated in the tour were required to wear physical and sensory altering equipment while completing a series of everyday tasks. Although some of the students had first-hand experience with dementia prior to The Virtual Dementia Tour<sup>®</sup>, others did not. Students who participated in The Virtual Dementia Tour<sup>®</sup> were surprised by the difficulties they encountered following clear instructions and completing everyday tasks. In a post-assessment of their experience, the vast majority of students admitted to feeling frustrated or anxious after completing the Virtual Dementia Tour<sup>®</sup> but believed the experience helped them

to become sensitive to the everyday challenges people with dementia face. Student feedback about the event included comments such as "I don't even understand how people are able to live with dementia", "I was very surprised at how scared and anxious I felt in that room and how upset I got", and "It's hard to believe what they go through. I understand better now why they get frustrated." This feedback validates faculty perceptions of the effectiveness of the program in helping to prepare students to deliver quality care to people with dementia.

When approached by nursing faculty about developing a partnership to deliver the Virtual Dementia Tour<sup>®</sup>, management and staff at Loch Lomond Villa were enthusiastic about sharing their resources and expertise with nursing students. Both partners recognized the tour as a positive strategy to achieve a common goal: quality care for those with dementia. Sharing resources contributed to shaping the necessary values and skills of the students who will someday become the care providers. Having the Virtual Dementia Tour<sup>®</sup> situated in the nursing home environment contributed to the authenticity and necessity of

developing attributes of empathy and sensitivity for those with dementia.

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# LYME DISEASE IN NEW BRUNSWICK

By LOUISE BILLINGS

**N**.B. nurses who are parents, nurses in emergency rooms, physicians' offices, cardiac care, medical units or after hour clinics need to be aware about Lyme disease. Think about this:

You are an active 40 year old and suddenly you wake up one morning and can barely get out of bed because of pain in your joints and severe fatigue consumes you to the point that you cannot take part in sports that you enjoy and you are having some difficulty walking. The symptoms get increasingly worse and you are diagnosed with arthritis in your knee. This does not make sense to you, as all your joints are painful and/or swollen, not just your knee. You are put on Celebrex and this relieves some of the symptoms, but you feel unwell. You know that you were bitten by a tick the previous year and ask your physician "Is it possible that I might have Lyme disease?" An Enzyme-linked Immunosorbent Assay (ELISA) is done and the results are negative, but you are getting sicker. In a few months you ask for another ELISA and it is also negative. At your own expense, you send your blood to a Laboratory in California and it returns with a positive result—you have chronic Lyme disease. Now you find that you will not be able to be treated in New Brunswick, so make an appointment to see a specialist in New York, again paying all expenses out of pocket. You are put on a treatment regimen and after 10 months of treatment you are well again, fully restored to health and requiring no medication.

This is an all too familiar story to

those of us who attend a Lyme support / advocacy group in Fredericton. This man was one of the lucky ones because he had only been ill for a year he persisted in spite of resistance in getting treatment and he recovered much more quickly than most.

My first encounter with Lyme disease was six years ago when I was asked to administer IV antibiotics to an 11-year-old girl who was visiting my church from Nova Scotia. For obvious reasons, I was unable to do so, but this sparked an interest in learning more about the disease.

Little did I know that just two years later my son would be diagnosed with chronic Lyme disease and forced to travel to Cape Breton for treatment. There was no physician that he knew of in New Brunswick who would treat him. This physician in Cape Breton no longer treats Lyme patients so, if my son's symptoms return, he will be forced to seek treatment in the U.S.



## The reality of Lyme disease in New Brunswick:

- We have hundreds of people in New Brunswick who are suffering with Lyme disease. The over one hundred with whom I have contact range in age from 4–65.
- Children are just as likely to contract Lyme disease as adults; however they will most likely present differently due to their inability to express their pain.
- Lyme disease is a multi-systemic disease and it is often called the

“great imitator”. This disease can imitate diseases such as MS, Parkinson’s, ALS, chronic fatigue syndrome, fibromyalgia, juvenile rheumatoid arthritis, arthritis, lupus and dementia.

- The causative agent of Lyme disease is the spirochete *Borrelia Burgdorferi*. This bacteria is carried by the black legged tick (deer tick) and is passed on to humans when they are bitten by the tick. After the initial transfer of the bacteria from the tick to the affected individual the spirochetes spread to organs and tissue in the body.



### The Black Legged Tick

- Not all black legged ticks carry the bacteria that causes Lyme, however a recent study completed by Dr. Vett Lloyd at Mount Allison University shows that the numbers of ticks in New Brunswick carrying the bacteria has risen from 15% to 40% ([www.cbc.ca/news/canada/new-brunswick/lyme-disease-ticks-spreading-in-new-brunswick-study-says-1.2636136](http://www.cbc.ca/news/canada/new-brunswick/lyme-disease-ticks-spreading-in-new-brunswick-study-says-1.2636136)).
- This tick can also carry bacteria causing anaplasmosis, bartonellosis, babesiosis and ehrlichiosis. It is not uncommon for Lyme patients in New Brunswick to also have one or more of these co-infections.
- New Brunswickers are at risk of being bitten by this tick anywhere in the province. I believe information published about two “endemic areas” in the province may give people a false sense of security, thus making them less vigilant unless they are visiting these areas.
- The black legged ticks are carried on animals such as mice, squirrels and deer. Larvae and nymphs of the black legged tick readily attach to migratory birds and are transported this way as well.
- The black legged tick takes a blood meal from an infected mammal.
- During the nymph stage the black legged tick is about the size of the period at the end of this sentence so they are easy to miss and because you will not feel them bite, many people do not remember being bitten by a tick.
- Less than 50% of the people I know with Lyme remember being bitten.

### Diagnosis of Lyme Disease

- Early diagnosis and treatment of Lyme disease is critical.
- Unfortunately diagnosis is difficult because symptoms vary from patient to patient.
- Some patients present with extreme fatigue and joint pain, others with neurological symptoms ranging from brain fog, numbness and tingling of face and extremities to seizures. Some present with all of these symptoms. Lyme disease can affect all systems: musculoskeletal, cardiac, gastro-intestinal and neurological.
- Lyme Carditis is serious; in 2013, three young men in Eastern U.S. died suddenly, suffering a cardiac arrest. The Centers for Disease Control released information that all three had Lyme disease but had never been diagnosed.
- Health Canada states that incidence of ERYTHEMA MIGRANS occurs in 70-80% of cases, with the bull’s eye occurring in 50% of those cases; some recent studies suggest that the bull’s eye appearance occurs less frequently (Stonehouse et al. 2007). It is important therefore that clinicians do not rely solely on the presence or absence of a bull’s eye rash for their diagnosis ([www.phac-aspc.gc.ca/id-mi/tickinfo-eng.php](http://www.phac-aspc.gc.ca/id-mi/tickinfo-eng.php)).
- Testing for Lyme disease in New Brunswick depends on these three factors: 1) a known tick bite, 2) erythema migrans, 3) a history of visiting or living in one of the two identified “endemic areas” in the province identified by Public Health Officials.
- Health Canada issued an alert in October 2012 stating the following “serologic test results are supplemental (emphasis added) to the clinical diagnosis of Lyme disease and should not be the primary basis for making diagnostic or treatment decisions” ([www.hc-sc.gc.ca/dhp-mps/medeff/bulletin/carn-bcei\\_v22n4-eng.php#a1](http://www.hc-sc.gc.ca/dhp-mps/medeff/bulletin/carn-bcei_v22n4-eng.php#a1)).
- I have been in contact with Lyme disease patients who live in all areas of our province. They have been infected in camp grounds, parks, their back yards, lake front properties, etc.
- 1,375 cases of Lyme disease were reported in Maine in 2013. It is estimated that these numbers are conservative ([www.cdc.gov/lyme/stats/chartstables/reportedcases\\_statelocality.html](http://www.cdc.gov/lyme/stats/chartstables/reportedcases_statelocality.html)).
- Lyme has been a reportable disease in Canada since 2009. The Public Health Agency of Canada currently has data for Lyme disease cases reported between 2009 and 2013\*:
  - 2009: 144 cases
  - 2010: 143 cases
  - 2011: 266 cases
  - 2012: 338 cases
  - 2013: 682 cases
  - 2014: The Agency is still validating reports from provinces and territories. The final figure will be confirmed and reflected here ([www.phac-aspc.gc.ca/id-mi/tickinfo-eng.php#sec22](http://www.phac-aspc.gc.ca/id-mi/tickinfo-eng.php#sec22)).
- Last year, 17 children from Nova Scotia ranging in age from 2–15 were diagnosed with Rheumatoid Arthritis. A rheumatologist at the IWK later discovered all 17 suffered from Lyme disease. Fifteen of these children recovered with antibiotic treatment and two children appear to have possible permanent joint damage. Most of these children did not recall being bitten by a tick and three had experienced a rash. (<http://news.nationalpost.com/2014/04/03/child-arthritis-cases-spike-as-lyme-disease-pushes-further-into-canada>)
- A complete list of possible symptoms of Lyme disease and how to safely remove an embedded tick can be found on the website for The Canadian Lyme Disease Foundation (CanLyme: <http://canlyme.com/>). ■

## YOU'VE ASKED

.....

### *As a Registered Nurse (RN), can I administer Botox or dermal fillers for cosmetic purposes?*

THE ANSWER IS YES. The use of Botox or dermal fillers for cosmetic reasons is referred to as a Cosmetic Medical Procedure (CMP). The Nurses Association of New Brunswick<sup>1</sup> (NANB) defines cosmetic medical procedures as procedures that are intended to *revise or change the appearance, colour, texture, structure or position of normal bodily features with the sole intention of achieving what the patient perceives to be a more desirable appearance or boosting the patient's self-esteem*<sup>2</sup>.

The mainstream use of MCPs should not be misinterpreted to mean that they are risk free. RNs who are involved in the administration of Botox or dermal fillers for cosmetic purposes must carefully examine their role and responsibilities when engaging in this practice.

Client assessment, treatment decisions and the prescribing of cosmetic medical procedures including, but not limited to, the injection of Botox and dermal fillers, fall outside the scope of practice of registered nurses. To support cosmetic medical procedures, the RN requires the direct involvement of a physician. The physician is responsible to obtain informed consent, establish an individualized treatment plan and write an order that includes dosage, location of injections and frequency/interval of administration. Changes to the treatment plan (new injection sites or different doses) require physician reassessment of the client. Like the administration of any other medications, when administering Botox or dermal fillers, RNs are responsible to practice in a safe, competent and ethical

manner and must practise in accordance with NANB's *Medication Administration: Practice Standard's*<sup>3</sup>.

RNs have the knowledge, skill and judgement to administer medications and/or substances by injection when ordered by an authorized prescriber but cosmetic medical procedures/tech-

*Client assessment, treatment decisions and the prescribing of cosmetic medical procedures including, but not limited to, the injection of Botox and dermal fillers, fall outside the scope of practice of registered nurses.*

niques are not part of the entry level preparation of RNs and should be considered as post-entry level procedures (PELPs)<sup>4</sup>. For the safety of clients, RNs should not perform any PELP before receiving relevant education and having demonstrated competence.

The administration by an RN of Botox or dermal fillers can take place in

various settings, provided that appropriate medical support is readily available to manage potential side effects. The presence of the physician is not always required when RNs perform cosmetic medical procedures; however, irrespective of the setting, due to potential risks, the physician must be present on site for initial injections of Botox and for all injections of dermal fillers. It is important to note that given the elective nature of cosmetic medical procedures, they fall outside the mandate of primary health care. Consequently, they are outside the scope of primary health care Nurse Practitioner (NP) practice and cannot be ordered or performed as part of NP practice.

For more information about the role of RNs in Cosmetic Medical Procedures, contact NANB's Practice Department at 1.800.442.4417 or by email at nanb@nanb.nb.ca.

#### REFERENCES .....

- 1 The Association 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.
- 2 [www.nanb.nb.ca/downloads/Cosmetic Medical Procedures\\_E.pdf](http://www.nanb.nb.ca/downloads/Cosmetic_Medical_Procedures_E.pdf)
- 3 [www.nanb.nb.ca/downloads/Med Standard Revised October 2013.pdf](http://www.nanb.nb.ca/downloads/Med_Standard_Revised_October_2013.pdf)
- 4 [www.nanb.nb.ca/downloads/Examining Requests for Post Entry Level ProceduresE.pdf](http://www.nanb.nb.ca/downloads/Examining_Requests_for_Post_Entry_Level_ProceduresE.pdf)



## NANB Adopts New Position Statement: Electronic Cigarettes and Flavoured Tobacco

At its' February meeting, the Nurses Association of New Brunswick Board of Directors adopted a new position statement titled: *Electronic Cigarettes and Flavoured Tobacco*.

Awareness, use and availability of e-cigarettes and flavoured tobacco has rapidly increased in New Brunswick, across Canada and globally. The safety of e-cigarettes and the vapour they emit has not been scientifically demonstrated, although e-cigarettes are considered to be less harmful than traditional cigarettes. In New Brunswick, there are three acts that regulate the distribution, sale and use of tobacco. They are the *Smoke-Free Places Act*, the *Tobacco Tax Act* and the *Tobacco Sales Act*. These acts do not address e-cigarettes.

NANB believes that in the absence of conclusive evidence of safety and

emerging concerns about health risks, the New Brunswick government should subject e-cigarettes (with or without nicotine) to the same provincial legislation as other tobacco products and ban all flavoured tobacco products, including those with menthol.

This position is issued in the following context:

- There is emerging evidence of health and safety risks associated with e-cigarettes, vaping, flavoured tobacco including menthol, and exposure to secondhand vapour;
- Rapidly growing youth use of e-cigarettes is concerning as it may lead to nicotine addiction and smoking initiation in young people;
- Quality control and manufacturing standards for e-cigarettes are lacking;

- E-cigarette use could impair denormalization of smoking behaviour and undermine quitting attempts;
- Although e-cigarettes as a cessation aid have generated interest among many smokers, they have not been proven to be effective and are not approved for this purpose;
- E-cigarettes and flavoured tobacco products are not addressed in current New Brunswick tobacco legislation.

For more information on e-cigarettes and flavoured tobacco, visit NANB's website at [www.nanb.nb.ca/index.php/publications/positionstatements](http://www.nanb.nb.ca/index.php/publications/positionstatements) to view the entire position statement.

## Nursing Practice and Assisted Death

*continued from page 27*

### Ethical Discussion

In Book II of the *Nicomachean Ethics*, Aristotle explains that moral excellence requires doing the right thing, at the right time, to the right people, with the right motive, in the right way, for the right reasons. I would submit that this is going to be the challenge of writing physician assisted death legislation and policy in Canada.

It would be tragic if vulnerable people, who did not want to die, were somehow manipulated into requesting

physician assisted death and received it simply because we could not figure out safeguards to protect them. Likewise, it would be equally tragic if people who "authentically" wanted assistance dying were denied this right simply because legislators could not figure out how to respect their rights while protecting vulnerable people (Legislators might find reading, or re-reading, the *Nicomachean Ethics* instructive for this challenge).

### Conclusion

The goal of physician-assisted dying legislation must be to get it right. Those who want assisted suicide, and for whom it is appropriate, should have the right to receive it; and those for whom it would

be inappropriate should be protected.

The virtual discussion with NANB participants has shown that it is going to be important to ensure the integrity of the doctor-patient relationship. The original determinations of authentic, voluntary and informed consent are going to be foundational. The idea of voluntary participation is also very important. The involvement of all parties, e.g., the patient and health care professionals, must be voluntary. Finally, nursing practice already includes difficult discussions about death and dying. This one probably will not be any different. At the end of the day, I am confident that our nursing professionals are well-equipped and ready to take on this challenge. ■

#### APRIL 30

Nurse Manager Summit: Mission Critical

- Fredericton, NB
- » [www.nanb.nb.ca/index.php/calendar/event/nurse\\_manager\\_summit](http://www.nanb.nb.ca/index.php/calendar/event/nurse_manager_summit)

#### APRIL 30–MAY 1, 2015

The New Brunswick Hospice Palliative Care Association: 2015 Annual Conference

- Bathurst, NB
- » [www.nanb.nb.ca/downloads/Hospice Palliative Care Association.pdf](http://www.nanb.nb.ca/downloads/Hospice_Palliative_Care_Association.pdf)

#### MAY 6–8, 2015

Poverty Reduction Summit: *Every City, Province and Territory Working Together*

- Ottawa, ON
- » <http://events.tamarackcommunity.org/povertyreductionsummit>

#### MAY 11–17, 2015

National Nursing Week: *Nurses: With you every step of the way*

#### MAY 21–24, 2015

Canadian Association for Enterostomal Therapy, "OUT OF THE BOX 2015": *Create—Lead—Innovate*

- Halifax, NS
- » [www.caet.ca/caet-english/conference-2014-index.htm](http://www.caet.ca/caet-english/conference-2014-index.htm)

#### MAY 24–27, 2015

Canadian Orthopaedic Nurses Association (CONA): *Reaching New Horizons in Orthopedics*

- Fredericton, NB
- » [www.cona-nurse.org](http://www.cona-nurse.org)

#### MAY 27–30, 2015

Canadian Gerontological Association's Biennial Conference: *Crossing Bridges: Fostering Potential in Gerontological Nursing*

- Charlottetown, PEI
- » <http://cgnaconference.ca>

#### MAY 31, 2015

6<sup>e</sup> Congrès mondial des infirmières et infirmiers francophones

- Montréal, Québec
- » <http://congres-sidiief.org>

#### JUNE 1–2, 2015

NANB BoD Meeting

- NANB Headquarters, Fredericton, NB
- » [www.nanb.nb.ca/index.php/about/board](http://www.nanb.nb.ca/index.php/about/board)

#### JUNE 3–4, 2015

NANB's AGM, Awards Banquet and Invitational Forum

- Delta Hotel, Fredericton, NB
- » [www.nanb.nb.ca](http://www.nanb.nb.ca)

#### JUNE 12–14, 2015

National Association of PeriAnesthesia Nurses of Canada 13<sup>th</sup> Annual National Conference

- Moncton, NB
- » [www.napanc.org/conference/2015-13th-annual-national-conference/134-2015-13th-annual-national-conference](http://www.napanc.org/conference/2015-13th-annual-national-conference/134-2015-13th-annual-national-conference)

#### JUNE 14–17, 2015

Infection and Prevention Control Canada: *Surfing Waves of Change*

- Victoria, BC
- » [www.ipac-canada.org/conf\\_registration.php](http://www.ipac-canada.org/conf_registration.php)

#### JUNE 15–16, 2015

2015 National Health Leadership Conference: *Driving a culture of engagement, innovation and improvement*

- Charlottetown, PEI
- » [www.nhlc-cnls.ca/default1.asp?active\\_page\\_id=1](http://www.nhlc-cnls.ca/default1.asp?active_page_id=1)

#### JUNE 23–26, 2015

Canadian Association of Neuroscience Nurses 46<sup>th</sup> Annual Meeting and Scientific Sessions

- St. John's, NL
- » <http://cann.ca/cann-annual-scientific-sessions>

#### SEPTEMBER 23–25, 2015

Canadian Society of Gastroenterology Nurses and Associates

- Moncton, NB
- » [www.csgna.com](http://www.csgna.com)

## Be in the know

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

The Virtual Flame  
YOUR NANB E-NEWSLETTER

# Voting By PROXY

## What You Need to Know

Anyone who does not plan to attend the 2015 annual meeting can make their views known through a process called proxy voting. Simply put, it is a way of voting at annual meetings by means of a proxy or person that you have entrusted to vote on your behalf. Please read the following information carefully to make sure that your opinions are counted.

## What is a proxy?

A proxy is a written statement authorizing a person to vote on behalf of another person at a meeting. NANB will use proxy voting at the upcoming annual meeting, June 3, 2015, in Fredericton.

By signing the proxy form on page 50, practising members authorize a person to vote in their place. Nurses attending the annual meeting may carry up to four proxy votes as well as their own vote.

## What the Association Bylaw Says About Proxy Voting

NANB bylaw 12.07 states:

- Each practising member may vote at the annual meeting either in person or by proxy;
- The appointed proxy must be a practising member;
- No person shall hold more than four (4) proxies; and
- The member appointing a proxy shall notify the Association in writing on a form similar to the following or any other form which the board shall

approve. Proxy forms shall be mailed to members approximately one (1) month prior to the date of the annual meeting. This completed form shall be received at the Association office by the Friday immediately preceding the annual meeting.

## Information for Nurses Who Give Their Vote Away

Nurses holding NANB practising memberships may give their vote to another practising member. They should, however, keep the following in mind: (a) know the person to whom they are giving their vote, (b) share their opinion on how they wish that person to vote for them, (c) realize that the person holding their proxy may hear discussions at the meeting that could shed a different light on an issue (so discuss the flexibility of your vote), (d) fill out the form on this page accurately (the blank form may be reproduced if necessary), and (e) send the form to the NANB office. All forms must be received at the office by **May 29, 2015, at 1300 hrs.**

When proxy forms are received at the Association office, staff members check that both nurses named on the form hold practising membership and that the information on the form is accurate. Occasionally a form has to be considered void because the name does not coincide with the registration number on record. A form is also void if it is not signed, if it is not completely filled out or if there are more than four forms received for one proxy holder. Since one nurse may hold only four proxies, a fifth form received for that nurse is void. Also no forms are accepted if received after **May 29, 2015, 1300 hrs.** Forms sent by fax will be declared void.

## Information for Nurses Who Carry Proxies at the Meeting

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

- Practising members of NANB may carry proxies.
- The maximum number of proxies that can be held is four. There is no minimum.
- Know the persons whose votes you carry and discuss with them how they want to vote on issues.
- At the time of the meeting, pick up your proxy votes at 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.

**Proxy Forms are available on page 50.**

## Clarification

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

### **REGISTRATION SUSPENDED**

On November 26, 2014, the NANB Complaints Committee suspended the registration of registrant number 022609 pending the outcome of a hearing before the Discipline Committee.

### **REPRIMAND ISSUED**

On December 10, 2014, the Discipline Committee reprimanded Lia Olde Damink, registration number 027217, for professional misconduct and conduct unbecoming a member. The Committee ordered that the member must meet conditions within 60 days of the date of the Order. The Discipline Committee also ordered the member to pay costs to NANB in the amount of \$1,500 within 12 months of the date of the Order.

### **REGISTRATION REVOKED**

On December 17, 2014, the NANB Review Committee found Beverly Ann Duncan (former name Pridham), registration number 022881, to be suffering from ailments or conditions rendering her unfit and unsafe to practise nursing at the time of the complaint and that the member demonstrated dishonesty, professional misconduct, conduct unbecoming a member and a disregard for the welfare and safety of patients.

The Review Committee ordered that the member's registration be revoked and that she is prohibited from practising nursing or representing herself as a nurse. She shall not be eligible to apply for reinstatement for a minimum of one year from the date of the Committee's order and until she presents sufficient evidence that she is fit to return to the practice of nursing in a safe manner. The Committee also ordered that she pay costs to NANB in the amount of \$3000 within 12 months of returning to the active practice of nursing.

### **REPRIMAND ISSUED**

On December 17, 2014, the Discipline Committee reprimanded a member for professional misconduct, conduct unbecoming a member and dishonesty. The Committee ordered that the member must meet conditions and pay a fine in the amount of \$500 within 60

days of the date of the Order. The Discipline Committee also ordered the member to pay costs to NANB in the amount of \$1,000 within 12 months of the date of the Order.

### **REGISTRATION SUSPENDED**

On December 22, 2014, the NANB Complaints Committee suspended the registration of registrant number 018467 pending the outcome of a hearing before the Discipline Committee.

### **SUSPENSION LIFTED, CONDITIONS IMPOSED**

In a decision dated January 8, 2015, the NANB Review Committee ordered that the suspension imposed on the registration of Ruth Marie Melanson, registrant number 022093, be lifted. The Committee ordered that the member is eligible to apply for a conditional registration once imposed conditions have been met. The Review Committee further ordered the member to pay costs to NANB in the amount of \$1500 within 12 months of returning to the active practice of nursing.

### **SUSPENSION CONTINUED**

On January 27, 2015, the NANB Review Committee found Tracey Ann Murray, registration number 027937, to be suffering, at the time of the complaint, from an ailment or condition rendering her unfit and unsafe to practise nursing and that the Member's conduct demonstrated incompetence, professional misconduct and a disregard for the safety of patients by continuing to work while incapacitated by her ailment or condition.

The Review Committee ordered that the suspension on the member's registration be continued until conditions are met. At that time, the member will be eligible to apply for a conditional registration.

### **REPRIMAND ISSUED, SUSPENSION LIFTED, CONDITIONS IMPOSED**

In a decision dated February 6, 2015, the NANB Review Committee ordered that the suspension imposed by the Complaints Committee on March 16,

2011, on the registration of Mary Linda Cook (née Quann), registrant number 016611, be lifted. The Committee found the member to be suffering from ailments or conditions rendering her unfit and unsafe to practise nursing at the time of the complaint.

Notwithstanding her ailments or conditions, the Committee found the member responsible for her conduct and actions and that she demonstrated professional misconduct, conduct unbecoming a member and a disregard for the welfare of patients while continuing to work while unfit or incapacitated by her ailments or conditions. The Committee ordered that the member be reprimanded as this is a second complaint arising from her ailments or conditions. The member is eligible to apply for a conditional registration once imposed conditions have been met. The Committee further ordered the member to pay costs to NANB in the amount of \$5000 within 24 months of returning to the active practice of nursing.

### **REGISTRATION REVOKED**

In accordance with a decision of the NANB Discipline Committee dated February 7, 2013, the registration of Kymberley Dawn Gillett, registration number 027907, is revoked effective February 9, 2015.

### **REGISTRATION SUSPENDED**

On February 13, 2015, the NANB Complaints Committee suspended the registration of registrant number 027666 pending the outcome of a hearing before the Review Committee.

# Cross-training to Communications

Meet Stephanie Tobias,  
Administrative Assistant:  
Communications



**With over 10 years at the Association, you have worked closely to support several departments. How has your role evolved?**

Initially, I was hired to provide catering support for Board of Director meetings as well as discipline hearings. Spending time at the Association, I was able to foster relationships with staff and was asked to support the Registration Department entering data on a casual basis. Five years later, with cross-training in most departments, I was offered a full-time position as Reception/Assistant to Registration. In August 2008, the position of Administrative Assistant: Communications became available, so I jumped at the opportunity to experience a new challenge. Having previously supported the Communications Department over the

years with major projects including: NANB's Annual General Meeting and Conference Day; National Nursing Week activities; and mass mail-outs including *Info Nursing* and other practice documents, I was eager to play a larger role in supporting these initiatives.

**What do you do to support the Communications Department?**

This position has been a huge learning experience. I have acquired many new skills and every day there is always a new challenge. On a daily basis, I monitor media and compile relevant nursing and health related news at a provincial and national level and distribute this information to the RN and management staff as well as our Board of Directors. Communications' primary role is to promote and support other departments in delivering

webinars, virtual forums, and surveys. I regularly update the website using our content management software-Expression Engine. NANB's journal requires much support and internal management to see the publication through to distribution from planning and approvals, to proofing, and coordinating translation and layout. I also compile and initially set-up our electronic newsletter, the *Virtual Flame*, which is distributed to 90% of our membership eight times per year. Documents, standards, position statements and presentations are vetted through Communications for formatting prior to publishing.

Depending on what month lies ahead, Communications plays a vital role in supporting NANB's Annual General Meeting and Invitational Forum, National Nursing Week promotions, as

well as NANB Board of Director elections and provincial / federal election readiness.

### The world of communications is always changing. How does the Association adapt to better support members?

The most significant change would be transitioning from paper to electronic means of communication. When I started with the Association, we manually opened and inputted all registration forms, prepared and mailed election packages including ballots for Regional Director and President-Elect positions, and mailed all new documents and standards to NANB members.

Today, NANB's website has become a primary tool of member support housing registration renewal, 'My profile', documents and publications, as well as e-learning and webinar presentations. We have introduced an electronic newsletter, the *Virtual Flame*, providing more direct contact with members.

### What exciting projects are on the horizon for NANB?

Everyone is excited about our Centennial celebrations in 2016. This event, recognizing 100 years in nursing in New Brunswick, has been brewing for some time. NANB has been setting aside funds each year in order to properly acknowledge this milestone while hopefully engaging each and every RN/ NP in New Brunswick. Planning is under way and we hope members will participate by sending us their ideas as well as signing up to volunteer for various events occurring around the province and throughout 2016. Please send us your input at 100years@nanb.nb.ca or drop by the Centennial Celebration booth at NANB's AGM and Invitational Forum on June 3-4, 2015, at the Delta Hotel, Fredericton. We look forward to seeing you! ■

## NANB Proxy Voting Form 2015 (Please Print)

I, \_\_\_\_\_, a practising nurse member of the Nurses Association of New Brunswick, hereby appoint \_\_\_\_\_ registration no. \_\_\_\_\_, as my proxy to act and vote on my behalf at the annual meeting of the Nurses Association of New Brunswick to be held June 3, 2015, and any adjournment thereof.

Signed this the \_\_\_\_\_ day of \_\_\_\_\_, 2015.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Registration No.

To be received at NANB offices before May 29, 2015, at 13:00 hrs.  
Proxies sent by fax will be declared null and void.

### Mail to:

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

## Resolution

*continued from page 20*

**WHEREAS** the current fiscal year is from January 1 to December 31 of each year;

**WHEREAS** the date of the membership registration year will change from the current *January 1–December 31* period to the new *December 1–November 30* period which will begin in December of 2015 for the 2016 membership registration year;

**WHEREAS** changing the date of the fiscal year to correspond with the new membership registration year date would simplify accounting and fiscal reporting procedures;

**THEREFORE BE IT RESOLVED** that bylaw 3.01 of the Association be amended as follows:

### ARTICLE III-FISCAL YEAR

3.01 The ~~business or~~ fiscal year of the Association shall be ~~the calendar year~~ established by the Board by resolution from time to time.

# NANB Election 2015

NANB practising members residing in Region 6 are eligible to vote for their region director. Voting period begins Wednesday April 15 at 9:00 am and ends Thursday April 30 at 5:00 pm.



Call 1-888-357-3057



Visit [www.nanb-ainb.isivote.com](http://www.nanb-ainb.isivote.com)

**Vote**

All you need to vote is your NANB registration number and personal PIN identifier located under *My profile* section of NANB's website. Then follow the instructions provided.

If you do not have access to the internet, you will

need to contact NANB at 1-800-442-4417 and authorize staff to provide you your personal PIN identifier.

Voting is completely confidential. Assistance is available during business hours Monday through Friday 8:30 am to 4:30 pm.



**Nurses Association**  
OF NEW BRUNSWICK

**Region 6 Votes! Meet your candidates on page 19.**

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

\*Average based on the home and auto premiums for active policies on July 31, 2014 of all of our clients who belong to a professional or alumni group that has an agreement with us 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.

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