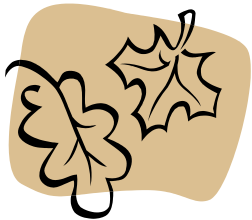




Photo taken in Yellowknife, Northwest Territories by Valerie Pond | October, 2016

## Continuing Education & Competencies Inside Highlights



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*The Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU) is the professional registering body and professional association. Its purpose is to register nurses for practice for the benefit and protection of the public; and to promote standards of nursing practice and education.*

### **Mission**

*To promote and ensure competent nursing practice for the people of the Northwest Territories and Nunavut*

*The RNANT/NU newsletter is published three times a year by the Registered Nurses Association of the Northwest Territories and Nunavut. The publication dates are March 15<sup>th</sup>, July 15<sup>th</sup> and November 15<sup>th</sup>. Deadlines for submission of articles are January 30<sup>th</sup> for March 15<sup>th</sup>; May 30<sup>th</sup> for July 15<sup>th</sup>; September 30<sup>th</sup> for November 15<sup>th</sup>.*

### **Location**

483 Range Lake Road  
P.O. Box 2757  
Yellowknife, NT X1A 2R1  
Office Hours 8:30 – 4:30 Mon - Fri  
Tel: 867-873-2745  
Fax: 867-873-2336  
Website: [www.rnantnu.ca](http://www.rnantnu.ca)  
Email: [info@rnantnu.ca](mailto:info@rnantnu.ca)

### **RNANT/NU Board of Directors**

President	Shawna Tohm
President Elect	Rommel Silverio
NT Vice President	Vacant
NU Vice President	Jennifer Pearce
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### **RNANT/NU Staff**

Executive Director: Donna Stanley-Young  
Director of Regulatory Services & Policy: Michelle Brisco  
Director of Professional Conduct Review: Jan Inman  
Registration Coordinator: Nikki Johansen  
Executive Assistant: Krista Ingram

Edition Editors: Elizabeth Cook and Pat Nymark



## President's Message

My first act as President was to attend the CNA Biennial in St. John, New Brunswick. During the event, representatives from seven jurisdictions including the NT and NU were elected to the CNA Board of Directors. It is my honour and privilege to represent the NT and NU at this national table. In September, I attended the CNA Board Members orientation which was very informative and humbling. I am very excited to bring the North's message to the national level. Please visit the CNA website to keep up to date on the latest projects and news.

It has been a busy few months for our Association with the AGM and the registration renewal period beginning a month earlier this year. I would like to personally thank all of the staff at the RNANT/NU office for their hard work and dedication during Registration and throughout the year. We have a great support team that ensures we meet our goals and objectives for the Association.

I would like to challenge each of you to make a submission to our Nurse to Know section in our Newsletter. Celebrating our nursing profession gives us strength and pride; celebrate the floor nurse, the specialty nurse, the nurse manager, the new graduate who is finding their way in this amazing profession, or a mentor who has shaped your practice. The information for nominations can be found on our website. This is the opportunity to celebrate our profession and those who make a difference.

To our nursing students, who are our future in the NT and NU I would like to challenge you to familiarize yourself with and contribute to the Association. Submit your projects, research papers or just a picture of your class on the journey to become a member of our profession. You will be the nurses of the future who impact our profession in the North. It has been such a pleasure over the last few months meeting the students in both Nunavut and the Northwest Territories. Your energy is contagious! Share that enthusiasm with us!



SHAWNA TOHM

As the colder months slowly creep towards us, remember to take care of yourself. Self-care is very important in this profession. Remember you are the reason our patients receive exceptional care. Remember to also support your co-workers. A positive word to a new grad or the nurse who is close to retiring and all those in between can mean the difference between a positive work environment and a toxic environment. Stop the gossip and instead start a positive wave in your communities, health centers and hospitals. Be proud to be a Registered Nurse!

Please feel free to email at [President@rnantu.ca](mailto:President@rnantu.ca)

A handwritten signature in blue ink that reads "Shawna Tohm".

Sincerely,  
Shawna Tohm  
President RNANT/NU





## Executive Director's Message

The theme of this edition of the newsletter is "Continuing Education and competencies". A timely edition as you contemplate the development of your continuing competence plan for 2017. Several teleconferences were held in September about the RNANT/NU Continuing Competence Program to assist members with the development and evaluation of their plans. The teleconferences also provided members with the opportunity to seek answers to any outstanding questions.

September 1<sup>st</sup> marked the start of an earlier registration renewal period. Bylaw changes on the new renewal period were ratified by the RNANT/NU membership at the 2016 Annual General Meeting in Iqaluit on May 14<sup>th</sup>. While feedback to date has been mostly favourable, members will have the opportunity to provide additional feedback in an upcoming member survey.

This fall, RNANT/NU volunteer committees continue to work on a number of projects. These include RN Scope of Practice, requirements for nurse practitioner's who can no longer demonstrate competency, and the development of a jurisprudence learning module. Stakeholder consultations will take place upon completion of the projects

RNANT/NU has also had the opportunity to participate in a number of projects underway at CNA. A new code of ethics has been drafted, a national nursing framework for medical assistance in dying has been developed and a Choosing Wisely Canada nursing list has been assembled.



DONNA STANLEY-YOUNG

I encourage you to check the CNA website [www.cna-aiic.ca](http://www.cna-aiic.ca) and the RNANT/NU website [www.rnantnu.ca](http://www.rnantnu.ca) in 2017 for updates about these documents.

Happy Holidays!

A handwritten signature in black ink that reads "Donna Stanley-Young". The signature is written in a cursive style.

Donna Stanley-Young  
Executive Director RNANT/NU



## Meet your Board



**Sue Lightford**  
**NT South**  
**Regional Member**

I have been a nurse for 30 years working primarily in remote northern communities. During this time, I have had the privilege to work in all three territories as well as northern Manitoba and northern Ontario.

I started as a staff nurse in a small cottage hospital in Northern Manitoba and moved further north to Rankin Inlet in 1989. I spent many years there as a CHN, NIC, Director of Health programs and mother of five! I will cherish those years as some of the best both professionally and personally.

I worked in the Yukon as both a CHN and Manager and had the opportunity to visit every single

community. I am currently managing in the Dehcho region in NT. I have worked in rural Ontario as both CDE and senior manager for homecare.

The common theme so far in my career is community... community life, the impact of social determinants of health, the resilience of people and the power of community. I love my work. I am honoured to have worked and networked with many wonderful and dedicated people. I am honoured to have been included as a community member.

I think it is my turn to contribute to RNANTNU as a board member and look forward to this team work. There will be lots to learn and hopefully I am able offer perspective from a pan-territorial viewpoint.



### CALL FOR ABSTRACTS

*For RNANT/NU AGM Education Day*

Friday, May 27<sup>th</sup>, 2017.

Call for Abstracts open December 1<sup>st</sup>, 2016.  
Deadline for submission is January 27<sup>th</sup>, 2017.

**Your abstract can cover a wide range of topics but must relate to the clinical practice of Primary Healthcare Nurse Practitioners.**

Format for Sessions will be Panel Presentations – A 60-minute group oral presentation to a group of your peers, plus 30 minutes for discussion. Maximum three presenters per panel. Each panel provides its own moderator.

For submission guidelines contact Krista Ingram at [execast@rnanntnu.ca](mailto:execast@rnanntnu.ca) or 1-867-873-2745, ext. 24.

If you are invited to give a presentation, please note you will be responsible for all fees and travel costs.



## Stephanie Staples Bring Your "A" Game to Work & Life!

Keynotes - Workshops - Retreats – Coaching - Consulting

Breathe some life back into your organization - follow Steph's proven 5 "A" strategies to create a game plan that not only works – but that your team can actually get excited about!

Invest in your people, the rewards will come back, tenfold.

Visit Pg. 15 for more information on this workshop hosted by the RNANT/NU.



## Save the Date!

The 2017 Annual General Meeting will be held on Saturday, May 27<sup>th</sup>, 2017 in Yellowknife, Northwest Territories followed by the Annual Member's Dinner.



More details will be posted on the RNANT/NU website:

[www.rnantnu.ca](http://www.rnantnu.ca)

## CODE OF Ethics

FOR REGISTERED NURSES

### Nursing Values and Ethical Responsibilities

The core ethical responsibilities central to ethical nursing practice are articulated through the code's seven primary values and accompanying responsibility statements. See the code to read the responsibility statements connected with each of these seven values.

1. *Providing safe, compassionate, competent and ethical care*
2. *Promoting health and well-being*
3. *Promoting and respecting informed decision-making*
4. *Preserving dignity*
5. *Maintaining privacy and confidentiality*
6. *Promoting justice*
7. *Being accountable*



### Ethical Endeavours

Ethical nursing practice involves endeavouring to address broad aspects of social justice that are associated with health and well-being. These aspects relate to the need for change in systems and societal structures in order to create greater equity for all. The code contains thirteen statements entitled "ethical endeavours" that are intended to guide nurses in their practice.



TO OBTAIN A COPY OF THE CODE OF ETHICS FOR REGISTERED NURSES, VISIT OUR WEBSITE AT

[www.cna-aiic.ca](http://www.cna-aiic.ca)





Safe nurse staffing is critical to the care we deliver to patients and the well-being, health and safety of nurses and other health-care providers. Effective safe staffing also helps the health-care system function better.

To help realize these benefits, CNA and the Canadian Federation of Nurses Unions have developed a new **evidence-based, safe nurse staffing toolkit**.

This online toolkit promotes safe nurse staffing practices as a key to quality and safety in patient care and to maximize positive outcomes for patients, nurses and organizations.

It's designed to test your knowledge, introduce you to real stories from your fellow nurses and even help you make a case for evidence-based safe nurse staffing in your own workplace.

Safe Nurse Staffing Toolkit

*Note: To access the toolkit, please use Internet Explorer or Google Chrome. It is not available on mobile devices.*

### Are you planning to practice as an RN or NP in 2017? Have you renewed your licensed?

The RNANT/NU 2016 Renewal Period ran from September 1<sup>st</sup>, 2016 – October 31<sup>st</sup>, 2016. All renewal applications received after this date will be charged a late fee of \$105.00 up until December 31<sup>st</sup>, 2016.

All 2016 registration will expire on December 31<sup>st</sup>, 2016.

After January 1<sup>st</sup>, 2017, a Reinstatement Application must be completed to return to active, practicing status.

<http://www.rnantnu.ca/registration/renewal>

### Did you know that you can verify your registration on the RNANT/NU website?

Click on the link below and search by your first name, last name, or registration number.

<http://www.rnantnu.ca/status-check>





CANADIAN  
**NURSES**  
ASSOCIATION

## CNA Memorial Book Honours RNANT/NU Member



*Karen Ann Graham (1949 – 2015), member of the RNANT/NU was inducted into the Canadian Nurses Association Memorial Book at the CNA Biennial Award Ceremony in St. John, NB on June 21<sup>st</sup>, 2016.*

*The following message was read during the ceremony:*

Karen Ann Graham wrote, “Northern nursing has been a most rewarding career... northern nurses can combine clinical expertise in primary care with knowledge of family and community which gives them a unique opportunity to offer primary health care in a truly holistic way.”

That she did and more. In her 45-year career, Karen furthered the profession by advancing nursing education for northern nurses, first in

professional development and later by creating a master’s program for nurse practitioners in primary health care. When funding was cancelled in 2015, she forged ahead, building a rural and remote advanced nursing program, which has grown posthumously into a blend of distance learning and on-site delivery.

***“Northern nursing has been the most rewarding career...” – Karen Graham***

Karen put her stamp on the profession by being an inspirational teacher, a mentor to many and an exceptional leader in the development of rural and remote nursing education and advanced practice nursing.







The RNANT/NU's President Shawna Tohm, Executive Director Donna Stanley-Young, Board Member Joanne Hubert and Mystery Guest at the 2016 CNA Biennial Convention in New Brunswick this past June.

## The 7<sup>th</sup> International Conference on Fetal Alcohol Spectrum Disorder

*Research: Results and Relevance 2017*

*Integrating Research, Policy and Promising Practice Around the World.*

**When:** March 1<sup>st</sup> – 4<sup>th</sup>, 2017

**Where:** The Westin Bayshore, Vancouver, BC

**Objectives:** Participants can expect to:

- understand the implication and potential application of emerging evidence-based, and cutting edge research
- expand and challenge their knowledge and understand of hard science
- explore different models of advanced practice from and across disciplines
- engage in knowledge exchange and focused dialogue through formal sessions, networking and onsite meetings
- develop connections and partnerships among researchers, networks, governments, communities, service providers and families

**Who Should Attend:** This interdisciplinary conference will be of interest to the following audiences: addictions; administrators; child welfare professionals, clinicians; community members; educators; elected officials; family members; policy-makers; FASD specialists; health/mental health; justice; physicians; researchers; scientists; students; women's service providers; and anyone interested in an advanced understanding in the field of FASD.

Interprofessional  
Continuing  
Education 

## The RNANT/NU Congratulates Julie Lys, MN, RN on receiving the Athabasca University Distinguished Alumna Award



Community is everything for Julie Lys.

She is a proud champion of her northern Métis heritage, her sprawling family – both immediate and extended – and her community members of Fort Smith, in the South Slave Region of the Northwest Territories.

This nurse practitioner and educational health advocate – and Athabasca University’s 2016 Distinguished Alumna recipient – is committed to doing whatever it takes to nurture her community and instill in its members a sense of passion, pride, and a continuous desire to learn – no matter one’s personal circumstances.

The idea to become a nurse and care for her community came after the lightbulb moment when, as a teenaged candy striper at her local hospital, she realized there was a definite lack of diversity among the people working in healthcare-related roles.

“I didn’t see aboriginal people working there in positions such as doctors,” says Julie.

“I saw local people working in the kitchen and housekeeping, but not in nursing roles. I just thought people from “the South” (as in Edmonton or Calgary) do those kinds of jobs.”

When she was a child, her father said: “My girl, you were born to care for others.”

He was right. Nursing was the natural fit.

After she finished her degree, she fulfilled her goal to come straight home to work in the community where she grew up among her tight-knit family, including a dozen siblings.

She has also made it her life’s mission to promote education among Fort Smith’s aboriginal, Métis and indigenous learners.

*Continued next page.*

“I love to learn and I love education,” says Julie, who has served on the education board in Fort Smith for 14 years, namely as chair.

She is a strong advocate among Fort Smith’s youth and enjoys talking to them about the post-secondary experience. She says nothing is more satisfying than the pivotal moment when she gets to flip over the tassel of a high school graduate’s cap.

Equally inspiring, she says, is watching these young people follow in her own previous educational footsteps – “graduating from university and coming back to work here.”

Julie was instrumental in the development of Fort Smith’s Phoenix School for youth – an

alternative platform to help students reinvest in their education and, moreover, to graduate.

Like AU’s mandate for flexible education, the Phoenix School operated independent hours to accommodate students’ jobs and roles as young parents – a place where they could “check in and work at their own pace.”

For Julie Lys, education is the gateway to one’s future career.

“It just opens a lot of doors. If a student has a high school diploma and then goes on to post-secondary education, they can do great things – meaningful things in the community.”

*Reprinted from [www2.athabasca.ca/alumni/awards.php](http://www2.athabasca.ca/alumni/awards.php)*



### **RNANT/NU Policy Update**

On October 4th, 2016, the Board of Directors approved changes to Registration Policy R13: Examination NCLEX-RN. One change in the policy will allow candidates who graduated after January 1st, 2015 from an approved nursing program in the NT or NU an unlimited number of write attempts to successfully pass the exam within a three-year eligibility period.

The rationale for the number of writes for a paper based exam using the principles of Classical Testing Theory (previous entry to practice exams) differs from a computer adaptive exam using the principles of Item Response Theory (NCLEX-RN). The reasoning for limiting graduates to three writes with a paper based exam was to prevent writers from passing because of test familiarity as opposed to competency. Computer adaptive testing prevents test familiarity because writers will not see a question more than once.

The full policy is available on the website at <http://www.rnantnu.ca/about/policies>



## Jurisprudence: What you need to know (Part III)

As announced in our previous newsletter, demonstrating jurisprudence competence will soon be a mandatory part of the RNANT/NU Continuing Competence Program for all registered nurses and nurse practitioners licensed to practice in the Northwest Territories and Nunavut.

### *1. Who will be expected to complete the Jurisprudence Self-Learning Package?*

- a) All current RNANT/NU members (for certificate of registration renewal as RNs or NPs)
- b) All initial applicants (RNs & NPs)
- c) All reinstatements (RNs & NPs, if not completed previously)
- d) All Temporary Certificate holders (GNs & GNPs)
- e) All members changing from RN to NP (NP jurisprudence only if RN already completed)

### *2. What will the Jurisprudence Self-Learning Package look like?*

The Jurisprudence Self-Learning Package will consist of four sections.

Section 1 will contain a list of important documents for your review. These documents include those that directly guide and impact your practice as an RN or NP in the Northwest Territories and/or Nunavut.

Section 2 will contain a list of additional documents which might be of use in guiding your practice as an RN or NP in the Northwest Territories and/or Nunavut. The need to review these documents will depend on your current place of employment and the scope of your practice.

Section 3 will contain 10 to 20 questions related to jurisprudence. These questions will aim to engage our members in critically thinking through everyday issues they may encounter while practicing as an RN or NP and about how jurisprudence plays an important role in resolving such issues.

Section 4 will contain the (a) correct answer to each question in Section 3, (b) reason why the correct answer was chosen as the best answer, and (c) applicable resources used to answer each question.



## Congratulations

to Marc Bursey, Nunavut Arctic College recipient of the 2016 RNANT/NU Nursing Graduate Award for Academic and Clinical Excellence.



*Faculty and Graduates of Nursing and Health Sciences Program, Nunavut Arctic College Convocation 2016*

*Back Row, Left to Right: Fred Allen, Nursing Instructor, Dr. Dora Maria Carbonu, Program Manager, Nursing and Health Sciences, NAC, Maureen Doherty, Director, Health and Wellness Programs, NAC, Dr. Nancy Edgecombe, Assistant Professor, Coordinator, BScN (Arctic Nursing) Program, School of Nursing, Dalhousie University, Halifax, Nova Scotia*

*Middle Row, Left to Right: Anya Brooker, Acting Director, Student Services Department, Student Counselor, NAC, Amanda Parrott, Nursing Instructor, Nadine Crossland, Nursing Instructor, Candy Owens, Pre-Nursing Instructor, Anita Robertson, Nursing Instructor, Elissa Sakariassen, Nursing Instructor*

*Front Row, Left to Right: Jennifer Jill Hopkins, BScN Graduate, Amy Savikataaq, BScN Graduate, Taylor Glugosh, BScN Graduate, Maybelle Enuaraq, Pre-Nursing Graduate, 2016, Loretta Sloboda, BScN Graduate, Mark Bursey, BScN Graduate, Mishael Gordon, BScN Graduate, 2016*

## RNANT/NU Continuing Competency Program

As members of the RNANT/NU it is important you are aware of your professional responsibility to maintain competence in your practice as an RN or NP. It also is important to be aware of the RNANT/NU's responsibility to ensure our members maintain competence to practice. Guaranteeing our active practicing members remain competent to practice as RNs or NPs is imperative as it helps ensure public safety.

Current legislation authorizes the RNANT/NU to establish a Continuing Competence Program and stipulate mandatory compliance of our membership with this program. This means any RNANT/NU member who fails to comply with our Continuing Competence Program can have their membership with the RNANT/NU and, thus, their registration to practice as an RN or NP in the Northwest Territories and/or Nunavut revoked. A member's application to renew their membership also can be denied.

Current legislation also authorizes the RNANT/NU to conduct a review of the practice of our members for compliance with our Continuing Competence Program. The RNANT/NU has implemented a yearly audit of our membership as a means of verifying compliance with this program. If a member fails to submit their yearly learning plan to the RNANT/NU Registration Committee, when requested, the Committee has the authority to file a complaint against that member for unprofessional conduct.

Past audits of our Continuing Competence Program raise concern in relation to member compliance. Of our members who were part of the 2015 program audit, 92% submitted their 2014 learning plan on or before the requested deadline while 8% failed to submit their learning plan.

Of these 8%, all but two members eventually complied with the audit request. The two members who failed to submit their 2014 learning plan for review by our Registration Committee had a complaint filed against them for unprofessional conduct. These complaints were substantiated and both members were reprimanded.



This year, of our members who were part of the 2016 program audit, 74% submitted their 2015 learning plan on or before the requested deadline while 26% failed to submit their learning plan. Again, in the end two members failed to submit their 2015 learning plan for review by our Registration Committee and had a complaint filed against them for unprofessional conduct. These complaints also were substantiated and both members were reprimanded.

For more information on the RNANT/NU Continuing Competence Program, please visit our website for review of (a) our current legislation, the Northwest Territories Nursing Profession Act, Part 6, s(29); (b) RNANT/NU Bylaw 4; and (c) RNANT/NU policies R11 and R12.





## Save the Date – May 26<sup>th</sup>, 2017

### Bring your 'A' Game to Work and Life!

If you have ever been tired, overwhelmed, stressed and it's not even lunch time yet, you will need to hear this presentation.

If you have ever felt like there was not enough time, energy and motivation to do the things you know you 'should' do, you will appreciate this presentation.

If you have significant relationships that have room for improvement, you should grab your pen and paper and run, not walk, into this presentation!

Stephanie has burnt out and bounced back, ran out of time, energy and motivation and now has more than enough of all of them. She has let work overtake her relationships and figured out how to get them back even better than before.

Steph knows firsthand that we can only do good if we feel good and we can only feel good if we are willing to look at our lives beyond our work, yep we have to look into the mirror. Yikes!

Journey on this high energy, no holds barred presentation as Stephanie peels the layers back and exposes not only *what* you need to do to bring your 'A' game to your life and livelihood but *how* to do it - sustainably!



*Stephanie Staples is a Certified Speaking Professional (CSP). She is one of only 10 percent of speakers in the world (and the only female in Canada this year) to have this designation, which is the highest earned credential in the speaking industry. This prestigious appointment means you can be assured your event is in safe, capable and reputable hands. The CSP signifies proven platform expertise and exceptional ratings from clients through a proven record of speaking experience. As a thought-leader in the personal development field, Stephanie shares her expertise weekly as the host of Your Life, Unlimited on Corus radio, is a regular print and online columnist, television guest and is quoted and featured in publications globally. Stephanie uses humour and heart to convey a message that everyone needs to hear. Her presentations have been proven to increase feelings of hope, happiness & empowerment for participants. Plus, they are super fun!*



## Continuing Education Elizabeth Cook, MN, NP, CDE



*Elizabeth is a member of the Diabetes Program Team at the Yellowknife Primary Care Clinic. This clinic is involved in the care and management of patients with type I and type 2 diabetes. The team accepts referrals from practitioners and provides diabetes education in addition to the management and monitoring of the patients with this disease. Elizabeth submitted the following on continuing education:*

I was thinking about the theme of this edition of the RNANTNU Newsletter and reflected on my journey to become a Certified Diabetes Educator.

I had changed jobs in 2013 from teaching in the Master's NP program at Aurora College to working at the Yellowknife Primary Care Centre in fulltime NP clinic practice. I had an interest in diabetes and was assigned to the Diabetes Program initially one day a week and then within a short period, two days a week. I reflected on my practice and recognized that I needed a much broader and in depth knowledge of diabetes and its effects on patients. I learned what the requirements I were to become a Certified Diabetes Educator (CDE), a nationally recognized credential, and made plans to become eligible to write the required exam.

The courses that I have taken to date are from the Michener Institute in Toronto and all were online courses. The first one was the Diabetes Educator course that helped me prepare to write the exam. I had to meet the requirements, including a certain number of hours in exclusive diabetes care and licensure with a regulatory body. Two other courses I have completed are Intensive Insulin Management and Diabetes and Pregnancy. I am better at my job working with patients with diabetes because of a commitment to reflective practice and continuing education.



Available on our website at:

<http://www.rnantnu.ca/professional-practice/entry-level-competencies>

Registered Nurses Association of the  
Northwest Territories and Nunavut



Entry-Level Competencies for Nurse Practitioners in Canada

October 2016

Registered Nurses Association of the Northwest Territories and Nunavut  
[www.rnantnu.ca](http://www.rnantnu.ca)

## Professional Conduct Decisions

### RNANT/NU Member # 3706

On July 8, 2016 the Chairpersons of the Professional Conduct Committee accepted a complaint of professional misconduct against the member who refused to comply with the 2015 Continuing Competence Plan audit process. The Member accepted full responsibility for failing to submit the 2015 Continuing Competence Plan as requested and as indicated as being completed on the 2016 renewal form. As a result of this noncompliance the Chairpersons ordered the member receive a letter of reprimand to be placed on the registration file. The Chairpersons also ordered a Continuing Competence Plan be submitted prior to renewal of certificate to practice nursing for 2017.

### RNANT/NU Member # 5825

On July 8, 2016 the Chairpersons of the Professional Conduct Committee accepted a complaint of professional misconduct against the member who refused to comply with the 2014 and the 2015 Continuing Competence Plan audit process. The Member accepted full responsibility for failing to submit the 2014 and 2015 Continuing Competence Plan as requested and as indicated as being completed on the 2015 and 2016 renewal form. As a result of this noncompliance the Chairpersons ordered the member receive a letter of reprimand to be placed on the registration file. The Chairpersons also ordered a Continuing Competence Plan be submitted prior to renewal of certificate to practice nursing for 2017.

### RNANT/NU Member # 6129

On August 6th, 2016 the Chairpersons of the Professional Conduct Committee approved a Settlement Agreement between RNANT/NU and Member # 6129. The member admitted to abusing prescription and over the counter medications for sedation purposes. The Member voluntarily entered into Alternate Dispute Resolution and was fully involved and co-operative with the process. As part of the Settlement Agreement, the Member completed a 28-day treatment program, agreed to abstain from illegal and mood altering drugs excluding those prescribed by a physician who is knowledgeable of the member's illness. The member entered into a counselling relationship to be maintained on a regular basis for a period of no less than 3 years. The member agreed to write a 12-page reflective practice paper following completion of assigned readings identifying the relevance of these books and readings to substance use, addiction, recovery and the practice of nursing.





## Nurse to Know – Malerie Norwegian



Malerie Norwegian was nominated by Sue Lightford as a “Nurse to Know” in the clinical practice domain for this edition of Connections. Malerie is originally from a beautiful little settlement named Jean Marie River, NT with approximately 70 people. She is the mother of two children, a house mother to 10 students and a wife. She graduated from the University of Victoria at Aurora College in 2011 and is employed as a Registered Nurse with NTHSSA-Dehcho Region currently working as the NIC of the Elder’s Care Home (ECH) in Fort Simpson.

Malerie was nominated because she not only promotes best practice within the long-term care environment but has adapted it to the cultural setting. She regularly acts a resource on nursing related care of the vulnerable elderly. As a nurse leader, she educates others and promotes the Supportive Pathways Model of Care for all long-term care employees and peers. She also participates in the Territorial Admissions Committee for long-term care placement.

*Malerie has written the following about her nursing career in the Northwest Territories:*

After graduation, I was accepted into the Grad Placement Program and was placed at Stanton Territorial Hospital as a 3<sup>rd</sup> Floor Float RN (Medicine, Psychiatry, and Extended Care). I went on maternity leave and during that time, my family and I decided to move back to Fort Simpson to be closer to family and I wanted to return my service back to the Dehcho. In April 2013, I started as a Causal RN at the ECH, in July I took on the Causal NIC position, and in December I applied for the indeterminate NIC position and was hired. I keep all my practices and certificates updated. I love learning and am always eager to learn more. I am a Supportive Pathways trainer for the Dehcho Region. I am always willing to help others and encourage others to succeed whether it’s with care they provide or increasing their education within the health care field.

Promoting best practice in the clinical setting, I believe, starts by setting an example for staff or your peers. We need to ensure we promote best practice, which allows

ECH to provide the utmost level of care needed for residents. Not only are we providing great care with best practice, but we are promoting and proceeding with all standards.

There are many reasons why I enjoy northern nursing. The north is home and no matter where you go everyone is always welcoming and friendly (everyone knows everyone or you know someone that someone knows), it’s a beautiful place to live, the challenges that come with northern nursing, and the diverse culture.

It is an honour to be nominated for my contributions to nursing under the clinical practice domain!





# infoLAW<sup>®</sup>

## Communicating with the Police

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Nurses interact with the police in a number of different ways. They may be asked to respond to inquiries from police or provide a copy of a patient's chart because they have assessed and treated patients who are alleged victims or suspected perpetrators of crimes. In some instances, a nurse's *own* conduct or the conduct of her colleagues may be the subject of a police investigation. In addition, there are times when a nurse may, in the interest of the patient or others, consider initiating contact with police to report information about a particular patient. In these situations, nurses find themselves balancing their obligation to maintain patient confidentiality with their commitment to the public good.

The criminal justice system is complex and its intersection with health care can lead to challenging legal, professional and ethical issues. Nurses should therefore understand their ongoing obligation of patient confidentiality, when they may disclose personal health information (PHI) to police, how much information to disclose, when they need to refer a police inquiry to higher authority and when it would be prudent to decline to respond to police inquiries.

### Duty of Confidentiality

Nurses are well aware that they owe a duty of confidentiality to their patients. Disclosure of a patient's PHI without patient consent may lead to a civil action against the nurse, a complaint to his or her employer, or a complaint with the nurse's regulatory body or the privacy commissioner.


Nurses who provide professional services as employees of health care establishments may not be authorized to make decisions about disclosing PHI to police. Typically, privacy legislation deems health care professionals to be "custodians" or "trustees" of PHI, except when they are employees of other custodians/trustees, such as hospitals. The authority to disclose information to police normally rests with the custodian, which authority may be delegated to a privacy officer or specific employees (typically, managers). Nurses who practice as employees and who are not designated by their employer to respond to requests for access to PHI should consult with those individuals when considering a disclosure of PHI to police. Nurses who are custodians<sup>1</sup> of PHI or who have the authority to make decisions about access to PHI on behalf of a custodian should be satisfied that they clearly understand the circumstances in which information can be disclosed under privacy legislation, as well as any relevant employer policy or directive.

**When do I  
talk to the  
police?**



*More than  
liability  
protection*





Know the  
duty of  
confidentiality  
and its  
exceptions.

### Exceptions to Duty of Confidentiality

There are select exceptions that authorize the disclosure of PHI in the absence of express patient consent. Nurses who provide their services as employees should ensure they understand how these exceptions apply in their jurisdiction and that they have authority before relying on them. These exceptions include:

#### ***Court Orders (search warrants and subpoenas)***

A search warrant is a written order issued by a judge or justice of the peace granting police the legal authority to enter a specified place during a specified timeframe to search for and seize evidence, which may include health records. A health care provider who has custody and control of the information covered by a search warrant is legally required to turn over the requested portions of the records. Only the specific information or records listed in the warrant should be disclosed and the custodian generally retains a copy of the PHI disclosed pursuant to a warrant so that a complete record remains available for treatment purposes.

A subpoena is a written command or summons requiring the attendance of someone as a witness at a legal proceeding. The subpoena document will specify a place and time when testimony on a certain matter will be required. Failure to obey a subpoena may result in legal consequences for the nurse, including arrest. A subpoena generally does not permit a nurse to disclose PHI without patient consent, before providing testimony in the legal proceeding.

#### ***Public Safety***

In the course of carrying out their duties, nurses may gain access to information that they might consider relevant to law enforcement. There are limited circumstances in which it is permissible for health care professionals to act upon this information. For instance, health privacy legislation generally permits custodians/trustees to disclose PHI where there are reasonable grounds to believe that the disclosure is necessary to eliminate a risk of death or serious bodily harm. For example, in Alberta, the *Health Information Act* permits disclosure where there is a "clear and imminent threat of serious bodily harm or death". This exception is also recognized at common law<sup>2</sup> and in professional codes of ethics for nurses.<sup>3</sup> Although now well recognized, this exception is one that can be most difficult to apply. Disclosure beyond the strict circumstances set out in the governing act can lead to a complaint of breach of privacy and loss of a patient's therapeutic trust. Failure to disclose can lead to a complaint that not enough was done to prevent a devastating event. When time permits, it is prudent to seek legal advice before deciding whether to disclose PHI to prevent harm to an individual. Employer policies may also provide guidance.

#### ***Legislative Duties***

Legislation governing PHI includes provisions expressly permitting the disclosure of PHI when mandated by other legislation.<sup>4</sup> The provisions contained in other legislation may require disclosure to police or lead to police involvement.

For instance, health care facilities in some jurisdictions also have a duty to report select information regarding patients presenting with gunshot wounds and/or stab wounds to the police. The obligation to report typically rests with the health care facility, not the individual health care provider. Nurses who are employees should ensure that they follow institutional policies with respect to these mandatory reporting obligations.<sup>5</sup>

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Most Canadian provinces and territories have also adopted legislation requiring health care professionals to report suspected cases of child abuse and neglect. This duty to report is personal to the health care professional. It is generally triggered when a person has a reasonable suspicion or belief that a child has suffered or may suffer abuse or neglect. Whether there is a duty to report also depends on the age of the child and what is considered abuse or neglect; criteria which are jurisdiction specific. While the report must typically be made to a governmental agency (e.g. Children's Aid Society), nurses should be prepared for an ensuing police investigation initiated by the governmental agency involved.<sup>6</sup>

### ***Police Investigation Involving a Patient***

Health privacy legislation in some provinces/territories may *require* or *allow* custodians to disclose PHI related to a police investigation. It is generally a condition that the investigation be *authorized by legislation*, which would limit the type of police investigations in which disclosure is permissible or required. However, general information such as whether a patient is in the facility, the location of the patient in the facility and the general status of the patient (fair, poor, critical, etc.) can generally be disclosed, provided the patient does not object. Reporting the discharge of a patient to police is not contemplated or specifically permitted in the health privacy legislation. If employed, nurses who are approached during the course of a police investigation are encouraged to consult a privacy officer or manager who has authority to make such decisions on behalf of the health care establishment. Legal advice or intervention may be necessary to ascertain if the particular investigation is authorized by legislation or if the police request appears to be overreaching. Where disclosure is permitted but not required, employer policies generally provide guidance as to when and how disclosure is made.

### ***Police Investigation of the Nurse***

Examples of criminal charges laid against nurses include theft of narcotics, theft of patient or institutional property, assisted suicide, criminal negligence, threatening harm, physical assault, sexual assault and homicide. Typically, a nurse would be the subject of a police investigation prior to the laying of charges. This, however, may not always be apparent. During an investigation, the police may seek to interview nurses about their conduct, the conduct of their colleagues or the circumstances surrounding a particular incident. They may also request a statement. It can often be difficult to delineate this information from patient information which can only be disclosed without patient consent in specific circumstances. Moreover, information given to the police by an individual may be introduced as evidence against that individual at a subsequent trial. It is therefore prudent to seek legal advice before answering questions or providing statements to police and it is appropriate to request that inquiries be deferred for that purpose.

### **Limiting Disclosure**

Even when nurses consider it in the public interest to disclose PHI in these circumstances, confidentiality should be preserved to the maximum possible extent. Both the amount of information disclosed and the number of people to whom disclosure is made should be restricted to the minimum amount necessary to prevent the feared harm.

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1-844-4MY-CNPS

[info@cnps.ca](mailto:info@cnps.ca)



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## Consider the Following When Interacting With Police

- The confidentiality of PHI must be maintained, unless disclosure is expressly authorized by patient consent or legislation;
- Police may ask questions or seek evidence; however, they may not have the right to receive the requested information;
- Police are not likely, nor are they qualified, to provide you with legal advice regarding your obligations or ability to disclose PHI;
- Consider asking police to obtain a search warrant or to identify the legal authority allowing the disclosure of PHI;
- If employed, nurses should know who at their health care establishment has the authority to make disclosure decisions, including after hours;
- Consider whether a court order, warrant or subpoena provides sufficient authority for the information being sought and consult with legal counsel, if necessary;
- When required to release PHI to police, provide a copy of the information rather than the original; if disclosure of the original is required in a search warrant or subpoena, retain a copy for health care purposes;
- Document any oral or written disclosure in accordance with the requirements contained in the applicable provincial or territorial health privacy legislation;
- Where a nurse has been charged with a crime or is the subject of an investigation, refrain from making any statement to police before obtaining legal advice; and
- Be polite and professional at all times.

CNPS beneficiaries with questions about disclosing PHI to police are encouraged to contact CNPS for advice.

1. Nurses may be custodians, for instance, if they are self-employed, if they operate a clinic or if they provide occupational health services.
2. *Wenden v Trikha* (1991), 116 AR 81 (QB), aff'd (1993), 135 AR 382 (CA).
3. Canadian Nurses Association, *Code of Ethics for Registered Nurses*, Ottawa: Canadian Nurses Association, June 2008.
4. For example, Ontario's *Personal Health Information Protection Act, 2004*, SO 2004, c 3, ss 43(1)(e) and (h), Nova Scotia's *Personal Health Information Act*, SNS 2010, c 41, s 38(1)(l) and Manitoba's *The Personal Health Information Act*, SM 2008, c 41, CCSM c P33., s 22(2)(o).
5. For example, Ontario's *Mandatory Gunshot Wounds Reporting Act, 2005*, SO 2005, c 9 and Manitoba's *The Gunshot and Stab Wounds Mandatory Reporting Act*, SM 2008, c 21, CCSM C G125.
6. For example, Ontario's *Child and Family Services Act*, RSO 1990, c C.11, s 72 and Nova Scotia's *Children and Family Services Act*, SNS 1990, c 5, s 24.

**Related infoLAW® of interest:** The Nurse as a Witness. Available at [www.cnps.ca](http://www.cnps.ca)

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[info@cnps.ca](mailto:info@cnps.ca)



## Upcoming Webinars, Seminars and Conferences

### Community Development in Northern Canada: A Competency Approach for Strong Communities – A Free Self-Directed Online Module

Professional development created by the colleges in Yukon, NT, and NU for health and social services providers to strengthen their community capacity-building skills.

For more information or to register:

[https://yukoncollege.yk.ca/programs/pages/northern\\_institute\\_of\\_social\\_justice/nisj\\_pan\\_northern\\_initiatives](https://yukoncollege.yk.ca/programs/pages/northern_institute_of_social_justice/nisj_pan_northern_initiatives)

### Master of Nursing, University of Lethbridge

The Master of Nursing program at the University of Lethbridge has been designed to meet the needs of degree-holders who are regulated members in good standing in a Canadian jurisdiction on the Registered Nurse, Psychiatric Nurse, Graduate Nursing Practitioner, or Nurse Practitioner Register.

Using a blended learning approach, the majority of the course work is completed online. This work is supported by two face-to-face sessions where you'll have the opportunity to engage in discussion with instructors and fellow students. You'll also have the option to complete a thesis or project.

**More Details:** <http://www.uleth.ca/graduate-studies/master-nursing/apply>

**Questions?** Contact [sgsinquiries@uleth.ca](mailto:sgsinquiries@uleth.ca)

### Master of Nursing, University of Saskatchewan College of Nursing

The University of Saskatchewan College of Nursing offers graduate level programs from a distance including

- Master of Nursing – Nurse Practitioner <http://www.usask.ca/nursing/np/program/index.php>
- Master of Nursing – Course-Based and Thesis <http://www.usask.ca/nursing/master/program/index.php>
- PhD <http://www.usask.ca/nursing/phd/program/index.php>

Contact: Jill Brown, Graduate Program Coordinator [nursing.advising@usask.ca](mailto:nursing.advising@usask.ca) or 306-966-6231

If you would like to learn more about these programs and the admission requirements, please contact Jill Brown, Graduate Program Coordinator, at [nursing.advising@usask.ca](mailto:nursing.advising@usask.ca) or 306-966-6231.

### The 7<sup>th</sup> International Conference on Fetal Alcohol Spectrum Disorder Research: Results and Relevance 2017

This advanced level conference continues to bring together experts from multiple disciplines to share international research. From the pure science, to prevention, diagnosis and intervention across the lifespan, the conference will address the implications of this research and promote scientific/community collaboration.

**Date and Location:** March 1-4, 2017 Vancouver, BC

**Event Details:** <http://interprofessional.ubc.ca/FASD2017/>



## Upcoming Webinars, Seminars and Conferences

### Protecting Your Patients' Privacy

Thursday, December 1, 2016 12:00 - 1:00 PM EST

The privacy of personal health information is a key priority for patients and health care providers. This webinar will provide nurses with an overview of their privacy obligations to assist in appropriately managing and protecting patients' PHI.

[http://cnps.adobeconnect.com/privacy-dec2016/event/event\\_info.html](http://cnps.adobeconnect.com/privacy-dec2016/event/event_info.html)

### Serving as an Expert Witness

Wednesday, December 7, 2016 12:00 PM - 1:00 PM EST

Have you been asked or are you considering serving as an expert witness in a legal proceeding? Attend this webinar for a review of the roles and responsibilities of experts, what you can expect, and a review of some legal decisions.

[http://cnps.adobeconnect.com/expert-witness/event/event\\_info.html](http://cnps.adobeconnect.com/expert-witness/event/event_info.html)

### The CNPS Advantage: What CNPS can do for you

Wednesday, December 14, 2016 12:00 - 1:00 PM EST

Are you thinking about joining CNPS, or are you already a beneficiary and have questions about CNPS? Did you know CNPS offers professional liability protection, education, risk management and more? Attend this free webinar to learn more about CNPS.

[http://cnps.adobeconnect.com/aboutcnps-dec2016/event/event\\_info.html](http://cnps.adobeconnect.com/aboutcnps-dec2016/event/event_info.html)

### Nurses in Independent Practice

Thursday, January 12, 2017 – 12:00 PM – 1:00 PM EST

Are you hoping or planning on becoming self-employed? Do you already have an independent practice? Attend this webinar to understand the different legal considerations when working in independent practice.

[http://cnps.adobeconnect.com/indpract-jan2017/event/event\\_info.html](http://cnps.adobeconnect.com/indpract-jan2017/event/event_info.html)

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