COLLEGE TO CELEBRATE CENTENNIAL 2009-2010 (see p.7)

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Nursing in Focus is a publication of the College of Registered Nurses of Nova Scotia, published Spring and Fall. The Editor welcomes comments and suggestions from readers. Letters to the Editor are also welcome. Registrants’ articles will be printed according to availability of space, and may be edited for length or content. Articles submitted should not exceed 1500 words, and electronic copies are required. Signed articles represent the views of their authors and do not necessarily reflect the College’s position or policies on a specific topic. Submission deadlines: February 15, August 15.

Advertisements are accepted at the discretion of the Editor, but not necessarily endorsed by the College. Advertising deadlines: February 1, August 1.

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I am truly excited to be starting the second year of my term of office, and to have been able to launch into it on such a positive note. In September, I had the amazing opportunity to travel around the province for a week with the College’s Executive Director, Linda Hamilton, to meet and converse with registered nurses and members of the public on future directions for the College.

Then just last month I had the privilege of attending an awards gala in Toronto, hosted by the National Quality Institute, where Linda Hamilton accepted the institute’s Canada Awards for Excellence: Gold Trophy on behalf of the College staff – clearly, a great example of the power of intention, focus and commitment.

During our weeklong ‘road trip’ in September, Linda and I traveled close to 1800 kilometers, and since then have arranged several additional meetings. And I am pleased to note that the theme I set for my term in office, Power, Passion and Action, was evident everywhere we went. For example, we met an:

- shift administrator in a regional hospital who uses every opportunity to mentor and role model excellence in practice
- occupational health nurse who is passionate about making a difference in the quality of nurses’ practice environments
- novice nurse who feels extremely fortunate to be practising in a supportive work environment
- long-term care administrator who invites nurses to spend 15 minutes every day doing something they enjoy that also benefits their clients
- number of community health board members who wanted to know what they could do to create opportunities for nurse practitioners to practise and to support the College’s PECP™.

It was truly humbling to see the power that registered nurses enact in their practice everyday. However, I have been thinking about the power we hold as nurses and my own relationship to power. I have a sense that as a profession we are not comfortable with our power. Michael Carroll, in a little book entitled Awake at Work, draws on Buddhist principles to describe power in this way:

“Power requires us to engage work fully as it unfolds straightforwardly and without hesitation. It leaves no room for complaints, excuses, rehearsals, or blind impulse. It requires us to be fluid and resourceful, presenting ideas accurately, promoting trust, listening well, sharing authority, compromising, persuading and much more. In short, power demands confidence. And as odd as it may seem, our uneasiness with power is the key to discovering such confidence within ourselves.”

Carroll’s description of power makes sense to me. In many respects, I think it portrays power in a way that is consistent with the values of nursing and much of the current literature on nursing leadership. In today’s dynamic healthcare system, individual nurses and nursing, collectively, are being challenged to be resourceful, fluid and collaborative, and to practise in a manner that inspires public trust.

Common themes emerging from our member and public conversations, to date, include:

- clinical leadership
- span of control for managers
- scope of practice
- relationship of RN role to changing role of LPN and introduction of CCA
- need to change ‘dated’ nursing practice model (approx. 40 years old)
- time to engage in practice development (e.g., committees, continuing education, research)
- nurses’ contributions often not valued by organizations
- lack of understanding of long-term care environments, including opportunities for practice and practice leadership
- professionalism
- support for independent roles of RNs and NPs: revisit processes for DMFs and medical directives
- support for PECP™
- mentorship and role modeling: creating welcoming environments for novice nurses
- impact of role overload.

As we move forward in setting a direction for the future of nursing in Nova Scotia, we, as your Council, will definitely draw on the power and passion of nurses throughout the province. We will strive to create a future that supports nurses in fully enacting their power; in the interests of the people they serve.

Thanks to all the Council members, College facilitators, and nurses who gave so much of their time and energies to coordinate our recent visits throughout the province and/or to participate in conversations with us. If you were not able to attend a session, but would like to contribute your thoughts/ideas, please e-mail me at maryellen.gurnham@cdha.nshealth.ca.

2007-2008 COUNCIL MEMBERS

President
Mary Ellen Gurnham

President-Elect
Kimberley Lamarche

Councillors-at-Large
Kelly Ann Lackie
Jacquelyn Garden-Jayasinghe

District Councillors
Debbie Misner, Annapolis
Joyce Balcomb, Atlantic
Elizabeth Cooper, Atlantic
Frances Decourcy, Cape Breton
Kimberly Lake, Cape Breton
Karen Condon, Cobequid
Heather Jowers, Highland
Rebecca Dorey, Western

Public Representatives
Idy Fashoranti
Reid Harrison
Les Karagianis
Rev. David LeBlanc
John McNeil

Nursing in Focus Fall 2007
College of Registered Nurses of Nova Scotia
PRESIDENT’S REPORT
Highlights focused on CNA goals, including:
- affirmation of goal to advance the discipline of nursing in the interest of the public; discussion on what this means for CNA
- advocating for public policy; CNA’s relationship with the Canadian Medical Association (on issues such as electronic health records, promotion of patient safety, preparation for a federal election)
- advancing the regulation of RNs in the interest of the public through actions such as revisions to the Code of Ethics and NP exams
- advancing international health policy
- promoting awareness of the nursing profession through a draft framework for advanced practice.

EXECUTIVE DIRECTOR’S COMMUNICATION AND COUNSEL REPORT
The Executive Director’s full Communication & Counsel Report is available on the College’s website (www.crnns.ca> About CRNNS>Council>Council Highlights). Highlights of issues in the October report impacting nursing at the provincial, national and international level, include:

Provincial
NS Health System Pandemic Influenza Plan
- released in June 2007
- www.gov.ns.ca/govt/pandemic

Health Professions Regulatory Network
Issues & Priorities
- Scope of practice (e.g., prescriptive authority)
- Legislative changes – Dental Act, Dental Hygienist
- Internationally educated applicants
- Standards of Practice – revisions to Code of Ethics
- Changes in entry-level credentials
- Introduction/regulation of assistive personnel
- Practice reviews, competencies

Legislation
Midwifery Act – Bill 107, passed by House of Assembly, November 2006
- Regulations being drafted by a committee, with representation from the College of Registered Nurses and College of Physicians & Surgeons
- Funding model, similar to NP funding model, being considered

National
Medicare Plus (July 2007)
Key concepts from policy statement of Canadian Medical Association:
1. Shore up current Medicare program to deliver timely access to care
2. Care guarantee to individuals for timely treatment
3. Expand the basket of services along the continuum of care through a variety of means (e.g., catastrophic drug coverage, registered long-term care savings plan, private insurance/co-payments)

Recommendation that sparked controversy: To maximize availability of medical services, create practice arrangements in which physicians are able to work in both public and private sectors.

CNA Response
- Advocate for healthy workplace environments
- 2-tier healthcare system increases wait times in public system
- Support coordinated HHR planning, and infrastructure for communication and information technology.

Canadian Policy Network (June 2007) – Not there yet: Improving the Working Conditions of Canadian Nurses
Purpose: Analysis of extent to which recommendations in key policy reports (2001-2007) have translated into workplace improvements, using the National Survey of Health of Nurses as a gauge.

Outcomes
- continued areas of concerns in workplaces: physical and emotional abuse, injuries, workload, overtime hours, staffing, flexible scheduling
- general concern: unevenness in approaches especially for male nurses, nurses in long-term care and hospital settings
- not many improvements in health and safety of nurses
- high rates of back problems, injuries, low levels of job satisfaction and high levels of job strain
- striking differences among categories of nurses requiring immediate attention (e.g., nurses in long-term care, LPNs, specific provinces)
- little to indicate substantial improvements in quality care.

Policy recommendations
- comprehensive gender analysis of workplace experiences, including targeted gender-specific policies for retention and recruitment
- differences in experiences of nurses in different settings needs immediate attention; work life conditions of nurses in long-term care, acute care and community settings
- investigation into work life relationships and experiences between generational cohorts: to fully understand factors related to recruitment and retention
- examine role of administrators and employers in knowledge translation re: key policies
- more permanent interprofessional pan-Canadian HHR planning mechanism: clearing house or forum to share best practices, standards and tools for quality workplaces.
Source: www.cprn.org

Controlled Drugs & Substances Act (CDSA)
Health Canada has announced proposed changes to the regulations: to improve care by increasing patients’ effective and timely access to controlled drugs where and when needed (see p.16 for more information on proposed regulation changes).
International Health Data from Organization for Economic Cooperation & Development (OECD)

How Canada compares with 30 developed countries:

<table>
<thead>
<tr>
<th></th>
<th>Canada</th>
<th>OECD avg.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses</td>
<td>10/1000</td>
<td>8.6/1000</td>
</tr>
<tr>
<td>Physicians</td>
<td>2.2/1000</td>
<td>3.0/1000</td>
</tr>
<tr>
<td>Hospital beds</td>
<td>2.9/1000</td>
<td>3.9/1000</td>
</tr>
</tbody>
</table>

Source: [www.oecd.org/health/healthdata](http://www.oecd.org/health/healthdata)

Holding On: Survey of nurses in the UK
Conducted by Royal College of Nursing, with 9000 nurses (July 2007)
Key results:
- less than 28% are satisfied or feel valued
- 28% would leave nursing if they could
- less than half (49%) would recommend nursing as a career
- 55% feel they are too busy to provide care they would like
- 25% have taken a second job to make ends meet

International Council of Nurses
Council of National Representatives Meeting – May 27-29, Yokohama, Japan
- 67 countries represented
- Key issues discussed: HHR, migration of nurses; scope of practice; HIV, privatization of health care

Regulation Conference – June 2-3, Yokohama, Japan
- Medical errors
- IEN supports
- Regulatory frameworks

STRATEGIC PLAN
Council’s strategic planning for 2009-2011 will take place in March 2008. For future development of the strategic plan, consideration will be given to providing monitoring reports on the data/evidence over which the College has control and reporting for information activities arising from College participation in a partnership model.

POLICY REVIEWS
Council reviewed and approved changes to the College’s registration policies, including the introduction of separate fees for registering and licensing with the College. Registering with the College is mandatory for new graduates, whether they stay to practise in the province or not. In the past, new grads were also required to apply for a licence with the College – even if they were leaving or not planning to practise in Nova Scotia. Effective immediately, new grads will be able to register with the College, however, have the licensing fee waived if they are not going to practise in the province.

Council also discussed the prorating of licensure fees for maternity leaves. Consensus was to maintain the status quo for the 2008 licensure period.

CONTINUING COMPETENCE PROGRAM
Diana Smith, Nursing Policy Advisor, facilitated discussion on the Council’s policy direction with regard to the College’s Continuing Competence Program. Direction from Council included:
- continuing the self-reflective process
- streamlining the Building Your Profile tool, to make it more relevant and user-friendly for nurses
- considering a link to the NurseONE portal, for the development of an electronic portfolio to capture individuals’ learning experiences.

COMMITTEE ON APPOINTMENTS
Kim Lake, a councillor in the Cape Breton District, was appointed by Council to serve on the Committee on Appointments for a two-year term.

Upcoming Council Meetings
December 4, 2007
March 10-11, 2008
April 21-22, 2008
September 29-30, 2008
December 1-2, 2008

The 2008 Annual General Meeting will take place on Tuesday, May 14th, at the Holiday Inn Harbourview, Dartmouth.

Members of the College are welcome to attend regular Council meetings as observers. If you would like to attend a meeting, simply contact the College, at 491-9744 (toll-free in NS 1-800-565-9744), ext. 223 or e-mail sf@crnns.ca (only one day’s notice is required). Council meetings generally begin at 8:30 a.m., however, please confirm times with the Executive Assistant. All meetings, with the exception of the AGM, are held at the College’s office, Suite 600, Barrington Tower, Scotia Square, 1894 Barrington Street, Halifax.

Important Deadlines/Dates

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 17:</td>
<td>Policy Issues Forum survey</td>
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<tr>
<td>January 15:</td>
<td>CNA Order of Merit Awards</td>
</tr>
<tr>
<td>January 25:</td>
<td>Council nominations</td>
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<tr>
<td>February 14:</td>
<td>AGM resolutions</td>
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<tr>
<td>February 29:</td>
<td>Centennial slogan contest</td>
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<tr>
<td>March 3:</td>
<td>Nominations for College awards</td>
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<tr>
<td>April 11:</td>
<td>Council Election</td>
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<tr>
<td>National Nursing Week: May 12-18, 2008</td>
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</tbody>
</table>
## FINANCIAL RESULTS

College of Registered Nurses of Nova Scotia (As revised November 1, 2007)

For the period ending December 31, 2007.

The following financial information is provided subsequent to a motion passed at the May 2002 Annual General Meeting of the College of Registered Nurses of Nova Scotia.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registration fees</td>
<td>$2,459,850</td>
<td>$2,609,646</td>
<td>$3,036,623</td>
<td>$3,429,960</td>
<td>$3,774,696</td>
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<tr>
<td>Investment income</td>
<td>77,500</td>
<td>91,083</td>
<td>94,071</td>
<td>137,827</td>
<td>150,000</td>
</tr>
<tr>
<td>Other</td>
<td>135,830</td>
<td>53,418</td>
<td>22,060</td>
<td>30,770</td>
<td>4,540</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>2,673,180</strong></td>
<td><strong>2,754,147</strong></td>
<td><strong>3,152,754</strong></td>
<td><strong>3,598,557</strong></td>
<td><strong>3,929,236</strong></td>
</tr>
<tr>
<td>Expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CNA Fees</td>
<td>327,258</td>
<td>358,117</td>
<td>390,075</td>
<td>442,035</td>
<td>496,912</td>
</tr>
<tr>
<td>CNPS Fees</td>
<td>105,143</td>
<td>105,751</td>
<td>110,497</td>
<td>112,027</td>
<td>113,805</td>
</tr>
<tr>
<td>Depreciation</td>
<td>71,232</td>
<td>73,174</td>
<td>74,444</td>
<td>70,652</td>
<td>65,000</td>
</tr>
<tr>
<td>Grants to regions</td>
<td>9,667</td>
<td>4,959</td>
<td>4,541</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Legal</td>
<td>129,372</td>
<td>122,410</td>
<td>146,405</td>
<td>111,387</td>
<td>105,000</td>
</tr>
<tr>
<td>Postage &amp; printing</td>
<td>176,254</td>
<td>182,619</td>
<td>239,481</td>
<td>216,170</td>
<td>114,513</td>
</tr>
<tr>
<td>Premises</td>
<td>148,705</td>
<td>151,963</td>
<td>144,860</td>
<td>160,272</td>
<td>158,471</td>
</tr>
<tr>
<td>Public awareness</td>
<td>23,268</td>
<td>13,341</td>
<td>37,820</td>
<td>31,166</td>
<td>49,170</td>
</tr>
<tr>
<td>Salaries</td>
<td>1,294,539</td>
<td>1,194,670</td>
<td>1,237,410</td>
<td>1,294,128</td>
<td>1,349,281</td>
</tr>
<tr>
<td>Travel</td>
<td>137,381</td>
<td>115,801</td>
<td>114,359</td>
<td>102,548</td>
<td>112,237</td>
</tr>
<tr>
<td>Other expenses</td>
<td>397,966</td>
<td>513,561</td>
<td>401,234</td>
<td>461,889</td>
<td>613,015</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>2,820,785</strong></td>
<td><strong>2,836,366</strong></td>
<td><strong>2,901,126</strong></td>
<td><strong>3,002,275</strong></td>
<td><strong>3,177,404</strong></td>
</tr>
<tr>
<td>Net earnings (loss)</td>
<td>($147,605)</td>
<td>($82,219)</td>
<td>$251,628</td>
<td>$596,282</td>
<td>$751,832</td>
</tr>
</tbody>
</table>

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### LEGEND OF TERMS

**Registration Fees**: Fees paid by members for licensing in all registration classes.

**Investment Income**: Interest earned on investments; dependent upon market interest rates and the amount of monies available to invest.

**Other Revenue**: Varies from year to year (e.g., publication advertising, conference income).

**CNA Fees**: Fees set by and paid to the Canadian Nurses Association, based on a per member basis. The College anticipates future member fee increases and ongoing maintenance charges for the NurseONE portal.

**CNPS Fees**: Liability protection fees paid by the College to the Canadian Nurses Protective Society, benefiting all members.

**Depreciation**: Annual expense related to aging assets (e.g., computers, equipment, furniture, and leasehold).

**Grants to Regions**: Now allocated to College Facilitator Program.

**Legal**: Legal fees paid in relation to professional conduct cases and policy and legislative changes.

**Postage and Printing**: Costs for printing and mailing College publications and other strategic communications.

**Premises**: Rent, premises and maintenance costs.

**Public Awareness**: Communications to the public; aligned with the College’s mandate (e.g., EastLink Cable programming ads).

**Salary and Benefits**: Industry-standard remuneration and benefits for staff.

**Travel**: Travel expenses for Council, staff, College facilitators, and statutory committees: to attend meetings, deliver educational sessions, and/or address professional conduct matters.

**Other Expenses**: Expenses corresponding to expanding programs and services (e.g., in-house printing, equipment rentals, technological support, e-commerce and bank charges).

**Net Earnings/(Loss)**: Annual Revenue minus Expenses. A Net Profit takes place when revenues are greater than expenses; a Net Loss happens when expenses are greater than revenues.
CALL FOR NOMINATIONS

To officially launch the 2008 election process, the Nominations Committee is seeking nominations for the following Council positions:

President-Elect (1)
Councillor-at-Large (1)
Annapolis District Councillor (1)
Atlantic District Councillors (2)
Western District Councillor (1)

Please note that: a) candidates for Council positions must be nominated by at least two active-practising members of the College or by the Nominations Committee, and b) the electoral district in which a member is eligible to run as a candidate is determined by the mailing address entered on the member’s licence renewal form.

In the event that nominations are not received for a particular Council position, the responsibility to secure nominations rests with the Nominations Committee.

How would you nominate a candidate?
1. Complete a nominations form.
2. Submit your completed and signed nomination form, along with a recent colour photograph of the nominee, to the College office by January 25, 2008.

How could you obtain a Nominations Form?
- Download from the College website (www.crnns.ca > Election 2008)
- Contact the College’s Executive Assistant (ext. 223, e-mail sf@crnns.ca)
- Contact the Communications Assistant (ext. 230, e-mail cb@crnns.ca)

NOTE: Nominees and nominators must confirm that all the criteria outlined in the Council’s policies BDIII-12 Code of Conduct and BDIII-14 Recruitment of Council Members are met by each candidate (nominee). For a copy of these Council policies, please contact the Executive Assistant, at ext. 223 or sf@crnns.ca.

AROUND THE COUNCIL TABLE
-COUNCIL ELECTION 2008-

Your opportunity to elect new Council members is just around the corner! In March (2008), ballots will be distributed to every active-practising registered nurse in Nova Scotia for the election of two (RN) Council members – President-Elect and one Councillor-at-Large. In addition, RNs in the Annapolis, Atlantic and Western districts will also receive ballots to vote for district councillors.

All RNs who entered an e-mail address on their 2008 licence renewal form will receive electronic ballots – and will vote online. All other RNs will receive printed ballots in the mail – and will vote by returning their completed ballot(s) in the mail or dropping them off at the College office.
WHAT IS REQUIRED TO BE A CANDIDATE FOR COUNCIL?

Here are a few prerequisites:

• Current active-practising licence with the College of Registered Nurses of Nova Scotia (in good standing)
• Commitment to advancing quality nursing practice
• Penchant for examining and debating issues
• Strong decision-making skills
• Inclination to be future-oriented
• Open-minded and innovative
• Team player … ability to work well in a group
• Appreciate the value of self-regulation.

WHAT DO COUNCIL MEMBERS DO?

As members of the governing body of the College, Council members:

• contribute to the public good
• advance quality nursing practice
• shape how the nursing profession is regulated
• develop both personally and professionally
• link with other leaders in health care, and influence health policy in Nova Scotia.

HOW MUCH TIME MUST COUNCIL MEMBERS COMMIT?

In any given year, Council members are only required to:

• attend four two-day Council meetings (Feb/Apr/Sept/Dec)
• attend the Council’s annual general meeting (usually in May)
• participate in occasional teleconferences
• review all material circulated prior to each Council meeting
• participate, as required, on ad hoc or statutory committees.

With the exception of the president-elect, elected Council members (RNs) serve two-year terms, with an option to renew for one term. The president-elect is expected to serve two terms: one as president-elect and one as president.

HOW ARE COUNCIL MEMBERS COMPENSATED FOR THEIR TIME?

Based on their attendance at a given meeting, Council members will receive:

• salary reimbursement, upon request, to a maximum of $452.45 per day
• reimbursement for dependent care, if required (to a maximum of $60 per day)
• an honorarium of $100 per day, upon request, when no salary reimbursement is requested
• reimbursement for expenses related to travel, accommodations and meals.

The Council President receives a stipend as s/he is required to commit a great deal of time in preparing and attending both Council meetings and meetings with key stakeholders (e.g., Department of Health, other professional regulatory bodies, nursing unions). The President of the Council also serves as a member of the Board of Directors of the Canadian Nurses Association, which meets throughout the year in Ottawa.

MORE ABOUT THE COLLEGE’S COUNCIL

The Council is composed of 18 individuals: 12 registered nurses who are elected by their peers, and six public representatives who are appointed (in accordance with the Registered Nurses Act there must be a minimum of 33% public representation on the Council).

CHECK OUT THE SPECIAL ‘ELECTION 2008’ BUTTON @ www.crnns.ca!

NOMINATION DEADLINE: January 25, 2008
ELECTION DATE: Friday, April 11, 2008

SCRUTINEERS

Two scrutineers, to be appointed by the President, will be required to oversee the opening and counting of ballots on Friday, April 11, 2008, at the College office. An honorarium will be offered, and travel expenses will be reimbursed. If you are interested in being an election scrutineer, please contact the Executive Office (you do not have to be a registered nurse to be a scrutineer). Tel 491-9744, ext. 223 (toll-free in NS 1-800-565-9744). E-mail sf@crnns.ca.

Scutineers cannot be candidates for office or members of the Nominations Committee, and they will not, if otherwise eligible, be able to vote in the election for which they are appointed.

“\textbf{I’ve been a councillor for the past three years …} and it has been a truly interesting and educational experience. I always respected the role of the College, however, as a bedside nurse, wasn’t always too sure if it was acting on my behalf … now I definitely know that it is! I have a great sense of confidence in the College … and a renewed sense of pride in our profession. If you think there’s any way that you could fit it into your schedule … run for Council.”

- Joyce Balcom, RN
Councillor, Atlantic District

STAT NOTICE!

To ensure that you receive your ballot(s) for the 2008 election, please let the College know immediately if your e-mail or postal address has changed since you submitted your 2008 licence renewal form!

And, stay tuned to the College website and upcoming issues of the On-Line newsletter for updates on Election 2008.
A CELEBRATION SECOND TO NONE!

Here is a sneak preview of what’s planned to be on the agenda …

As our first annual meeting was held on September 29, 1909, preliminary plans are to launch our Centennial Celebrations in May 2009, at our 100th annual general meeting.

This will be followed by a series of year-long, province-wide initiatives … involving as many registered nurses as possible in events to honour our past, acknowledge our present, and create a formal legacy for our future.

Then, in June 2010, just slightly more than 100 years after the actual date on which the act was passed incorporating the Graduate Nurses Association of Nova Scotia (April 22, 1910), we will tie-up our formal celebrations with the help of hundreds of registered nurses from across the country … as we play host to the 2010 CNA Biennium, in Halifax.

Although it may appear to be a bit early to be talking about these events, there are lots of things that need to be done or started right now … and lots of ways in which you could be involved. For instance …

SLOGAN CONTEST

To get our Centennial Celebrations rolling, we need a slogan … a phrase that will reflect where we have come from as a profession in the past 100 years, where we are at … and where we aspire to be in the future.

This slogan should be ‘catchy’ — phrased in such a way that people will relate to it easily and are likely to remember — and in a form that can be incorporated into a logo and other graphics for use in promotional materials related to the Centennial Celebrations.

Everyone who submits a suggestion for the Centennial slogan before February 29, 2008, will be eligible to win an iPod! The person who submits the ‘winning’ slogan will receive an all-expense-paid trip to Halifax to attend the launch of the College’s Centennial — in May 2009.

Submit your slogan ideas today to:
College of Registered Nurses of Nova Scotia
c/o Centennial: Special Events Committee
600-1894 Barrington Street
Halifax, NS B3J 2A8
Fax 1-902-491-9510 E-mail celebrations@crnns.ca

VOLUNTEER OPPORTUNITIES

A Centennial/Biennium Steering Committee was established earlier this year, with representation from various fields of nursing and different locations throughout the province. At its next meeting, this committee will finalize the terms of reference for the following sub-committees:

• Entertainment (major foci – Centennial reception and banquet; Biennium reception and banquet)
• Hospitality (major foci – Centennial reception and banquet; Biennium – airport welcome, social nights and conference booth)
• Fundraising (Centennial and Biennium)
• Promotions/Marketing (Centennial and Biennium)
• Student Program (Biennium only)
• Special Events (Centennial only; to include year-long, province-wide events, as well as historical projects)

Then, in early 2008, work will begin in earnest — and countless volunteers will be needed from then until the Biennium in 2010. While the ultimate success of these events will clearly require the help of nurses from all across the province, the budget allocated for the Centennial/Biennium celebrations is limited and will not allow us to bring all the volunteers to Halifax for regularly scheduled meetings. However, we are committed to finding innovative ways to involve as many of you as possible — so, if you would like to help out in any way (e.g., serving on a committee, leading events in your community, helping with historical research) — or if you have an idea that you would like us to consider for either the Centennial or Biennium, please call Karen Mahoney at 491-9744 (1-800-565-9744), ext. 243 or e-mail celebrations@crnns.ca.

Hope to hear from you … as we make plans to celebrate our past and showcase our profession to the public and registered nurses from across the country!
MAKING PLANS FOR 2008?

PLAN TO ATTEND THE 2008 AGM

May 14, 2008, Holiday Inn Harbourview, Dartmouth

The College’s annual general meeting (AGM) is open to all registered nurses (as well as nursing students and members of the general public). At this meeting, you will hear reports from the Council President, the College’s Executive Director, and the College’s auditor … and have an opportunity to ask questions on these reports, as well as discuss a number of issues with other registered nurses from across the province.

Also, if you register as a member of the voting body, you will be able to vote on resolutions and/or motions coming forward at the meeting (see note below on how to register for the voting body and how to apply for funding to attend the AGM).

RESOLUTIONS

Submitting resolutions is one way in which members can influence the future of nursing and/or nursing regulation in the province (e.g., by asking Council to consider getting involved in an issue/initiative that will impact the nursing profession and align with the College’s mandate).

Resolutions can be submitted at anytime throughout the year, however, most are submitted for discussion at the AGM. Resolutions submitted throughout the year must be received at least 21 days in advance of a Council meeting. The College must receive resolutions intended for the AGM at least 90 days in advance of the meeting.

RESOLUTIONS FOR THE 2008 AGM MUST BE RECEIVED AT THE COLLEGE NO LATER THAN FEBRUARY 14, 2008.

Submit resolutions to the attention of the Executive Assistant. Mail: Executive Assistant, CRNNS, 600-1894 Barrington St., Halifax NS B3J 2A8. Fax 902-491-9511. E-mail sf@crnns.ca.

Resolutions submitted should have a province-wide perspective and relate to the mandate of the College, and should be written in the following format:

Title: refers to the subject of the resolution.
Resolution statement: an expression of intent or what action you are proposing the College take in relation to the subject of the resolution. This statement begins with: “Be it resolved . . .”, and should be written in a clear and concise manner.
Explanatory notes: identify why you believe the issue should be addressed. If you are making a number of points, order them numerically.
Identification: names of “mover” and “seconder” of resolution (must both hold active-practising status with the College; record registration numbers with names). Either the “mover” or “seconder” should be available to speak to the resolution at the AGM.

VOTING AT THE AGM

According to the By-Laws, voting at an annual general meeting is limited to the voting body (RNs registered to vote prior to the meeting). If you are planning to attend the AGM, it is recommended that you pre-register for the voting body, however, registration will also take place at the door on the day of the AGM.

Pre-registration

- You can pre-register by e-mail, voicemail, regular mail or fax. A registration form will be published in the February issue of On-Line, the spring issue of Nursing in Focus, and on the College website. You will also be able to get a copy of the form from the College office upon request. Basically, the information that we will need is your name, registration number and district.
- When you pre-register you will also be able to indicate your intent to submit a claim for a subsidy to attend the AGM, and receive confirmation of your pre-approved expense claim (see below for note on Voting Body Subsidy).
- Once you are pre-registered you will not be required to present your RN licence at the AGM – you will be able to proceed through the Express check-in at the registration desk.
- If you pre-register but are unable to attend the AGM you cannot transfer your pre-approved expense claim to someone else.
- It is assumed that RNs who pre-register for the AGM will still hold a valid active-practising licence at the actual time of the AGM.

Registration at the AGM

- You will be required to present your active-practising licence at the registration desk.
- If you cannot present your licence, your active-practising status will be confirmed with the help of other identifying information (i.e., your registration number) via an online registration database.
- If monies are available in your district’s Voting Body Subsidy, following the pre-registration of voting members, you can submit a request for funding that will be processed at a later date (see below for note on voting subsidy).
**VOTING BODY SUBSIDY**

A Voting Body Subsidy is available to maximize the number of RNs able to attend the AGM. Here’s how it works:

1) Each district has a budget allocated for the Voting Body Subsidy, and will distribute monies on a first-come, first-serve basis to RNs registering as members of the voting body (up to the allotted maximum budget).

2) All members of the voting body will be eligible to apply to have the following expenses paid by the College:
   - mileage @ $0.40/km
   - awards banquet (approx. $40)

3) Members of the voting body, except those from within Metro Halifax*, will also be eligible to claim for:
   - for one-night’s hotel accommodation (approx. $115)
   - meals (if not provided at the meeting): up to $41.50/day

* Members in the Atlantic District who travel from outside established geographical boundaries (e.g., beyond Hubbards, Mount Uniacke, Enfield or Musquodoboit Harbour) are eligible to claim for hotel and/or meals.

**SCRUTINEERS**

Three scrutineers will be required to count votes at the AGM. Scrutineers’ expenses will be covered as per the voting body expenses. If you are interested in being a scrutineer, please contact the Executive Office. Tel 491-9744, ext. 223 (toll-free in NS 1-800-565-9744). E-mail sf@crnns.ca.

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**IMPORTANT TIPS**

- Although all RNs are eligible to apply for individual subsidies, you could maximize the number of voting members who come from your district by carpooling – and sharing hotel accommodations (the additional colleagues would be eligible to apply for a subsidy for the awards banquet and meals not provided at the AGM).
- There is a limit on the amount of money available in each district’s Voting Body Subsidy, so the earlier you register the greater your chances are of getting funding! And only those who pre-register will know whether their expenses will be covered before they attend the meeting.
- Voting registration will be limited to the maximum seating capacity at the meeting site.
- Registration for all voting members will close as soon as the business meeting begins . . . so plan to arrive at the AGM early to allow ample time for registration!

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**WANTED: Members for New Statutory Committee**

In anticipation of the new Registered Nurses Act being proclaimed, the College is taking steps to establish an Interdisciplinary Nurse Practitioner Practice Review Committee (IDPRC). According to the RN Act (S.N.S. 2006, c. 21, s. 61, Reg. s. 31), this committee must be established to determine and ensure compliance of the practice of nurse practitioners (NPs) with the RN Act and Regulations, as well as the Standards of Practice for Nurse Practitioners.

In relation to the NP Quality Monitoring and Practice Review Program, the IDPRC will report to Council on the:

- a. processes, relevant policies, procedures and tools required for the mandatory review of NPs’ practice
- b. implementation of the program
- c. evaluation strategy to determine the effectiveness of the program
- d. regular evaluation of the program, including recommended changes.

Council is currently looking for 12 individuals to serve on this committee:

- three community-based nurse practitioners, to be appointed by Council
- three acute-care based nurse practitioners, to be appointed by Council
- two nurse practitioners engaged in the education of nurse practitioners, to be appointed by Council
- one representative appointed by the College of Physicians & Surgeons of Nova Scotia, with power to designate an alternate physician representative
- one representative appointed by the College of Pharmacists of Nova Scotia, with power to designate an alternate pharmacist representative
- one representative from employers of nurse practitioners, to be appointed by Council
- one public representative, to be appointed by Council.

The Council will be considering appointments to the IDPRC Committee at its upcoming meeting, in December. To apply for this committee, please visit www.crnns.ca and complete the online College Participation Form (click on ‘About CRNNS’ > ‘Council Committees’).

If you have questions or would like more information, please contact Teri Crawford, Policy Consultant. E-mail tc@crnns.ca. Tel 491-9744 (1-800-565-9744), ext 242.
The Policy Issues Forum, held for the past couple of years in conjunction with the AGM, will have an added feature next year. In addition to the afternoon session, which will have an intergenerational theme, ‘Topic Tables’ will be held over the lunch hour to increase member participation and help generate discussion on a broad array of topics.

A registered nurse or nurse practitioner will host each Topic Table; to informally provide information and field questions related to a particular topic*. Some of the topics that we are planning to feature were chosen from evaluations of the 2007 Policy Issues Forum: others relate to current College initiatives.

To ensure that the topics selected (see below) are timely and relevant to members’ nursing practice, we would like to hear from you. If you are on the College’s e-mail distribution list, you will receive an online survey form (Votenet) in which you will be able to indicate your interest in one or more topic. And if you don’t see a topic that you like … you will be able to make your own suggestions!

If you are not on the College’s e-mail list, or if you would prefer not to complete the online survey, you can complete the following forms and send them back to the College by mail, fax or e-mail. Please return by December 17, 2007, to: Policy Issues Forum Committee, CRNNS, Attention: Julie Gregg, 600-1894 Barrington Street, Halifax, NS B3J 2A8. Fax 902-491-9510. E-mail jg@crnns.ca

*Please note: Seating at the AGM luncheon will not be assigned, and the ‘Topic Tables’ are an optional activity – additional tables will be available if you want to have lunch on your own or ‘catch up’ with friends and colleagues.

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<tr>
<th>Suggested Topic Selections</th>
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<tr>
<td>Interdisciplinary nursing healthcare teams and how they work</td>
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<td>Update on College’s Mentorship Project</td>
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<td>Changing care delivery to meet client needs: integrating CCAs into acute care</td>
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<td>RN and LPN practice: How are they different?</td>
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<td>Emergency Preparedness</td>
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<td>Duty to Care vs. Duty to Provide Care</td>
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<td>Results of research on problematic substance use</td>
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<td>Revised Building Your Profile self-assessment tool</td>
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Are there topics of interest (which fit within the College mandate) that you would like to add to the list? If so, please indicate below – and if you have a presenter in mind, please also note her/his name and contact number.

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<th>Additional Topic Suggestions</th>
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Please return by December 17, 2007.
Back in 2003, when the College signed on as a member of the National Quality Institute (NQI), staff just talked about the Canada Awards for Excellence: Gold Trophy – now we have it in our grasp! On October 24, 2007, at an awards gala hosted by NQI in Toronto, Linda Hamilton, Executive Director of the College, accepted the Gold Trophy from Kevin Dougherty, Board Chairman of NQI and President of Sun Life Financial, Canada, on behalf of the College staff.

“The Canada Awards for Excellence is an annual awards program to recognize business excellence in quality, customer service, and a healthy workplace,” says Allan Ebedes, President and CEO of NQI.

“The award recipients represent outstanding role models of effectiveness and leadership,” says Kevin Dougherty, Board Chairman of NQI and President of Sun Life Financial, Canada. “The recipients, and the more than 270 members of the National Quality Institute, are making a positive impact on the growth of the Canadian economy.”

“Achieving a culture of excellence has taken commitment and discipline on the part of many,” says Linda Hamilton, Executive Director, “including our staff and Council, our suppliers and partners, and registered nurses from across the province. We’re extremely proud of our journey to date, and already have our sights set on even ‘bigger and better’ levels of staff and stakeholder satisfaction.”

The College was among 21 Canadian organizations recognized at the 2007 awards presentation. The College of Physicians and Surgeons of Nova Scotia received the Order of Excellence Award for successfully maintaining its focus on excellence since receiving the Gold Trophy three years ago.

NQI, which was founded in 1992 by the government of the Right Honourable Brian Mulroney, is a not-for-profit, independent organization whose goal is to help Canadian private and public sector organizations implement programs of excellence. Her Excellency, the Right Honourable Michaëlle Jean, is the Vice-Regal Patron of the Canada Awards for Excellence.

Highlights of key strengths identified in the CAE Site Visit to the College in June 2007, included:

**Leadership and Planning:** clear strategic plans; reliance on cross-functional teams; focus groups with stakeholders; set measures of success; staff input in planning; accountability frameworks; self-assessments.

**Client Focus:** client database; multiple channels of client assessment; guidelines for client service; high levels of client confidence; new Fitness to Practise policy.

**People Focus:** staff input through action teams; commitment to workplace improvements and staff development; JOHSC’s impact on workplace; goal setting part of performance management process; staff orientation process; staff policy manual.

**Process Management:** formal planning process: priorities based on feedback/input from stakeholders; Quality Council consultation on internal improvements; benchmarking practices; processes monitored and statistical analysis reviewed.

**Supplier/Partner Focus:** tendering process; supplier performance reviews; ongoing feedback provided to key suppliers/partners; vendors invited to be part of College committees; secured project funding from Health Canada and federal government.

The College is committed to retaining and enhancing its focus on excellence and quality culture, and does anticipate completing another self-assessment in three years and applying for the NQI Order of Excellence Award.
AND THE COLLEGE’S 2008 AWARDS WILL GO TO...

You? Someone you know? Someone you nominated? Every year, at its Awards Banquet held in conjunction with the AGM, the College has the honour of recognizing the contributions and achievements of registered nurses selected to receive one of its six awards (Excellence in Nursing: Administration; Excellence in Nursing: Education; Excellence in Nursing: Clinical Practice; Excellence in Nursing: Research; Health Advocacy; and Honorary Life Membership).

The College is also asked to submit nominations each year for the National Chair Achievement Award in Nursing Human Resources; an award established by the Canadian Health Services Research Foundation and the Canadian Institutes of Health Research to recognize and celebrate individuals or employers who have played a key role in identifying, advocating for and/or implementing innovative initiatives to promote healthy workplaces for nurses and other health care professionals.

In 2008, the College's Awards Banquet will be held on May 13th at the Dartmouth Holiday Inn, and nominations for College awards must be received at the College by March 3, 2008.

To check out the criteria for the College awards, visit www.crnns.ca (go to ‘About CRNNS’ > ‘Awards’) or call the Executive Assistant at 491-9744, ext. 223 (toll-free in NS 1-800-565-9744). E-mail sf@crnns.ca.

If there is a Nova Scotia recipient of the National Chair Achievement Award in Nursing Human Resources, this award will also be presented at the College’s annual awards banquet, in May. For more information on this award, please visit www.hhchair.ca/achievementaward.cfm or contact Barb Mildon, Research Associate for the CHSRF/CIHR Chair in Nursing/Human Resources. Tel 416-946-7142 Fax 416-946-0193 E-mail barbara.mildon@utoronto.ca

Who was on the list of 2007 College award winners?

Excellence in Nursing Administration
Bertha Brannen, Administrator, Nakile Home for Special Care, Glenwood
Donna Denney, Nursing Policy Advisor, Nova Scotia Department of Health

Excellence in Clinical Practice
Rosalind Benoit, Specialty Nurse Practitioner, General Internal Medicine, QEII
Cathy Burrows, Staff Nurse, Vascular Leg Ulcer Clinic, QEII
Anne Marie Nahrihak, Charge Nurse, Orthopedics, QEII
Margaret Wadden, former Head Nurse and Resident Advocate, Seaview Manor, Glace Bay

Excellence in Nursing Education
Allene MacIsaac, Chair and Associate Professor, St. Francis Xavier University School of Nursing, Antigonish

Health Advocacy Award
Ann Aucoin-McKim, Palliative Care Consult Nurse, Colchester East Hants Health Authority

CHECK OUT ALL THE AWARD CRITERIA AND NOMINATE SOMEONE TODAY!

National Chair Achievement Award

Gail Tomblin Murphy, Professor, Dalhousie University School of Nursing and Community Health & Epidemiology (R), received the National Chair Achievement Award from Linda O’Brien-Pallas at a ceremony held in Halifax in September.

CALENDAR OF EVENTS

DECEMBER

3 Chemotherapy and Side Effects - an interprofessional workshop. Antigonish. Contact: Cancer Care Nova Scotia. Tel 473-5106 or 1-866-599-2267. Margaret.Jorgensen@ccns.nshealth.ca www.cancercare.ns.ca


cont’d on p.16
Recently, just over 50 RN managers from various practice areas throughout the province attended the first of three one-day workshops on professionalism to be sponsored by the College. Held at the Armdale Yacht Club, in Halifax, the workshop, entitled ‘RN Professionalism: Conversations with RN Managers’ was hosted by Anne Fraser, CRNNS Nursing Practice Consultant, and facilitated by Barb Fry, RN, Workplace Relationships Consultant.

During the day, managers had an opportunity to network and explore issues related to professionalism among registered nurses. To set the stage, an overview on nursing professionalism in Nova Scotia was presented, including provincial data. The link between professionalism and the future of nursing also highlighted on the basis of CNA’s document *Toward 2010: Visions for Nursing*.

Workshop participants were provided with a discussion guide for the day, based on three themes:

1. Let’s talk about it: The Underbelly of Professional RN Practice
   - competency
   - relationship issues
   - attitude issues

2. Practical approaches to transforming RN professionalism

3. Where to from here? From procrastination to action.

Discussion was lively and comments were positive, including:

- group discussion was relevant and very informative
- managers are dealing with common issues and we need to work towards a solution
- professionalism education needs to be mandatory for all RNs beginning with basic education
- great to have the opportunity to bring nurse managers together from other areas.

Although the dates of the next two workshops, to be held in 2008, have not yet been set, RN managers interested in attending a workshop are asked to contact Karen Mahoney, Administrative Assistant, at km@crnns.ca or ext.243. Comments and feedback from these workshops will help to determine future plans to address the issue of professionalism.

NP Quality Monitoring and Practice Review Program

When the new Registered Nurses Act (RN Act: 2006) is proclaimed, the College will be required to implement a practice review program for nurse practitioners. In preparation, the following steps have been taken:

- an ad hoc Nurse Practitioner Practice Review Committee was established to draft a program framework.
- an extensive search of other professional practice review programs was conducted.
- a draft framework was developed for a program entitled the Quality Monitoring and Practice Review Program.
- a call has been issued for individuals interested in serving on the soon-to-be established Interdisciplinary Nurse Practitioner Practice Review Committee (IDPRC), a statutory or legislated committee, which will replace the former Diagnostics & Therapeutics Committee.

Based on the draft developed, the Quality Monitoring and Practice Review Program is intended to review the performance of nurse practitioners and provide feedback and recommendations to advance their practice (within a five-year time period). The program will be confidential and supportive in nature, and will require NPs to complete a self-assessment and obtain feedback from patients, other nurse practitioners, physicians, co-workers, other health professionals and employers. The program will also provide a process for NPs to identify system issues relevant to their practice.

The draft program will be circulated within the next few months to all NPs in the province. The ad hoc Nurse Practitioner Practice Review Committee will then revise and refine the program, including the self-assessment tools, based on the feedback submitted by NPs. After the RN Act (2006) is proclaimed, the IDPRC will review the ad hoc committee’s draft program and submit to Council for final approval. The IDPRC will, ultimately, oversee the Quality Monitoring and Practice Review Program.

Members of the ad hoc Nurse Practitioner Practice Review Committee:

Sandra Duke, NP (Adults), Chair
Rosalind Benoit, NP (Adults)
Fran Gillingham, NP (Family All-Ages)
Ruth Martin Misener, NP (Family All-Ages), Researcher
Connie Venedam-Marchand, NP (Family All-Ages)
Michele Brennan, CRNNS
Teri Crawford, CRNNS
Paula Prendergast, CRNNS

If you have questions or would like to talk about this program, please contact Teri Crawford, Policy Consultant at the College. E-mail tc@crnns.ca. Tel 491-9744 (1-800-566-9744), ext. 242.

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NEWS FROM CNA

Resolutions
Resolutions are now being invited for the 2008 CNA Biennium. Resolutions must advance one of the six goals of CNA and must be submitted by March 24, 2008. Each resolution should be accompanied by written background information, expanding on the link between the resolution and one or more of CNA’s goals.

Order of Merit Awards
According to CNA’s by-laws, the CNA Board of Directors has the responsibility and authority to honour those who have made outstanding contributions to nursing. The association began to do so in 1971 with what is now called the Jeanne Mance Award. This remains the highest recognition award that CNA offers, however, in March 2007, the Board added five new domain awards, known as the CNA Order of Merit Awards:

1. CNA Order of Merit for Clinical Nursing Practice
2. CNA Order of Merit for Nursing Administration
3. CNA Order of Merit for Nursing Education
4. CNA Order of Merit for Nursing Research
5. CNA Order of Merit for Nursing Policy

CNA is now inviting nominations for these awards. The submission deadline: January 15, 2008. E-mailed or faxed submissions will be accepted provided that the “sent” date/time is no later than 23:59 hours on January 15. Original nomination forms should be mailed or couriered to CNA, 50 Driveway, Ottawa ON K2P 1E2. Fax 613-237-3520.

For more information on any of CNA’s events and/or programs, please call CNA at 1-800-361-8404 or visit www.cna-aiic.ca.

South African Nursing Project
A consortium of seven universities from southern Africa has approached the Canadian Nurses Association to help find nurses and midwives who are competent in French and qualified to assist with the supervision, via e-mail, of French-speaking students in masters level nursing programs in three francophone African countries (Democratic Republic of the Congo, Rwanda and Niger).

Candidates must have at least a masters degree in nursing, with relevant experience in research supervision, reliable access to the Internet, and to be available until July 2009. The project can provide a small honorarium, however, cannot compensate candidates for the actual length of time that may be required to supervise a student. Interested applicants should contact Professor Leana Uys, University of KwaZulu-Natal, South Africa, at uys@ukzn.ac.za. For further information, please visit chs.ukzn.ac.za/Involvement5784.aspx.
College Facilitators Move Forward with Quality Improvements

In October, at the request of Council, the College Facilitators sat down with Council members to discuss ways in which these two groups could improve their communications with each other, and enhance the effectiveness of communications with members in each of the College electoral districts.

On the same day, the facilitators also spent time together discussing their role, and put forward some innovative ideas for the future. There was 100% agreement that the program should continue. However, knowing that it is unrealistic to expect RNs to attend lengthy education sessions, the facilitators will focus more on being resources within facilities.

In 2008, the facilitators will be funded to set up resource tables in facilities, upon request, and be available to answer questions from registered nurses. They will make themselves available to meet with RNs in their clinical areas, and provide short (15 minute) education opportunities on topics such as the new Building Your Profile document (they will all be oriented to this revised document as soon as it is available). They will also continue to be available to deliver education sessions and participate in facilities’ orientation sessions.

Welcome … In June, the College Facilitator program gained two new members – Jane Jorgensen and Heather MacGregor, from the Cobequid District. Currently, Jane is the Manager for Client Services/Education at Sunset Adult Residential Centre, in Pugwash, and Heather is a staff nurse on a surgical unit at the Colchester Regional Hospital, in Truro. These two individuals bring a wealth of experience to the facilitator network, and we are delighted to have them join the team. If you live and/or work in the Cobequid District, you are encouraged to contact Jane or Heather to book education sessions or receive information about the College and its resources.

Farewell … Two College Facilitators have also left the program recently – Eleanore Howard, from the Annapolis District, and Kim Slack, from Western District. Both Eleanore and Kim became College Facilitators in 2002 when the program was still in its infancy and played a significant role in defining the role over the years. Many thanks to them both for their belief in the role and their commitment to ensuring that RNs received critical information as the Building Your Profile tool and other education resources were being introduced. All the best in the future, Eleanore and Kim.

College Facilitators are a key resource for practising RNs – visit www.crnns.ca (go to Contact Us) to connect with a College Facilitator in your district!

PECP™ Continues to Gain Momentum

The College’s Practice Environment Collaboration Program (PECP)™, designed to help nurses and administrators build and maintain quality practice environments, has been updated to reflect the current climate in health care and the challenges being faced by nurses.

In September 2007, nurses (RNs & LPNs) in two district health authorities – South West Nova and South Shore Health – began orientation to the PECP™. In addition, nurses at Shoreham Village, in Chester, have completed the assessment questionnaires and are ready to begin priority setting.

In two other district health authorities – Valley Health and East Hants (Hants Community Hospital, in Windsor) – nurses have successfully completed the initial PECP™ process and are re-entering the program to work on new change projects.

For more information on the PECP™, visit the College website at www.crnns.ca or contact Julie Gregg, Coordinator, Member Relations & Development. E-mail jg@crnns.ca. Tel 491-9744 (1-800-565-9744), ext. 226.
iN Practice: Controlled Drugs and Substances

This column is intended to provide nurse practitioners with up-to-date information on reports, legislative changes, policies and/or research impacting their practice… or just simply a means of clarifying issues frequently faced by NPs in their day-to-day practice.

On June 30, 2007, Health Canada pre-published the New Classes of Practitioners Regulations (NCPR) under the Controlled Drugs and Substances Act (CDSA) in the Canada Gazette, Part 1, with an option for interested parties to provide feedback. The College submitted a written response on August 31, 2007.

Although, to date, the authority to prescribe controlled substances has been limited to physicians, dentists, and doctors of veterinary medicine, the proposed change to the CDSA regulations recognizes the broadened scopes of practice of other regulated health professionals, including nurse practitioners, midwives and doctors of podiatry medicine (the latter currently only in Western Canada).

While these regulatory changes will enable Health Canada to designate groups of health professionals (i.e., nurse practitioners, midwives, and doctors of podiatry medicine) as practitioners under the CDSA, enabling them to prescribe some controlled and targeted drugs, they are also intended to improve care and increase patients’ effective and timely access to controlled drugs where and when needed.

The College’s Response

Overall, the College supported the new regulations as proposed, however, did provide recommendations in relation to the proposed drug list for NPs.

What does the College support?

1. Nurse practitioners as a new class of practitioner under the Controlled Drugs and Substances Act and Regulations.
2. Use of a unique identifier for NPs, keeping records, and ensuring provision of records to inspectors.
3. The need for ongoing education, monitoring and quality assurance, and any other regulatory methods deemed appropriate to ensure that NPs provide the public with safe and effective care in relation to controlled and targeted drugs.
4. The focus on practice reviews and/or prescriptive monitoring processes to identify and address practice issues related to NPs providing controlled and targeted drugs.
5. Review and evaluation of the new regulations to determine their effectiveness in the monitoring of controlled drugs, their effect on patient health and safety, and the usefulness of the drug schedule.
6. Development and implementation of similar standards for the education, monitoring and evaluation of all healthcare practitioners under the Controlled Drugs and Substances Act.

What recommendations did the College submit to the Office of Controlled Drugs and Substances in relation to the CDSA, specifically the drug list for NPs?

1. View the drug list as an interim measure; ultimately being broadened to provide NPs with the flexibility to prescribe controlled and targeted substances based on their scope of practice and patients’ needs (not a list of drugs).
2. Review and evaluate the drug list for NPs within a specified timeframe (e.g., two years from the date of implementation).
3. Develop a policy and procedure for adding additional drugs to the drug list for NPs.
4. Consider the addition of the following drugs:
   - Fentanyl - for chronic pain and palliative care
   - Testosterone - for androgen deficiency related to endocrine disorders

The College also asked Health Canada to consider changing the definition of ‘NP’ to the definition published by the Canadian Nurse Practitioner Initiative.

The Next Steps

Health Canada has indicated that they are currently reviewing all feedback received on the pre-published NCPR under the CDSA, and will consult with nursing representatives on some of the issues related to the proposed drug list for NPs.

Once the NCPR is published, and the new regulations are enacted, there will have to be enabling provincial legislation for nurse practitioners and midwives in Nova Scotia to prescribe and administer drugs regulated under the CDSA. The College will work closely with the Nova Scotia Department of Health to ensure that:

- the requirements under the new federal CDSA regulations (New Classes of Practitioners Regulations) are met
- enabling provincial legislation and policies are developed
- NPs have the competence (ongoing education) to provide the public with safe and effective care in relation to controlled and targeted drugs.

CALENDAR OF EVENTS - (cont’d from p.12)

DECEMBER 2007

11-12 19th National Forum on Quality Improvement in Health Care - Institute for Healthcare Improvement. Membertou Trade & Convention Centre, Sydney. Contact: Anne MacIntrye, Patient Safety Manager, CBDHA. Tel 902-8187. Macintyrea@cbdha.nshealth.ca
www.cbdha.nshealth.ca

APRIL 2008

www.anac.on.ca

17-19 Nursing with Power and Passion. Amherst. Contact: Shirley Mack at shibob@ns.sympatico.ca or Elizabeth Smith-McCrossin at 902-669-0299. For registration info, visit www.echh.ca.
Social Determinants of Health

According to the World Health Organization (2003) and the Toronto Charter (Raphael, 2004), social determinants of health include:

- employment and working conditions (e.g., women with disabilities are twice as likely to be unemployed as compared to the national women’s average: Statistics Canada, 2005)
- income and its equitable distribution (e.g., annual income and a family’s capacity to meet basic needs)
- food security (e.g., a family’s capacity to provide minimum basic food requirements)
- housing (e.g., safe shelter, and green space for play)
- early childhood development, education, and care (e.g., nurturing and abuse-free environments, access to appropriate educational supports)
- education (e.g., opportunities for post-secondary education)
- health services (e.g., access to specialist and multi-disciplinary services)
- social exclusion (e.g., groups experiencing social exclusion tend to sustain higher health risks and lower health status, including indigenous peoples, immigrants and refugees, persons of color, persons with disabilities, lone parents, the elderly, gays and lesbians: Galabuzi, 2004)
- social safety nets (e.g., income supplements and publicly funded home care support)
- identity (e.g., gender, race, ethnicity, culture, social class, (dis)ability, sexual orientation, age (McGibbon, 2007)).

At the core of SDH is the notion of equity in health. Equity, in this case, is when all individuals, families and communities have access to health care regardless of factors such as, but not limited to, income, age, gender or race. Equal treatment, on the other hand, means that all services are the same, regardless of the needs of clients. For example, while multidisciplinary and specialist services are considered to be equally available to all, many rural families in Nova Scotia struggle to meet transportation costs associated with the treatment of a child with a chronic illness — thus, creating inequities in access. When a family is not able to cover such costs, their income, and for some their poverty, becomes a major social determinant of their health outcomes and/or those of their family (McGibbon, 2007). Racism in the healthcare system is also a significant barrier in access to health services (Etowa, Weins, Bernard, & Clow, 2007).

Health and Public Policy

Canada has long been recognized internationally as a leader in the provision of goods and services needed by its citizens to maintain health. In fact, the Canada Health Act (1984) is a world-renowned example of our country’s commitment to accessible, universal, and comprehensive health services. However, in recent decades, economic and political pressures, as well as health and public policy decisions, have made it difficult for many Canadians to maintain a healthy standard of living (Raphael, 2004). This trend has been referred to as ‘policy-created poverty’.

Statistics Canada data indicates that the child poverty rate has steadily increased over the past ten years, making it more and more difficult for families to provide basic human needs (Statistics Canada, 2007). Nova Scotian families are particularly at risk for living in poverty. The following table illustrates poverty rates for urban people in Nova Scotia (Canadian Council on Social Development, 2000). The rates for each of these groups are even higher in rural Nova Scotia (Manicom, Rhymes, Armor, & Parsons, 2005).

<table>
<thead>
<tr>
<th>Population Group in NS</th>
<th>Poverty Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children between age 0-5</td>
<td>27%</td>
</tr>
<tr>
<td>Recent immigrants</td>
<td>45%</td>
</tr>
<tr>
<td>Visible minorities</td>
<td>38%</td>
</tr>
<tr>
<td>Persons with disabilities</td>
<td>29%</td>
</tr>
<tr>
<td>Elderly women</td>
<td>36%</td>
</tr>
<tr>
<td>Elderly men</td>
<td>31%</td>
</tr>
<tr>
<td>All Nova Scotians</td>
<td>19%</td>
</tr>
</tbody>
</table>

Poverty often underpins the social determinants of health and health outcomes, and the rates of child poverty are considered to be a strong indicator of the health and well-being of families and communities. In Nova Scotia, the rate of child poverty increased by 13.1% between 1989 and 2004, and according to Raven, Frank, & Ross (2006) this rate has been consistently above the national average for the last 15 years.

Barriers in access to post-secondary education further underscore the importance of the social determinants of health in Nova Scotia. The average undergraduate university student in the province pays about 50% more in tuition fees than the national average of $4,347 (Statistics Canada, 2006). In addition, across all levels of education, women in Nova Scotia earn less than men. On average, women with baccalaureate degrees earn almost $14,000 less per year than men with similar degrees (Nova Scotia Advisory Council on the Status of Women, 2006).

One of the most significant ways to think about poverty is to explore...
the growing income gap for families. In Canada, more and more families are living at or below the poverty line, yet between 1980 and 2001 the percentage of families earning $90,000 - $99,999 doubled from 4% to 8%. And while the percentage of families in the middle income bracket has steadily decreased, the percentage of families earning between $10,000 and $20,000 per year has increased (Curry-Stevens, 2001). In other words, there is a growing income gap in Canada where all but the wealthy families have experienced a decrease in their annual income. When individuals, families and communities lack the financial resources to secure food, adequate shelter and education, health and well-being is severely compromised. In Halifax, 16,000 households pay more than 50% of their income on shelter. The median income of these families is $770/month (Community Action on Homelessness, 2007).

While learning about creative ways in which to improve nutrition by combining lower cost foods may be helpful in some small way to decrease poverty’s sharper edges, these strategies will not address the core causes of poverty. Since the costs of essentials such as food and education have steadily increased, it has become increasingly difficult for Canadian families to achieve mental and physical health and well-being. These statistics place Nova Scotians at a particularly high risk for a wide range of difficulties related to the SDH, and point to the urgent need for action.

Advocacy and Political Activity: Strategies for Practice, Education, and Research

Although the nursing profession has a long history of successful advocacy and political action, the increasing complexity of health determinants creates new challenges. As the practitioners who spend the most one-to-one time with clients, nurses are in a pivotal role to advocate for health care that more accurately reflects the SDH impacting specific clients’ needs (e.g., client advocacy in primary health care, as well as institutional and community care). As previously noted statistics indicate, it is crucial that nurses lobby at the local, provincial, and national level for justice in health care.

Everyday realities, such as increasing levels of child poverty and a growing income gap, have their roots in health and public policy decisions. In 1989, all parties in the federal parliament pledged to end child poverty in Canada by the year 2000. However, political will has not yet matched this intention.

The following suggestions are put forward as examples of advocacy in nursing practice, education, and research (Note: there is overlap in the three areas – they are presented separately for clarity):

Advocating for SDH in Nursing Practice

- Nursing assessment – Routinely ask about social determinants of health (e.g., food security, barriers in access to health services, safety and security in the workplace).
- Advocacy in client care – As a routine component of follow-up care, ensure clients have available transportation in order to access health care. Promote team discussions on what may appear to be client non-compliance (e.g., a lack of follow-through on health recommendations may relate to a client’s inability to organize or pay for them, not an unwillingness to adhere to the treatment plan).
- Nursing managers – Explicitly consider and incorporate SDH in policy and procedure documents (e.g., when designing nursing assessment forms).
- Advocate at health and public policy level – Promote ‘one nurse-one vote’. Determine if your MLA has a proactive position regarding health determinants. During elections, compare candidates and political parties on the basis of their positions and performance on health determinants, especially child poverty.
- Collaborative interprofessional practice skills – Acknowledge that interprofessional collaboration, beyond what is currently happening, is required in order to positively impact many social determinants of health, especially for populations such as children and youth. Working collaboratively across sectors, disciplines, organizations, and other communities is the only way we will be able to tackle mega-issues such as child poverty (McPherson, Popp, & Lindstrom, 2006).

Advocating for SDH in Nursing Education

- Request inservices/continuing education on SDH – Arrange unit and hospital-wide presentations. Tailor presentations to your practice area (e.g., cardiac and diabetic outcomes have been clearly inked to SDH: CNA, 2005).
- Bring statistics to the practice area – Numbers talk. Graphs and tables on bulletin boards are an excellent and quickly understood source of education.
- Incorporate SDH-related information in undergraduate nursing curricula – Include one SDH class in each of the specialty area courses (mental health, medical-surgical, and maternal-child nursing). Explicitly naming SDH, and statistically and qualitatively connecting them to a specific practice area is a powerful learning tool.
- Focus on policy – Direct students’ attention to SDH-related policy (e.g., policy-created poverty). Introduce health and public policy content in first-year courses.
- Become familiar with the issues and action regarding SDH in your area – Attend information sessions, rallies, and other public events showcasing health determinants such as poverty and homelessness. Incorporate these activities as part of students’ clinical experiences.

Advocating for SDH in Nursing Research

- Increase research focus on health inequities related to SDH – Investigate the difference between equality and equity in terms of access to health care.
- Increase evidence informed practice – Share quality research studies that link your practice area with SDH. Post articles on your unit, and include them in case planning.
- Bring SDH evidence to the research table – When participating in research design, ask about the relevance of SDH to the study (qualitative or quantitative).
- Consider SDH-related concerns specific to your practice area when identifying potential areas for research – e.g., what is the relationship between adequate prenatal nutrition in Nova Scotia mothers and time babies spend in neonatal intensive care? It is crucial that provincial policy makers have a local perspective to inform their decision making.

Conclusion

Nurses are already strategically positioned to advocate for clients regarding social determinants of health. Based on their large numbers, the availability of health-outcomes-based expertise within their profession, and a professional and ethical base for advocacy, nurses can make a critical difference in advocating for equity in health care and eliminating inequities related to social determinants of health.


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**EDUCATIONAL OPPORTUNITIES**

### Graduate Education Scholarship for RNs

Applications are now being accepted for the [Graduate Education Scholarship](http://www.cdha.nshealth.ca). To be awarded in January 2008 by the Registered Nurses Professional Development Centre to a graduate of the former VGH School of Nursing or an alumna who is nearing completion of a masters degree program in nursing or related health discipline. For an application form, please visit [www.cdha.nshealth.ca](http://www.cdha.nshealth.ca) (go to Education> RN Professional Development Centre) or contact Sharon LeBlanc, tel 473-8860 or sharon.leblanc@cdha.nshealth.ca.

**Application deadline: November 30, 2007.**

### Dalhousie Nursing Research Fund

The [Dalhousie Nursing Research Fund](http://www.cdha.nshealth.ca) provides grants, ranging from $1500 to $5000, to support nursing research and enhance the dissemination and discussion of research findings. Dalhousie nursing faculty, registered nurses practising in Nova Scotia or graduate students conducting research are eligible for the grants.

**Submission deadlines: October 1, February 1 and June 1 each year.** Contact the secretary to the Nursing Research Fund at 102-494-2535 or our website at [http://nursing.dal.ca](http://nursing.dal.ca) for application forms or for more information.

### CNF Scholarship Program

The [Canadian Nurses Foundation (CNF) Scholarship Program](http://www.cdha.nshealth.ca) is for Canadian nurses pursuing studies at the baccalaureate, masters, or doctorate level during the 2008-2009 academic year. For more information, please contact the Canadian Nurses Foundation, 50 Driveway, Ottawa ON K2P 1E2. Tel 1-613-237-2159. Toll-free 1-800-361-8404. Fax 1-613-237-3520. E-mail info@cnf-fiic.ca. Application forms for 2008-2009 academic year will be on the Foundation’s website in December 2007 [www.canadiannursesfoundation.com](http://www.canadiannursesfoundation.com).

### RN Professional Development Centre Continuing Education

Be sure to visit the RN Professional Development Centre’s website for information on various clinically-based education programs that are being offered in Nova Scotia, including the new Rural Nursing Program (Sept. 2008 - June 2009). Contact: Sheila Paris, Registered Nurses Professional Development Centre. Tel 473-2175. E-mail Sheila.Paris@cdha.nshealth.ca [http://www.cdha.nshealth.ca](http://www.cdha.nshealth.ca) (go to ‘Education’ > ‘Registered Nurses Professional Development Centre’).

### St. FX University – Distance Education Programs

Would you like to advance professionally while continuing to work full-time? St. Francis Xavier University, in Antigonish, NS, offers three part-time distance nursing programs. Applications are now being accepted for the:

- **Post-RN Bachelor of Science in Nursing Degree**
- **Certificate in Gerontological Nursing Program**
- **Certificate in Continuing Care Program**

Certificate program courses are fully transferable into the BScN program. For more information or to obtain an application package, please contact the program office at 1-800-565-4371 or e-mail distance.nursing@stfx.ca [http://www.stfx.ca](http://www.stfx.ca) ([academic/continuinged/Nursing.html](http://www.stfx.ca)).
Attention: Retired and/or Soon-to-be Retired Nurses

A number of retired registered nurses in the HRM are interested in forming a special interest group – to get together with other retired nurses for ‘socials’. If you would like to help form or be part of this group, please contact either Frankie MacCormack (tel 453-6391) or Jane Chiasson (tel 477-8793). Also, if you know a retired nurse who doesn’t receive College newsletters, please pass this message onto her/him. Thanks.

Attention: VON Nurses

The Victorian Order of Nurses will be hosting a Grieving Well: Bereavement Self-Help Group on the first Wednesday of each month, through to April 2008, at the VON Greater Halifax location (6 p.m. - 9 p.m.). All VON nurses are welcome to attend all the group meetings or to drop in for just one.

This support group has been established as part of the VON Greater Halifax’s Bereavement Program – for VON nurses, volunteers and staff who have experienced the loss of a client, a loved one, or any loss that they would like to talk about in a confidential, safe environment. Co-leaders of the group are Grace Bezanson, RN, Community Nurse, and Donna Hanczaryk MA of Community Support and Volunteer Services, Palliative and Supportive Care Program. VON Greater Halifax also offers other monthly educational sessions on grief. For more information, call 455-6654.

NS Family Practice Program Gains National Recognition

On October 11, 2007, the Canadian Nurses Association (CNA) participated in a news conference with the College of Family Physicians of Canada (CFPC) to promote a joint vision statement on the value of collaborative interprofessional care. At the news conference, held during the CFPC’s annual Family Medicine Forum in Winnipeg, Manitoba, programs that support collaborative teams in primary care settings, and optimize the skills of health professionals, were in the spotlight – including Nova Scotia’s Nursing in Your Family Practice program*. After only six months in operation, this program, which is supported by primary care in Capital District Health Authority, is already showing promising results.

“Teams are already reporting an increase in the number of patients being seen, and timely access to care has shown considerable improvement,” says Paty Smith, RN, project lead of the Nursing in Your Family Practice program in Halifax, “while comprehensive chronic disease management, health promotion and disease prevention have been enhanced.”

“A key strategy to achieving improved access to primary health care ...will be enhanced access to collaborative care,” says Tom Bailey, MD, CFPC president,”“... the joint vision statement challenges governments and key stakeholders to support the resources needed.”

The CFPC-CNA Vision Statement on Inter-professional Care is available on CNA’s website: www.cna-aic.ca.

“The Nursing in your Family Practice program was also highlighted as a model of success in The Globe and Mail and on CBC radio (practice in Bedford interviewed).

Women, Newborns and Nurses ... On The Edge.

Living, Learning. Leading.

Anne Fraser (L), Nursing Practice Advisor, and Julie Gregg, Coordinator, Member Relations & Development, hosted a College booth at the AWHONN conference.

The 18th national AWHONN conference was held October 18-20, 2007, in Halifax — and from all accounts was a great success. More than 180 registrants attended one or more of the seven pre-conference workshops, and 330 participants — from every province and territory in Canada — attended the keynote sessions.

Mary Ellen Gurnham, President of the College of Registered Nurses, opening plenary speaker on October 20th, invited participants to consider the true meaning of Power in Nursing. For the closing plenary session, Janet Bronstein Moody, Department of Health Promotion and Protection, engaged all participants in reflecting on life’s lessons in “Things I learned from my grandmother”. Concurrent sessions during the conference included 47 “edgy” presentations that reflected just a sampling of the exciting research and practice innovations happening in hospitals and communities across Canada. The conference closed with an engaging lecture by Dr. JoAnne Solchary, entitled Bonding and Attachment in Adoption.

Heads Up! For Healthier Brains—Alzheimer Awareness Month

January 2008 is Alzheimer Awareness Month throughout Canada. It also marks the 25th anniversary of the Alzheimer Society of Nova Scotia. Currently 40,000 people in Nova Scotia have Alzheimer’s disease or other dementias. In addition, over 52 per cent of Canadians know someone with Alzheimer’s disease, and almost 25 per cent have someone in their family affected by this disease.

Research shows that adopting a healthy lifestyle and keeping your brain active may help reduce the risk of developing Alzheimer’s disease. To make a Healthy-Brain Commitment, and find out about other celebratory events like the Artisans Auction for Alzheimer Research and the Alzheimer Awareness Breakfast, in January, with Dr. Donald Weaver, an international leader in Alzheimer research, please visit www.alzheimer.ns.ca.

cont’d on p.22
CNE VIA TELEHEALTH

With support from the Department of Health, Dalhousie University School of Nursing, and Dalhousie Computing Services, the College provides pre-recorded CNE Telehealth programs via its website – accessible at anytime to RNs throughout the province. Look for the symbol to find out which sessions will be available on the web within two weeks of their actual live presentation. You will need your registration number and password (contact the College if you do not have this information; a retrieval mechanism is also available on the site).

DECEMBER

December 3: Overview of the types and stages of dementia.  Presenter: Sarah Krieger-Frost, Community Mental Health Nurse, Geriatrics/Psychiatry, QEIl. TH sites: Northside General, Strait Richmond, Victoria County Memorial, and Yarmouth Regional hospitals; South Cumberland Community Care Centre; and the broadcast site - QEII, Abbie Lane, Room 4074. 2:00 - 3:00 p.m.

December 5: Heart failure: 1) Pathophysiology; 2) Presenting signs & symptoms; 3) Treatment - pharmacological & non-pharmacological; 4) Case study.  Presenter: Rosalind Benoit, MN, NP, CCN (C), CDHA. TH sites: Digby General, Eastern Memorial, Hants Community, and Queens General hospitals; Bayview Memorial Health Centre, Eskasoni Health Centre; and the broadcast site - QEII, VG Site, Centennial Building, Educators’ Resource Room 1-026. 2:00 - 3:00 p.m.

December 6: Burn trauma.  Presenter: Paula Martell, RN, ICP (Intermediate Care Paramedic), QEII. TH sites: Buchanan Memorial, Lillian Fraser, North Cumberland Memorial, and Victoria County Memorial hospitals; Bayview Memorial Health Centre; and the broadcast site - QEII, VG Site, Centennial Building, Educators’ Resource Room 1-026. 2:00 - 3:00 p.m.

December 7: Formulary management (a nurse practitioner continuing education session - open to all health care professionals).  Presenter: Judy McPhee, Manager, Drug Programs, NS Department of Health. TH sites: Cape Breton Regional, St. Martha’s, and Inverness Consolidated hospitals; Cumberland Regional Health Care Centre; Eastern Kings Memorial Community Health Centre; and the broadcast site - QEII, VG Site, Bethune Building, Room 255. 2:00 - 3:00 p.m.

December 10: Managing MRSA/VRE in a variety of healthcare settings.  Presenter: Elizabeth Watson, BScN, RN, CIC, Infection Prevention & Control Services, South Shore Health. TH sites: Digby General, Hants Community, Lillian Fraser, South Shore Regional, Valley Regional, and Yarmouth Regional hospitals. 2:00 - 3:00 p.m.

December 11: Assessment and management of lower limb ulcers.  Presenter: Cathy Burrows, BScN, RN, Leg Ulcer Clinic, Division of Vascular Surgery, QEII. TH sites: Digby General, Lillian Fraser, South Shore Regional, and Strait Richmond hospitals; North Queen’s Community Health Centre, South Cumberland Community Care Centre; and the broadcast site - QEII, VG Site, Centennial Building, Educators’ Resource Room 1-026. 2:00 - 3:00 p.m.

December 13: Moms on Methadone: Perinatal effects on mother and baby.  Presenter: Glenda Carson, MN, PNC(C), IBCLC, Perinatal Clinical Nurse Specialist, Women’s and Newborn Health Program, and Della Morrison, Neonatal Nurse Practitioner, IWK Health Centre. TH sites: Buchanan Memorial, Cape Breton Regional, Glace Bay General, Inverness Consolidated, and Northside General hospitals; and the broadcast site - Room G2286, Classroom C, IWK. 2:15 - 3:15 p.m.
Consent Reprimand
Linda Sylvia Sewell
Shubenacadie, NS
CRNNS Registration No. 32251

On June 4, 2007, the Complaints Committee of the College of Registered Nurses of Nova Scotia (the College) ordered that pursuant to s. 32(4)(c)(v) of the Registered Nurses Regulations, and with Linda Sylvia Sewell’s consent, Ms. Sewell receive a reprimand for (i) practising nursing and using the designation of RN while she did not hold a current licence to practise nursing (June 16-October 31, 2006), and (ii) her lack of accountability.

Although the period of time during which Ms. Sewell practised nursing without a licence was relatively short (four months), the committee believed that the issuance of a reprimand was appropriate because of Ms. Sewell’s pattern of a lack of accountability regarding the licensure and complaints processes at the College.

On June 22, 2007, Ms. Sewell consented to the reprimand.

Consent Reprimand
Restriction on Licence
Mary Josephine Mackintosh
Halifax, NS
CRNNS Registration No. 17217

On August 3, 2007, the Complaints Committee of the College of Registered Nurses of Nova Scotia (the College) ordered that, pursuant to s. 32(4)(c)(v) of the Registered Nurses Regulation, and with Mary Josephine Mackintosh’s consent, Ms. Mackintosh receive a reprimand for her failure, on the night shift of March 26-27, 2007, to:

(i) provide appropriate care to a palliative care patient; and
(ii) appropriately document on the patient’s chart.

Ms. Mackintosh’s failure to provide appropriate care included not ensuring that the patient was cleaned after he was incontinent of feces, and not providing eye, mouth and skin care or hydration measures according to the patient’s plan of care.

Ms. Mackintosh’s failure to document appropriately included not documenting an assessment of the patient that accurately reflected her observations or interventions, and not charting the administration of some medications on the medication record.

The Consent Reprimand was contingent on Ms. Mackintosh agreeing to a restriction on her licence, which prohibits her from practising in the area of palliative care nursing. The committee questioned Ms. Mackintosh’s comprehension of the principles of palliative care and imposed the restriction on her licence until such time as Ms. Mackintosh provides proof that she has successfully completed a palliative care course approved by the College.

On August 15, 2007, Ms. Mackintosh consented to the reprimand and to the imposition of the above noted restriction on her licence to practise nursing.

Continuation of Suspension
Lisa Doris Ward Cribby
Dartmouth, NS
CRNNS Registration No. 30461

On September 24, 2007, the Professional Conduct Committee of the College of Registered Nurses of Nova Scotia (the College) accepted a Settlement Proposal agreed upon by the College and Lisa Doris Ward Cribby and recommended by the Complaints Committee of the College. The Complaints Committee had previously ordered an interim suspension of Ms. Cribby’s licence to practise nursing, pending further disposition by the Professional Conduct Committee.

The Settlement Proposal was advanced pursuant to Section 34 of the Registered Nurses Regulations. In the Settlement Proposal, Ms. Cribby admitted the following allegations as set out in the Notice of Hearing:

(a) Ms. Cribby suffers or suffered an incapacity that renders, or rendered, her unsafe to practise nursing.
(b) Between October 2002 and February 2006, on a number of occasions, Ms. Cribby failed to be accountable and responsible for her own nursing practice.

Ms. Cribby admitted to the above allegations and agreed that such allegations amount to incapacity, as defined in the Registered Nurses Act.

The Settlement Proposal provides that Ms. Cribby’s licence to practise nursing will continue to be suspended until she satisfies the Professional Conduct Committee that she has completed mandatory treatment directed toward recovery and is fit to return to the practice of nursing.

The Settlement Proposal also provides that a breach of any term of the Settlement Proposal shall constitute professional misconduct and may form the subject of a hearing before the Professional Conduct Committee.

Connections (cont’d from p.20)

Eldercobics - Seniors’ Fitness
Eldercobics, a non-profit community-based satellite group fitness program for anybody over 55 years old, is looking for individuals to teach in HRM, on a part-time basis. Eldercobics offers classes 2-3 times a week, and the program is taught by certified YMCA fitness instructors and coordinated by YMCA staff. All proceeds go to improve program quality and expand the classes into locations where there has been an expressed need. If you are interested, please contact Sue Theriault at 496-1888, ext 253.
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We are currently recruiting Registered Nurses, Advanced Practice Nurses, Clinical Managers and Grad Nurses to fill a number of permanent full-time and part-time positions in: Critical Care, Oncology and Gynecology Oncology, Nephrology, Cardiology, Geriatrics, Medicine, Surgery, Perioperative, Mental Health and Rehabilitation Services. We offer a corporate Nursing orientation, followed by unit-specific competency-based orientation, as well as ongoing opportunities to expand your skills across a variety of clinical programs. To make your move to the FRONT LINES even easier TOH offers attractive salaries, benefits packages, and education and relocation bonuses!

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Mary M. AuCoin
RN BA BN DOHN
Nurse, Geriatric and Long Term Care
Sydney, Nova Scotia

Spread the Word...
In support of British Columbia, Canada’s Perinatal/Neonatal network, BC’s Health Authorities have come together in collaboration on this unique, focused, province-wide recruitment initiative: Baby BC. Led by the Provincial Specialized Perinatal Services Clinical Leadership team, Baby BC, has been established to recruit specialized Neonatal and Perinatal (Labour & Delivery, Post-Partum, High Risk Antepartum) nursing staff to meet both current and future staffing requirements across British Columbia, Canada.

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Focusing on care for women, newborns and their families from pregnancy to postpartum, including neonatal intensive care, and working in your specialty area, you will benefit from our commitment to your clinical development. Our clinical teams foster ongoing learning opportunities and encompass best practices.

World-class ski resorts. Unbeatable shopping. Mouth-watering dining. Lush vineyards and beautiful gardens. These are just a sampling of the incredible adventures waiting for you in British Columbia. The picturesque landscape is a perfect backdrop for the career you crave! Exciting full-time, part-time, and casual opportunities in both urban and rural health facilities are available on our web site. Discover a specialty nursing career in beautiful British Columbia and apply online today!

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1 Due to provincial legislation, our auto insurance program is not offered in British Columbia, Manitoba or Saskatchewan. The TD Meloche Monnex home and auto insurance program is underwritten by Security National Insurance Company and distributed by Meloche Monnex Insurance and Financial Services Inc. in Quebec and by Meloche Monnex Financial Services Inc. in other provinces and territories.
In May 2009, the College will hold its 100th annual general meeting ... and launch a year of Centennial celebrations. Then, in June 2010, just over 100 years after the Graduate Nurses Association of Nova Scotia (today known as the College of Registered Nurses of Nova Scotia) was incorporated, we will tie-up our formal celebrations with the help of hundreds of registered nurses from across the country ... as we play host to the 2010 CNA Biennium.

To get our Centennial Celebrations rolling, however, we need your help in creating a slogan ... a phrase that will reflect where we have come from as a profession in the past 100 years, where we are at ... and where we aspire to be in the future.

Everyone who submits a suggestion for the Centennial slogan before February 29, 2008, will be eligible to win an iPod! The person submitting the ‘winning’ slogan will receive an all-expense-paid trip to Halifax to attend the launch of the College’s Centennial – in May 2009 (see p. 7, inside, for more information on the Centennial Celebrations).

Submit your slogan idea(s) to:
College of Registered Nurses of Nova Scotia
c/o Centennial: Special Events Committee
600-1894 Barrington Street
Halifax, NS B3J 2A8
Fax 1-902-491-9510
E-mail celebrations@crnns.ca