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The Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU) is both a regulatory body and a professional association. Our mission is to promote and ensure competent nursing practice for the people of the Northwest Territories and Nunavut.

Connections is published three times a year by the RNANT/NU. The publication dates are March 15th, July 15th and November 15th. Deadlines for submissions are January 30th for March; May 30th for July; September 30th for November.

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Be Prepared for Practice: Know the Professional and Legal Acts that Guide your Practice



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President's Message

Welcome to the next edition of the Newsletter. This time of year we are seeing more and more light and our winter adventures are soon to be spring adventures. This newsletter brings new announcements and exciting changes at RNANT/NU.

First I would like to welcome our new Executive Director, Denise Bowen. We are very excited to welcome Denise to the RNANT/NU team and look forward to her innovative ideas and expertise, dedication and knowledge in Northern Nursing. For those of you who don't know Denise she has been instrumental in implementing and developing the Nursing Program at Aurora College as well as our past and present nursing force in the north. I was privileged to be one of her students 10 years ago. Denise's career is nothing but inspirational for all of us in the North. RNANT/NU is looking forward to working closely with Denise and our Governments in Nunavut and the Northwest Territories to make nursing a priority and to be the leaders in improving our healthcare in the North.

With all of the changes at RNANT/NU we are going to delay the AGM until our new Executive Director can get up to speed with the Associations business. We will announce the new date later in the year. We apologize if this has inconvenienced any of our members.

I would like to thank the RNANT/NU Board of Directors for their guidance and support during this time of transition. Your expertise, advice and support have meant a lot, to me and our team at the office. The Canadian Nursing Association has also been very supportive during



SHAWNA TOHM

this time and I would like to thank Barb Shellian, President, Debbie Ross, CMP and Anne Sutherland Boal, CEO.

CNA has been very busy in the last few months with Homecare and the Opioid crisis. Please visit their website to keep up on the National Issues and the amazing work that they have been doing. <https://www.cna-aiic.ca/en> I was privileged in November to take part in A Day on the Hill. This was very inspirational and I realize how important the political aspect of Nursing can be in order to make change in this country. Everyday nurses make a difference in their patients' lives and CNA is helping the country to see how instrumental nurses can be in changing our healthcare.

Spring is a time for renewal and I encourage all of our nurses to remember that the time is now for self-care. Take a moment and take time every day for yourself. Nursing in the

Continued

north is rewarding and challenging. Don't forget that it is important to relax and do the things you love so that you can provide quality care to your patients.

I would also like to encourage our nurses to look at taking some quality education this year. This would be a great addition to your Professional Development Plan and personal portfolios. There are amazing nursing education courses available online so you can go at your own pace. If the thought of studying again makes you shudder, don't worry! Online options give you the advantage of starting out slow with one course at a time. I personally have found this a great way to ease into expanding my career.

I also challenge every nurse this year to get their Canadian Nurses Association certification <https://nurseone.ca/en/certification> in their specialty area and join their specialty association. These associations contribute to your specialty area through best practice research, networking and innovative changes to their practice.

I would like to encourage all of members to write us a note about their experiences or maybe identify that special nurse in your community that goes above and beyond. Let's celebrate all our diverse nurses in the north. The more we build each other up the less we tear people down with lateral violence in our profession!

Please feel free to email at President@rnanntnu.ca



Sincerely,
Shawna Tohm, RN, BScN, PNC (c)
President RNANT/NU



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.

Executive Director's Message

I would like to take this opportunity to introduce myself to the members of the Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU). I recently accepted the position of Executive Director at the Association. Prior to this, I was the Chair of the, School of the Health and Human Services at Aurora College. I have been a Nurse Educator for over 30 years. My clinical background was in oncology and I still maintain an interest in this specialty. I moved to the Northwest Territories from Ontario and have called Yellowknife my home for over 23 years.

The theme for this newsletter is licensing and regulation matters. To find inspiration for my first Director's message, I was looking through old files and discovered the original association bylaws crafted in 1975. The objectives of the newly minted Northwest Territories Registered Nurse's Association were:

1. To encourage the entry of residents of the Territories into the nursing profession;
2. To promote the continuing education, skill and efficiency of the members of the Association and to advance research;
3. To stimulate high standards of nursing service for the benefit and protection of the public;
4. To encourage participation by members of the Association in community affairs and activities locally, nationally and internationally;
5. To unite the members of the Association for their mutual improvement, protection and common welfare and to advance professional and socio-economic development.

I think you can see the roots of what was envisioned over 40 years ago, in our mission today:

Our mission is to protect the public and support nurses by promoting and maintaining nursing standards and by advocating for our members through consultation, education and community building.



DENISE BOWEN

As I settle into this new position, I am thinking about our history and feeling gratitude and appreciation for the amazing nurses who held the Executive Director position previously. Our first Director was Mary Lou Pilling followed by; Diane Mercredi, Mary Lou Richard, Karen Hilliard, Joanne Hubert, Barb Round, Steven Leck and Donna Stanley-Young. It has been through the day to day stewardship of these registered nurses that the Association is in the fortunate position it is in now.

I look forward to working with my colleagues at the Association and with you, the members, to ensure our continued growth in our commitment to protection of the public; maintaining nursing standards; and in our advocacy role for the profession of nursing. As always, we here at the office are open to your ideas, welcome your feedback and if interested we would welcome your participation on a committee, or as a newsletter contributor.



Denise Bowen, RN, MN
Executive Director RNANT/NU



Meet your Board



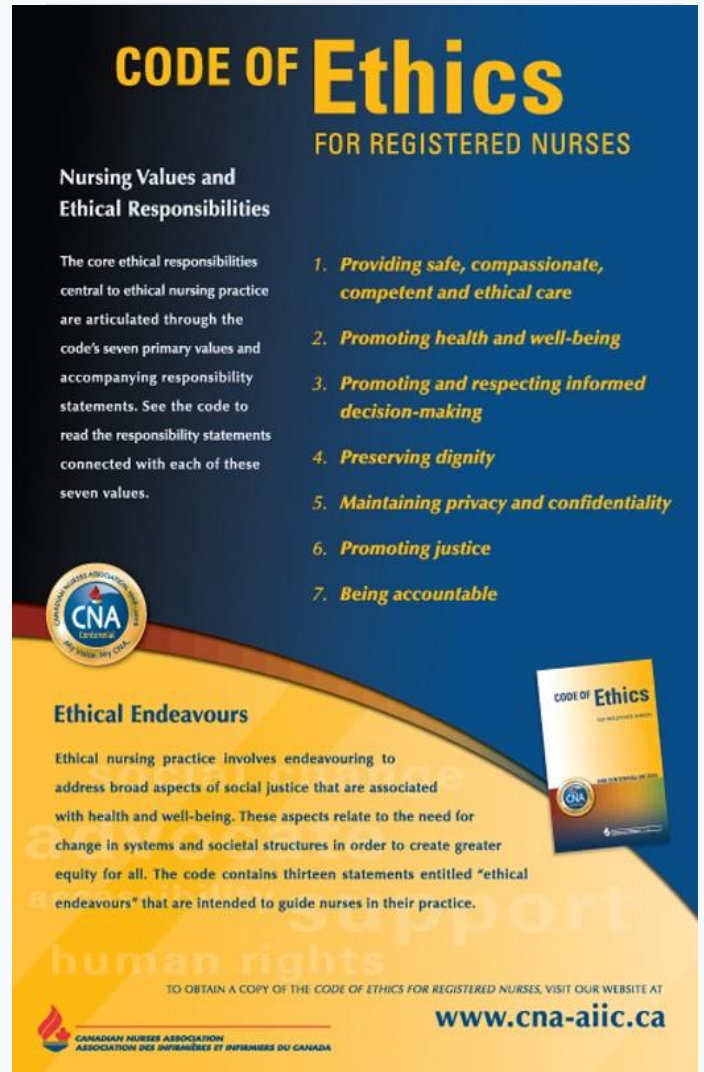
Sheena Wasiuta
Secretary

I have been a Registered Nurse for 10 years working in Mental Health. Originally from Saskatchewan, I graduated from the University of Calgary Nursing Program in 2007. I started my career at the Alberta Children’s Hospital in Calgary in Child and Adolescent Mental Health, spending four years in Adult Mental Health and subsequently

Forensic Mental Health in the community as a Forensic Liaison Nurse supporting individuals mandated for treatment by the courts.

I met my future husband while living in Calgary and decided to come to Yellowknife to “see what it was about” on a one-year leave of absence and decided to stay for life. I started as a relief staff nurse on the Psychiatry unit at Stanton Territorial Hospital, then as an Institutional Nurse at the North Slave Correctional Centre for a year, before taking on the role of the Clinical Coordinator of the Psychiatry unit. Presently I am the Manager of Mental Health Services and the Extended Care Unit at Stanton.

I am a new member of the RNANT/NU Board and presently hold the Secretary position. I am committed to accurately capturing and communicating information to our members that contribute to your individual nursing practice excellence.



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

CANADIAN NURSES ASSOCIATION
ASSOCIATION DES INFERMIERES ET INFERMIERS DU CANADA

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>



NCF | NURSES CHRISTIAN FELLOWSHIP CANADA
Nurses In Canada Called To Love And Serve One Another In The Name Of Christ

WORKSHOP

Spiritual Assessment in Health and Nursing Care
by Doreen Westera, BN MScN, MEd

GOALS

- Focus on the need for spiritual assessment in health care and particularly in nursing care
- Create a rationale for spiritual assessment by a dialogue on processes and issues
- Develop assessment tools to use in nursing clinical practice

SEATING IS LIMITED – REGISTER EARLY

Early Bird Price	\$50
After April 10 th , 2017	\$60
Students/Retirees Price	\$25

May 6 – Winnipeg • May 12 – Saskatoon
May 18 – Grande Prairie • May 27 – Moncton
May 31 – St. John's • June 3 – Cornerbrook

Please visit our website to register
www.ncfcanada.ca

2017 AGM Postponed

The Annual General Meeting scheduled for May 2017 has been postponed until a later date. Members will be notified on the RNANT/NU website and by email once a new date has been set.



ASSOCIATION DES
**INFIRMIÈRES ET
INFIRMIERS** DU CANADA

CNA Announces National Nursing Week Theme for 2017 & 2018

CNA has selected the National Nursing Week theme for 2017 and 2018: **#YESThisIsNursing** and **#VoiciLesSoinsInfirmiers** in French.

Congratulations to Alliah Over, RN, MN, of Newmarket, Ontario, who wins the \$200 theme contest prize. Her suggestion — presented as a social media hashtag — was selected from among nearly 300 submissions by nurses, students and other Canadians.

According to Over, “nursing roles are evolving at an exponential rate, particularly with the influence of technology and the expansion of digital technologies.” She added “we can leverage social media to raise awareness, promote advocacy and connect people across the globe on important issues. For me, this theme speaks to the expanding traditional and non-traditional roles, settings and sectors nurses work in as well as the unique opportunities for our profession presented by social media and emerging tech trends.”

Next, CNA will begin the creative work to develop a poster, which will be free to download at cna-aicc.ca/NationalNursingWeek.

Feel free to share your National Nurses Week plans with the RNANT/NU for our summer edition of the Connections Newsletter!

#YESThisIsNursing #VoiciLesSoinsInfirmiers

Acts, Regulations, Bylaws, Policies and Guidelines

Acts, regulations, bylaws, policies and guidelines... Just what everyone is thinking about every day of their busy lives. ☺ Often nurses are most familiar with policies, procedures and guidelines, but there is a hierarchy to the governance of our nursing actions. When we are working with policies, procedures and guidelines we are dealing with the more specific aspects of legislated actions. Here are the levels of legislation:

ACT: an Act is a comprehensive, over-arching piece of legislation drafted by lawyers and passed by the Legislative Assembly.

The *Nursing Profession Act* governs the regulation of the practice of registered nurses in the Northwest Territories and Nunavut. The *Nursing Profession Act* in the Northwest Territories grants powers for the regulation of nursing in Nunavut. In the Act, registered nurses are granted the privilege of self-regulation. That is, registered nurses as a professional group understand the profession and have the resources, expertise and wisdom to regulate the practice of registered nurses in the best interests of the public which the nursing profession serves. The *Nursing Profession Act* was prepared in consultation with the Nurses Association, the Department of Health and other stakeholders.

Other Acts, for example the *Hospital Act*, the *Public Health Act* and the *Coroner's Act* also affect the practice of nursing.

REGULATIONS: Regulations are more specific and flexible than the Act and are approved by the Minister of Health. At present, there are no regulations under the *Nursing Profession Act*.

BYLAWS: Bylaws are more specific and flexible than the Act and regulations. Bylaws are approved by the membership of the Registered Nurses Association. The Act outlines the areas in which the nursing profession may make bylaws to govern the profession of nursing and the functioning of the Nursing Association as its regulatory body. It is very important that the bylaws are consistent with the Act and legal consultation is required to draft the

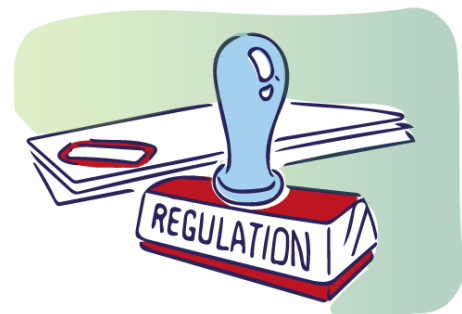
wording of bylaws so the intent is clear and there is no inadvertent contradiction of the Act. Bylaws can be updated annually to anticipate or respond to changing regulatory and administrative environments.

POLICIES: Policies are more specific than bylaws. Policies must be consistent with the Act and Bylaws. Policies under the *Nursing Profession Act* are approved by the Board of the RNANT/NU. A policy is binding but can be changed more easily than bylaws. Policies are prepared by the staff and the board and may require legal consultation for substantive changes. A policy directs decisions to achieve desirable outcomes.

PROCEDURES: Procedures provide the specific steps to implement a policy. Protocols are similar to procedures. They are prepared by staff knowledgeable in the specific area addressed by the policy and procedure. Procedures provide direction to standardize actions.

GUIDELINES: Guidelines guide decision-making and actions for specific health care circumstances or objectives. Guidelines are not legally binding however a registered nurse should be able to provide a reasonable rationale when not following a clinical practice guideline. Clinical practice guidelines are prepared by people with expertise in the specific area of practice. Clinical practice guidelines aim to be evidence-based.

Anna Tumchewics, R.N. B.Sc.N. Dip.OPN. CETN(c)



Join the RNANT/NU Team

Director of Regulatory Services and Policy

Full Time Indeterminate Position

The Registered Nurses Association of the Northwest Territories and Nunavut is currently seeking a knowledgeable, self-directed registered nurse to serve as the Director of Regulatory Services and Policy. You would be a member of a strong team responsible for ensuring the regulatory functions performed by the RNANT/NU are carried out according to the Nursing Profession Act and the RNANT/NU Bylaws and Policies.

Qualifications:

- Baccalaureate in Nursing is required. Master's degree is preferred.
- Minimum 5 years recent RN experience.
- Must be eligible for an active practicing license with RNANT/NU.
- Knowledge of nursing regulatory functions/issues.
- Awareness of current nursing trends and issues.
- Working knowledge of Windows Programs.
- Strong critical thinking, problem-solving, and writing skills.
- Self-directed worker with the ability to time manage, multi-task, organize and prioritize own workload.
- Good communication and interpersonal skills.
- A satisfactory criminal records check.

This position is 1.0 FTE working 37.5 hours per week and must be located in Yellowknife. No relocation expenses are available.

Only those applicants selected for an interview will be contacted.

A job description of this position is available on our website [here](#)

Salary Range: between \$90,812 and \$108,420 plus benefits.

Closing Date: Open until filled

Please apply to Denise Bowen, Executive Director, RNANT/NU ed@rnanntnu.ca.

For further information, please contact execast@rnanntnu.ca



Do not fear the 2017 CCP



The RNANT/NU is authorized to regulate registered nurses and nurse practitioners according to the NT Nursing Profession Act (2003) and the NU Nurse's Act (1998). Established in the legislation is the registration requirement of continuing competence that is defined as "the combined knowledge, skills and judgment necessary to meet accepted standards in the practice of nursing" (NT Nursing Profession Act, 2003).

The RNANT/NU Continuing Competence Program is grounded in the understanding that all RNs and NPs are competent and committed to lifelong learning. RNANT/NU Bylaw 4 outlines the process for assessing continuing competence and states how an annual random audit of members is conducted. Members were randomly selected at the end of January to submit a copy of their 2016 Continuing Competence Plan (CCP).

So you were audited, now what? Here is what we are looking for:

✓ **Learning Plan**

- Your Learning Plan should specify two objectives/learning needs that demonstrate how you followed the guiding principles in the *Code of Ethics (CNA, 2008)* and *Standards of Practice for Registered Nurses and Nurse Practitioners (RNANT/NU, 2014)* to complete a self-reflection or self-assessment of your nursing practice.
- For each objective/learning need there should be specific examples of 2 activities you engaged in to assist you to meet that objective/learning need.
- For each objective/learning need you should have provided evidence of evaluation - how you know the objective or learning need was met.

* If you have completed a 2016 learning plan for another Canadian jurisdiction, you may submit this learning plan if it relates to your nursing practice in the NT/NU.

Please submit your 2016 CCP to the RNANT/NU office no later than March 31, 2017. Your CCP will be reviewed by members of the Registration Committee and evaluated in accordance with the *Code of Ethics* and the *Standards of Practice*. CCP's may be submitted by fax [867-873-2336] or email [info@rnantnu.ca].

The RNANT/NU's website is a great source of assistance to complete your application with CCP Examples, a power point and more! Check it out, <http://www.rnantnu.ca/registration/continuing-competence>.



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 Building *Nunavut* Together
 Nunavut iuqatigiingniq
 Bâtir le *Nunavut* ensemble

The Government of Nunavut Department of Health has undertaken a key piece of work to better define the specific competencies required for our Community Health Nurse, Public Health Nurse, and Home Care Nurse roles within the territory. These documents reflect, support and build upon the RNANT/NU Standards of Practice for Registered Nurses and Nurse Practitioners (2014) and Entry Level Registered Nurse Competencies (2009), the GN Community Health Nursing Standards, Policies and Guidelines (2011) and Community Health Nursing Program Standards and Protocols (2011); and other federal and territorial legislative practice parameters for RNs practicing in Nunavut. The RNANT/NU Standards of Practice and Entry-Level Registered Nurse Competencies documents form the foundation, while additional competencies documented reflect the advanced nursing, clinical reasoning and decision-making skills required for Nunavut nurses working within our unique practice environment.

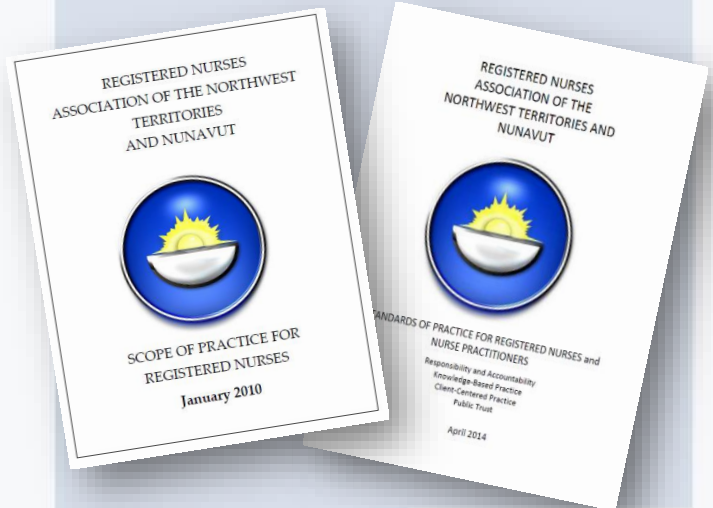
Each competency document has been organized into seven broad competency domains that are interrelated to support the provision of safe, effective and ethical nursing care. The categories include 1) Professional Role, Responsibility and Accountability; 2) Cultural Safety; 3) Specialized Knowledge-based Practice; 4) Health Assessment and Analysis of Findings; 5) Therapeutic Management and Evaluation; 6) Health Promotion and Illness/Injury Prevention; and 7) Continuous Quality Improvement.

We anticipate final approvals for these documents to be completed by Spring 2017. The competency documents will be intimately integrated into our system to support the provision of culturally safe, effective, and ethical nursing care through (a) liability reduction and risk management, (b) development of specific competency orientation curriculum, (c) the ability to measure training/orientation efficacy, (d) support for certification and recertification, (e) health services and workforce planning, (f) recruitment and retention, (g) facilitation of nurses' integration into new roles, and (h) support for supervisors in staff performance evaluation and development.

Submitted by Jennifer Berry, BScN, MN, NP-PHC
 Chief Nursing Officer of the Government of Nunavut

Jurisprudence: A Reminder of What you Need to Know

As shared with members last spring, 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. As a reminder for all members:



1. What is Jurisprudence?

By definition, jurisprudence refers to the study of the law. In relation to nursing, and the RNANT/NU, jurisprudence is used to refer to the laws, regulations, and standards that govern our nursing practice as registered nurses or nurse practitioners in the Northwest Territories and Nunavut.

2. Why is it important for my nursing practice?

Jurisprudence competence is important for your nursing practice in the Northwest Territories and Nunavut. By developing a better understanding of the laws, regulations, and standards that govern your nursing practice, you will be better able to practice within the boundaries of those laws, regulations, and standards. Furthermore, you will acquire knowledge of self-regulation and its importance to the nursing profession.

3. What can I do now?

You can begin working on your jurisprudence competence by reviewing documents that address the laws, regulations, and standards that govern our nursing practice as registered nurses and nurse practitioners in the Northwest Territories and Nunavut, such as the (a) Nursing Profession Act (2003), (b) Nunavut Nurses Act (1998), and (c) RNANT/NU Standards of Practice for RNs and NPs (2014).

The 12th National Community Health Nurses of Canada Conference
“Blueprint for Action, Making Connections”
June 20-22, 2017 in Niagara Falls, ON

Community Health Nurses of Canada (CHNC) is pleased to invite you to participate in the 12th National CHNC Conference in Niagara Falls, ON. This conference brings together individuals who have an interest in Community Health Nursing from practice, research, administration, policy and education.

Plan to attend and share your knowledge!
Call for Abstracts: open until January 9
<https://www.chnc.ca/en/call-for-abstracts>

Registration: opening in January
For more information, visit:
<https://www.chnc.ca/en/annual-conference>

BLUEPRINT FOR ACTION

Building the Future

June 20 - 22, 2017
 12th National
 CHNC Conference
 Niagara Falls, ON



CNA Certification Program

The CNA Certification Program is now accepting applications.

CNA certification is a nationally recognized nursing specialty credential for registered nurses. The first certification exam, offered in 1991, was in neuroscience nursing. Today, nearly 17,000 RNs are CNA certified in one of [20 specialties](#).

The following are important dates for nurses to get certified by exam and for certified nurses renewing in 2017

	<u>Application Window</u>	<u>Exam Window</u>	<u>Results</u>
Spring (Initial or renewal by exam)	January 3 – March 1	May 1 – 15	June
Fall (Initial or renewal by exam)	June 1 – Sept. 1	November 1 – 15	December
Renewal by CL (Continuous Learning)	January 3 – November 3		

Please note: All certifications set to expire in 2017 are valid until December 31, 2017.

For more information, please visit: <https://www.nurseone.ca/en/certification>



CNF nursing scholarship and certification awards application open NOW!

The Canadian Nurses Foundation is proud to offer more than 50 scholarships in support of nursing education. These awards have different values, depending on the level or area of practice. The ranges are as follows:

- Baccalaureate – \$3,000
- Masters and Nurse Practitioner – \$1,000 to \$5,000
- Doctoral – \$1,800 to \$10,000
- TD Aboriginal Nursing Fund at all levels – (\$1,500 – \$5,000)
- RBC Diversity in Nursing Awards for internationally educated nurses

Scholarship awards are limited to Canadian citizens or permanent residents who are studying in Canada at a Canadian university or college. Applicants must have at least three semesters remaining in their program after June 30. Certain awards have additional eligibility criteria. Please see the award description below. **Award value or availability may change without notice.** You may only receive one award per annum.

Certification Awards – Value of the fee to write the exam or renew certification, before taxes

Please note changes to the Certification Awards process. The application now requires your uploaded résumé in PDF format, and completion of a brief “Tell Us About You” text field. **Certification award applications accepted until November 30th.**

Please visit CNF’s website for more information, and to make your application. <http://cnf-fiic.ca/what-we-do/scholarships-and-bursaries/scholarship-types/>

Don’t delay – scholarship applications are accepted only until March 31st, 2017

SCHOLARSHIPS FOR:

- ✓ BSCN
- ✓ MASTERS
- ✓ PHD
- ✓ INTERNATIONALLY EDUCATED NURSES
- ✓ ABORIGINAL NURSES

NEARLY 15 MILLION
IN SCHOLARSHIPS
AND RESEARCH
GRANTS



OVER 1500
EDUCATIONAL
SCHOLARSHIPS

Professional Conduct Decisions

RNANT/NU Member # 3822

On January 27, 2017, the Chairperson of the Professional Conduct Committee approved a settlement agreement between RNANT/NU and the Member. The Member was found to have failed to thoroughly and adequately assess and treat an elderly patient on three separate occasions. On a separate occasion, the Member failed to follow up and consult with other health care professionals in a timely manner regarding a diagnostic test. The Member's documentation of these events was lacking in specific details pertinent to the care and treatment of the patient. The Member accepted responsibility for failing to adhere to the Standards of Nursing Practice and the Code of Ethics for Registered Nurses. The Member voluntarily entered into Alternate Dispute Resolution; was fully involved and co-operative with the process. As part of the settlement agreement the Member will complete a Nursing Assessment course and a Documentation in Nursing course.

RNANT/NU Member # 5679

On January 27, 2017, the Chairperson of the Professional Conduct Committee approved a settlement agreement between RNANT/NU and the Member. The Member was found to have failed to renew the certificate of registration to practice nursing and did in fact practice nursing without a current certificate of registration for a period of 11 months. The Member voluntarily entered into Alternate Dispute Resolution and was fully involved and cooperative with the process. As part of the settlement agreement the Member will complete the Responsible Nursing course and write a 1000-word reflective

practice paper analyzing the member's actions exploring the concepts of accountability and responsibility as they relate to nursing. The member will also discuss the legal and ethical issues of unauthorized practice by a nurse.

RNANT/NU Member # 4435

On November 15, 2016, the Chairperson of the Professional Conduct Committee approved a settlement agreement between RNANT/NU and the Member. The Member failed to adhere to documentation standards, guidelines and best nursing practice regarding documentation by failing to document contemporaneously and leaving blank spaces on the treatment progress records in order to make a late entry. 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 read the Registered Nurses Association of the Northwest Territories and Nunavut's Documentation Guidelines January 2015. The Member was provided scenarios of illnesses, conditions, signs and symptoms a patient may present with at the community health centre and was required to complete thorough and accurate SOAP documentation for each scenario.

RNANT/NU Member # 4196

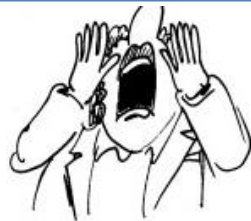
On January 27, 2017, the Chairperson of the Professional Conduct Committee approved a settlement agreement between RNANT/NU and the Member. The Member was found to have failed to adequately and thoroughly assess and treat an intoxicated patient who had been assaulted. This failure resulted in a critical situation requiring the patient undergo emergent

and extensive surgical intervention in a southern care facility. The Member was found to have failed to adequately and thoroughly assess and treat a child. This failure resulted in a critical situation requiring the patient undergo emergent and extensive medical intervention and extended care in a southern care facility. The Member was found on multiple occasions to have failed to follow the SOAP charting guidelines; failing to document assessments and plan of treatment for patients. The Member voluntarily entered into Alternate Dispute Resolution and was fully involved and cooperative with the process. As part of the settlement agreement the Member will complete a Nursing Assessment course and a Documentation in Nursing course.

RNANT/NU Member # 5366

On October 17, 2016, the Chairperson of the Professional Conduct Committee approved a settlement agreement between RNANT/NU and the Member. The Member was found to have practiced nursing outside of the Scope of Practice for Registered Nurses, on two occasions, by performing an invasive procedure which is not within the scope of practice for a registered nurse. The Member was found to have failed to assess, treat and refer an adolescent experiencing significant pain when it was prudent to do so. The Member voluntarily entered into Alternate Dispute Resolution and was fully involved and cooperative with the process. As part of the settlement agreement the Member will complete a Responsible Nursing course.

Calling All Volunteers!



The RNANT/NU is looking for volunteers to join the following committees:

- Education Advisory Committee
 - Registration Committee
 - Newsletter Committee

If you're interested, please complete a V.O.I.C.E Form and submit to the RNANT/NU office.

<http://www.rnantnu.ca/VOICE>

RNANT/NU Member # 5776

On January 27, 2017, the Chairperson of the Professional Conduct Committee approved a settlement agreement between RNANT/NU and the Member. The Member was found to have failed to maintain the Standards of Practice for Registered Nurses and Nurse Practitioners and the Code of Ethics by being chronically late or not reporting for duty as scheduled, arriving to the work place appearing unaware with a delayed and not present response and was observed acting inappropriately during the shift. The Member was found to have abandoned a night shift leaving one nurse alone on a pediatric nursing unit. The Member was found to have provided false information on the initial application for registration to practice nursing in the Northwest Territories and Nunavut and again on the renewal and reinstatement applications. The Member voluntarily entered into Alternate

Dispute Resolution and was involved in the process. As part of the settlement agreement the Member will complete a Responsible Nursing course. The Member will have a fitness to practice assessment completed by a medical specialist prior to renewal or reinstatement of the certificate to practice nursing in the Northwest Territories and Nunavut.

RNANT/NU Member # 4930

On November 4, 2016, the Chairperson of the Professional Conduct Committee approved a settlement agreement between RNANT/NU and the Member. The Member was found to have failed to follow Community Health Nursing Standards, Policies and Guidelines as per the nurse on call protocol. 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 will complete a Responsible Nursing course, a Community Health Nursing course and write a 1000-word reflective practice paper analyzing the Member's actions and discussing the importance of Community Health Nursing Standards, Policies and Guidelines in the practice of community health nursing.

RNANT/NU Member # 4951


On November 4, 2016, the Chairperson of the Professional Conduct Committee approved a settlement agreement between RNANT/NU and the Member. The Member was found to have used an illicit substance, specifically cocaine, on more than one occasion, affecting her professional registered nursing practice. The Member entered into Alternate Dispute Resolution. As part of the settlement agreement the Member completed a 30-day substance abuse treatment program and will maintain sobriety and abstinence from alcohol, and all

illegal and mood altering drugs that have not been prescribed by a treating physician. The Member will undergo random alcohol and drug screening for a period of up to 4 years and attend substance abuse counselling on a regular basis. Prior to reinstatement of the certificate to practice nursing the Member completed a fitness to practice assessment. Upon reinstatement of a temporary certificate to practice nursing the Member will have a mentored graduated return to work for a total of 825 hours. During this graduated return to work the Member will have monitored access to narcotics and other controlled substances. The Member will read assigned texts *Unbecoming a Nurse: Bypassing the Hidden Chemical Dependency Trap* and *From Unbecoming a Nurse to Overcoming Addiction* and will write a 12-page reflective practice paper based on the content of these texts. The Member will complete the Responsible Nursing course. The Member will read various position statements on *Nurses and Social Media*. The Member will write a 1000-word reflective paper outlining the potential positive and negative impacts social media may have on the profession of nursing. The Member will pay costs in the amount of \$6,000.00



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quick line at info@rnanntnu.ca
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Meet Gail Redpath



Gail Redpath was nominated by Joanne Dignard as the Nurse to Know for this edition of the 2017 Spring Connections Newsletter.

Originally from Lakefield, ON, Gail began her northern nursing career in Manitoba. From there she went to Nunavut and currently resides in Arctic Bay where she works as the Supervisor of Community Health Programs.

Gail is known as the famous "Gail of Arctic Bay". She has won numerous awards including being the first recipient, from Nunavut, of the National Award of Nursing Excellence in May 2006. She was also recognized in the Readers Digest (1999) article "Angels of the Arctic".

Gail has a strong work ethic and expects no less from the nurses and allied staff that work with her. She is involved in the daily running of the clinic, in addition to her Nurse in Charge duties. She is wonderful mentor and patient teacher to new nurses. Gail is also involved in the community. She is a faithful church attender and teaches children bible studies. For many years she had also sat on the community hamlet council.

Through her long commitment to nursing in the north Gail has gained remarkable trust and respect in the community. She continues to build on her considerable clinical skills. She has patience and stamina to spare. She remains undaunted by the increasing demands of patient management, administration and clinical patient care.

The following was submitted by Gail:

My northern career started in July 1981 when I was sent to Shamattawa, Manitoba by what was then Health and Welfare, Canada. It was an exciting and adventurous time - there were no telephones, faxes or computers at that time. Our communication consisted of a radio phone on which we would send out blind messages and hope someone would hear it and send us a plane. Hearing a plane buzzing the nursing station was our alert that our message got through. During my 2 1/2 years on that reservation, I attended the CHN2 upgrading training sponsored by H&WC in Ottawa. That was my first exposure to community health nursing, which was an exciting eye opener.

From January 1984 to July 1985, I was privileged to attend Dalhousie University's Diploma in Outpost and Community Health Nursing course, sponsored by H&WC. I found it challenging but excellent. Following graduation, a student colleague and I accepted positions at Igloolik Health Centre where I had my first taste of a nurse in charge position. When we tired of the constant turnover of nursing staff with constant orientation, another colleague and I relocated in 1988 to Arctic Bay, where I have been privileged to work up to the present.

There have been many changes in northern nursing since I started over 35 years ago - especially with technology. The excellent training from which I benefited gave my practice a tremendous boost for which I will always be thankful. Over the years, we have planned and implemented some great health promotion projects of which we are very proud. Unfortunately, over the years there has been less and less time to devote to those activities.

I am grateful for the opportunity I have had to meet and work with many excellent nurses and with such special populations. I love my career - from the few years I spent in a southern hospital to the northern nursing.



Canadian Nurses
Protective Society

infoLAW[®]

Considerations for Providing Cosmetic Services

Cosmetic services and procedures have evolved in recent years. Since this is a relatively novel way to deliver nursing services, nurses should understand the unique liability risks when providing cosmetic services.

Regulation of Cosmetic Nursing

Nurses who provide cosmetic services are encouraged to confirm that they are working within their scope of practice as defined by their respective regulatory bodies. For example, as with the administration of any substance, registered nurses (RNs) in every jurisdiction can only administer Botox[®] and other fillers when the patient has been initially assessed by a physician or other authorized prescriber and when there is a client-specific order.

A few regulatory bodies have prepared guidelines to inform RNs of their roles and responsibilities in relation to cosmetic services. In some jurisdictions, RNs require additional education and experience to have the necessary competency for performing cosmetic procedures.¹ In other jurisdictions, a physician must be present on site for the initial cosmetic injection, but subsequent injections can be administered by the RN via directive if a physician is readily available.²

Regulatory bodies have also taken differing positions on nurse practitioners (NPs) providing cosmetic procedures as part of their practice. In Nova Scotia, NPs are able to prescribe Botox[®] and other fillers with additional education and experience, and with the approval of the CRNNS NP Committee.³ By contrast, the regulatory bodies in British Columbia and New Brunswick have stated that cosmetic procedures are not part of primary health care and therefore should not be ordered or performed as part of NP practice.⁴

Nurses performing cosmetic services should be aware that some cosmetic services may not be considered to be nursing activities, particularly esthetic services that do not need to be performed by a regulated health professional (e.g. microdermabrasion). Therefore, they are encouraged to contact their regulatory body to confirm that their activities fall within the definition of nursing practice in order to correctly hold themselves out as nurses to clients and others, and that these activities qualify toward the required number of practice hours for maintaining licensure.

Informed Consent


Before providing any cosmetic service to a client, the health-care professional proposing the intervention must obtain valid consent. Performing a procedure on a client without consent is considered battery for which a court can award damages, even if the client does not suffer harm.

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**Do cosmetic
services fall
within your
scope of
practice?**



*More than
liability
protection*



In order for consent to be considered valid, it must be voluntary. The client must have had the capacity to consent and must have been properly informed. For consent to be informed, the client must be provided with sufficient information about the nature of the procedure, its anticipated outcome and any material risks. In the context of cosmetic services, the duty of disclosure is even more onerous.

Given the subjective nature of cosmetic outcomes, those who deliver these types of services are more at risk of being subject to complaints and civil actions from their clients. In order to minimize this risk, it is prudent for nurses who perform cosmetic procedures to manage their clients' expectations about the anticipated results of the procedure.

Consent discussions with the client should always be documented by the health-care professionals involved in providing the cosmetic service.

Record-keeping Requirements

As with nurses in other practice areas, nurses providing cosmetic services have legal and professional obligations to document their encounters with clients. All regulatory bodies have established documentation standards, which are equally applicable to cosmetic services when the nurse is acting in a professional nursing capacity. In some jurisdictions, client records must also be retained for a specified period.⁵ Failure to comply with these record-keeping requirements may result in disciplinary action.

Proper and thorough documentation is also likely to be a nurse's best defence in a legal proceeding related to cosmetic services. Records can be used later to reconstruct events, refresh memory, and provide detailed evidence of the care, all of which may minimize legal risk.

We also remind nurses be mindful of their ethical and legal obligations to protect the confidentiality and privacy of their clients' personal health information. As always, it is important to store all records in a secure manner. Nurses in independent practice providing cosmetic procedures will often be considered the custodian of their clients' records and subject to the legal requirements imposed by the relevant privacy legislation.

Independent Practice

Nurses who are considering opening a clinic or operating their own independent nursing practice to provide cosmetic procedures face unique challenges because they are also responsible for business management. We encourage nurses in independent practice to consult with their own lawyer: (1) to determine the best business structure for the delivery of their services and (2) to discuss other business-related matters, such as appropriate billing of clients, compensation practices, taxation issues, advertising requirements, compliance with privacy legislation, etc.

Liability Protection

The Canadian Nurses Protective Society (CNPS)'s professional liability protection is structured to protect individual eligible nurses⁶ from claims for professional liability arising from the provision of professional nursing services. Performing procedures that are not considered professional nursing services may limit the ability of an otherwise eligible nurse

Engage in
proper informed
consent
discussions

from relying upon CNPS professional liability protection. This is yet another reason for nurses providing cosmetic services to consult with their relevant regulatory body to ensure that their activities fall within the definition of nursing practice.

Nurses who are considering opening a clinic or operating their own independent nursing practice to provide cosmetic procedures may also need to consider liability protection for their business entity. CNPS protection does not extend to a business entity. However, the CNPS has partnered with BMS Group to offer CNPS Plus. This program is designed primarily to provide different business insurance products, such as general liability coverage, as a complement to the individual services offered by the CNPS.

Nurses who partner with a spa or a clinic to deliver cosmetic nursing services are encouraged to inquire about whether they will be covered under the spa or the clinic's insurance policies and, if so, the amount of coverage. Alternatively, CNPS beneficiaries may also purchase business liability insurance from the commercial insurance market.

It is prudent for nurses who are working in collaboration with other health-care professionals to provide cosmetic procedures to confirm that each health-care professional has adequate individual professional liability protection.

CNPS beneficiaries with questions about performing cosmetic procedures are encouraged to contact the CNPS for advice.

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1. For example, see the Nurses Association of New Brunswick position statement on "Cosmetic Medical Procedures" (October 2014); and College and Association of Registered Nurses of Alberta, *Medication Guidelines*, Guideline #27 – Cosmetic Procedures (March 2015).
 2. For example, see the College of Registered Nurses of Nova Scotia's position statement on "The Role of Registered Nurses in Cosmetic Procedures: BOTOX and Dermal Fillers" (2013).
 3. College of Registered Nurses of Nova Scotia's policy statement on "Nurse Practitioners' Scope of Practice Related to Cosmetic Procedures: BOTOX and Dermal Fillers" (2013).
 4. Nurses Association of New Brunswick position statement on "Cosmetic Medical Procedures" (October 2014); College of Registered Nurses of British Columbia, *Scope of Practice for Nurse Practitioners, Cosmetic Treatments*.
 5. For example, the College of Nurses of Ontario recommends that records of nursing services be retained for a minimum of 10 years after the nurse-client relationship is terminated.
 6. Eligible nurses are members in good standing with a CNPS member organization, or who have registered individually for beneficiary status with the CNPS. See cnps.ca/eligibility for details.

Related infoLAWS of interest: Consent to Treatment, Quality Documentation: Your Best Defence. Available at cnps.ca

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Canadian
Nurses
Protective
Society:

Professional
Legal Support
for Nurses



Continuing Your Education

Excelling in the Care of the Elderly

Expert knowledge and the provision of skillful care for the elderly have become essential components of practice in both acute and primary care. This two day course, designed by nurse practitioners specialized in the field of geriatric care, will increase your confidence and improve the depth and breadth of your knowledge in geriatric care. The course will address the management of multiple geriatric conditions with a focus on mobility, cognition and mood, symptom management and common conundrums such as sleep disturbances, artificial hydration/nutrition and capacity. The management of ten common chronic diseases including comorbidities and complexities will be reviewed with a focus on relevant pathophysiology, assessment, clinical reasoning, assessment, and management. Key topics will include advanced health assessment, best diagnostic and prescribing practices, and resources for day to day practice.

When: March 25th – 26th, 2017

For more information or to register, visit: <https://bloomberg.nursing.utoronto.ca/care-of-the-elderly>

Northwest Mental Health Conference

Many communities in Northwestern Ontario are located in rural and remote settings, presenting significant challenges to patients and providers when it comes to receiving and delivering high-quality mental health services. There is a growing need for effective governance and senior leadership to address these service gaps and health equity issues by building integrated models of care.

When: March 26th, 2017

For more information or to register, visit: <https://www.oha.com/education>

25th Annual Rural and Remote Medicine Conference

The 25th Annual Rural and Remote Medicine Conference hosted by the Society of Rural Physicians of Canada is encouraging the attendance of nurses and nurse practitioners interested in rural healthcare. The conference features three days of lectures and hands-on workshops. It provides an opportunity to network with colleagues and learn about the latest topics in rural emergency care, trauma, wound care, mental health, obstetrics, and pediatrics, just to name a few. This year will also feature new research, rural mentorship and an emphasis on the truth and reconciliation with First nations.

When: April 6th – 8th 2017

Where: Telus Convention Centre, Calgary, AB

For more information or to register, visit: <http://www.srpc.ca/rr2017/>

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Leadership Development

The Dorothy Wylie Health Leaders Institute's four-day residential, interprofessional leadership program features a variety of highly respected facilitators who guide Canadian health-care leaders through a concentrated study of leadership principles, models, behaviours, skills and tools.

When: May 23rd – 26th, 2017

Where: BMO Institute for Learning in Toronto, ON

For more information or to register, visit: cna-aiic.ca/leadership

On June 22, following the annual meeting of members in Ottawa, CNA will host a one-day Dorothy Wylie Health Leaders Institute workshop focused on personal resilience and leadership. **Registration opens soon!**

Wound Management for Nurse Practitioners: A Best Practice Boot Camp for Persons with Lower Extremity Ulcers

This interactive two day course will provide Nurse Practitioners and Advanced Practice Nurses with up-to-date practices in wound management, focusing on the management of lower extremity ulcers and diabetic foot ulcers. The course will equip NPs and APNs with the knowledge and skill to effectively assess, diagnose and manage lower extremity wounds. Interactive simulation lab sessions will focus on physical assessment, diagnostic reasoning, selection and use of wound treatments; and advanced wound management techniques.

When: June 2nd – 3rd, 2017

For more information or to register, visit: <https://bloomberg.nursing.utoronto.ca/wound-management>

The 12th National Community Nurses of Canada Conference

This conference brings together individuals who have an interest in Community Health Nursing from practice, research, administration, policy and education

For More Informa

When: June 20th – 22nd, 2017

Where: Niagara Falls, ON

For more information, visit: <https://www.chnc.ca/en/annual-conference>

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 Nunavut for health and social services to providers to strengthen their community capacity-building skills.

For more information or to register, visit: <https://yukoncollege.yk.ca/programs>

Items in the Newsletter do not imply endorsement or approval by the RNANT/NU.