Regulation and Responsibility in an Era of Change
SRNA President David Kline, RN
with Lynn Digney Davis, RN(NP)

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P. 26 CNA CODE OF ETHICS
The Saskatchewan Registered Nurses’ Association (SRNA) is a professional licensing body established in 1917 by the Registered Nurses Act of the provincial legislature. Its purpose is to set standards of education and practice for the nursing profession, and to license and support nurses as RNs to ensure the public receives quality nursing care.

The SRNA Newsbulletin is published four times a year by the SRNA. Its purpose is to inform RNs about the Association’s activities, provide a forum for discussion and information of topical interest. Inclusion of items in the SRNA Newsbulletin does not imply endorsement or approval by the SRNA.

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On the Cover: Lynn Digney Davis, RN(NP), Chief Nursing Officer, Ministry of Health and David Kline, RN, President SRNA.

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How Will Change at the National Nursing Level Impact You?

Over the past number of years, provincial regulatory bodies have brought concerns and recommendations for change, to the national table. As a result of this feedback, the Canadian Nurses Association (CNA) is working through a strategic planning exercise in an attempt to address nursing issues at a national level. SRNA is one of the eleven provincial regulatory bodies represented on the CNA board. The mission of provincial regulatory bodies and the national association address significantly different priorities. Let’s compare the SRNA mission: ‘Competent, caring, knowledge based registered nursing for the people of Saskatchewan’ to that of the CNA’s: ‘CNA is the national professional voice of Registered Nurses, supporting them in their practice and advocating for healthy public policy and a quality, publicly funded, not-for-profit health system’. The provincial regulatory body mission statement speaks to the legislated responsibility of the SRNA to assure safe nursing care for the people of Saskatchewan. The CNA mission speaks to an advocacy role for Canadian RNs. Because of this divergent focus, four jurisdictions have established the Canadian Council of Registered Nurse Regulators (CCRNR). The purpose of the CCRNR is to promote excellence in RN regulation in Canada by promoting an infrastructure and forum through which RN regulators can anticipate and respond to regulatory challenges and opportunities on interprovincial, territorial, national and global levels. The four founding jurisdictions of the CCRNR have indicated their intentions to continue to be active members of the CNA as well as members of the CCRNR. The SRNA Council is currently reviewing the impact and cost-benefit of having two national nursing bodies. As a regulatory body, the implications for SRNA must be carefully assessed. Should regulatory decisions be made at a national level, it will be important to be represented, but at what cost?

Over the past few weeks I have discussed this recent development with many RNs in Saskatchewan and the common concern is how will two nursing voices at the national level will impact nursing in Canada? I welcome your input on this issue as we proceed with strategic planning for the Canadian Nurses Association and decide on our affiliation with the new national nursing regulators organization.

David Kline, RN
President, SRNA
I have always been proud to be a Registered Nurse and part of the nursing profession. With over 30 years of practice in many nursing roles, I understand we have a great responsibility individually as RNs and collectively as a profession to the people of Saskatchewan. The SRNA, as a professional self-regulatory body, exists because of the engagement of our members to regulate the profession in the public interest. As a member of the SRNA, you elect your President, President-elect and seven member-at-large colleagues to serve on your SRNA Council. As you know, the SRNA Council also includes three government-appointed public representatives and together they govern the Association in the public interest. I have great appreciation and respect for all my colleagues and the public citizens who have answered the call to serve in this important governing role. Many more members further professional self-regulation in the public interest through committee work and ongoing communication and engagement with the Association.

The primary purpose of professional self-regulation is protection of the public from harm.

The SRNA Self-Regulation position statement describes “Professional self-regulation [as] characterized by professional conduct and competence, fairness, transparency, accountability and public participation. In professional self-regulation, the regulatory body is accountable for ensuring members are competent and act in the public interest in providing the services that society has entrusted to them. Individual members are personally accountable for their practice through adherence to codes and standards and maintaining competence and conduct” (2004).

The primary purpose of professional self-regulation is protection of the public from harm.

A key component of the professional self-regulation framework is a code of ethics to guide the profession. SRNA Council establishes the vision, mission and ENDs of the Association (see www.srna.org).

The first END is competent, ethical practice of registered nursing, with a sub END that states: “RNs and RN(NP)s understand and embrace the Code of Ethics.”

I want to hear from you: how does the Code of Ethics help you in your practice? Please contact us to request a presentation or for more information about how the Code can help you and your colleagues. 2010 will be an exciting year for the nursing profession. I am honoured and privileged to serve you in our mutual goal of achieving competent, caring, knowledge-based registered nursing for the people of Saskatchewan.

See next page: CNA Code of Ethics
Council Highlights

by Kandice Hennenfent, RN
SRNA President Elect

Council and staff hosted the SRNA building grand opening celebration on February 22, 2010. A formal ribbon-cutting ceremony and dedication of the boardroom to former Executive Director Donna Brunskill, RN was shared with over 75 guests including stakeholders, members and the public.

At the February 22-24, 2010 meeting, Council continued working through monitoring reports and the governance action plan. The province’s Chief Nursing Officer, Lynn Digney Davis, RN(NP) met with Council to discuss the Masters entry-level for RN(NPs) and shared information gathered by the Ministry regarding submission of a proposal for Masters degree-entry level for RN(NPs) in Saskatchewan. Nursing leadership has been identified as a priority by the Province.

Netha Dyck, RN, Dean of Nursing, SIAST; Sheila Dresen, RN, Acting Dean of Nursing U of R; and Lorna Butler, RN, Dean of Nursing, U of S (via conference call) presented on the progress and development of the joint curriculum. It was reported that entry to the new nursing program will commence September 2011, resulting in an increase of 200 nursing seats.

The meetings finished with a conference call discussion with Kaaren Neufeld, RN, President, Canadian Nurses Association (CNA) on governance, strategic planning and regulatory development. Some questions included: How can the CNA effectively continue with unity? What is most appropriate role of the CNA: to synchronize or segregate? President Neufeld believes in working to ensure strong links which will result in strengthening the health care system. She is committed to strengthening the way CNA moves forward with its members, ensuring they are positioned for the future.

Patients and Family First Initiative

SUN, SRNA, RPNAS, and SALPN, offered a one-day collaborative workshop in Regina (March 9) and Saskatoon (March 10) to discuss the Patient First Review, Patient-Centered Care and the Patients and Families First Initiative and Challenge. These one-day events will help members, nurse managers, RNs, RPNs, RN(NP)s and LPNs continue the discussion of how to foster and support patient-centred care in the workplace and build alliances to create new ideas to improve the patient experience in our health care system.

The CNA Code of Ethics

The CNA Code of Ethics (2008) is a tool to guide practice and to work through ethical challenges. The core values that all RNs and RN(NP)s are accountable for are:

• Providing safe, compassionate, competent, ethical care
• Promoting health and well-being
• Promoting and respecting informed decision making
• Preserving dignity
• Maintaining privacy and confidentiality
• Promoting justice
• Being accountable

The CNA Code of Ethics has articulated ethical responsibilities for each of the values and these apply to all “interactions with individuals, families, groups, populations, communities and society as well as with students, colleagues and other health-care professionals” (p.8)
What Might Put YOUR Practice at Risk?

The SRNA is mandated to ensure its members are competent and to investigate and discipline those who are not. This is both a right and a responsibility of being a self-regulating profession. When an allegation of professional incompetence or professional misconduct is submitted, the investigation committee reviews the complaint and decides if there is an investigation. Possible outcomes are the case is: dismissed because there is insufficient evidence to support the allegations; dismissed with a letter of guidance; moved to a consensual competence resolution agreement, or; moved to a discipline hearing. The goal, if possible, is for low-level resolution.

Complaints about a RN’s practice come to the SRNA from employers, the public, other RNs or the SRNA Registrar and are based on either professional incompetence or professional misconduct. In 2009 there were an equal number of complaints from the public and employers. These two groups represented 70% of all complaints received in 2009. Nine percent of complaints came from co-workers. RNs who submit a complaint are acting ethically according to the CNA Code of Ethics for Registered Nurses, 2008 responsibility statement G-5, “Nurses are attentive to signs that a colleague is unable, for whatever reason, to perform his or her duties. In such a case, nurses will take the necessary steps to protect the safety of persons receiving care” (p. 18). They are also meeting Standard 17, in the SRNA Standards and Foundation Competencies for the Practice of Registered Nurses, 2007 document which identifies the RN, “Reports unsafe practice or professional misconduct of a health care worker to appropriate authorities” (p. 7).

The legislation defines professional incompetence in Section 25 of the The Registered Nurses Act, 1988 as “… the display by a nurse in the professional care of a client of a lack in knowledge, skill or judgment or a disregard for the welfare of a client of a nature or to an extent that demonstrates that the nurse is unfit to (a) continue in the practice of nursing; or (b) to provide one or more services ordinarily provided as part of the practice of nursing.”

Professional misconduct is defined in Section 26(1) of The Registered Nurses Act, 1988, as “… conduct or thing whether or not disgraceful or dishonorable, that is contrary to the best interests of the public, or nurses

Knowing where some RNs are having difficulties can help each of us take a closer look at our own practice in these areas.
or tends to harm the standing of the profession of nursing . . . ”

The top three areas of concern representing nearly half of all complaints in 2009 were:

• Lack of appropriate assessment, needs identification, outcome identification, planning and intervention skills (Professional Incompetence)
• Inappropriate interpersonal relationship skills (Professional Misconduct)
• Inappropriate documentation (Professional Incompetence)

Take a minute to review the following documents:

• Code of Ethics – responsibility statements A1, D1, 2, 7 and G1 and 5 and
• Standards and Foundation Competencies for the Practice of Registered Nurses – competencies 3, 5, 18, 28 and 33-39.

These documents are the basis of our practice as RNs and the identified sections refer directly to the areas of complaints.

How can we learn from this information? Knowing where some RNs are having difficulties can help each of us take a closer look at our own practice in these areas. Did your self-assessment for the continuing competence program bring any areas of improvement to light? Is there a course or workshop that you could take to help strengthen skills in the above areas? Are there other areas in which you would like to improve? Have you been proactive in finding ways to improve in those areas? Through learning from others, identifying personal areas of learning, and proactively addressing those areas RNs have the opportunity to improve their practice and provide even better care to the people of Saskatchewan. Additionally, the above information guides SRNA program development to better meet the needs of our members.

SRNA resources and links are available on the website www.srna.org. If you find yourself in a situation where you feel you need insight from another RN but want anonymity, please call one of our practice advisors. They are here to help RNs and all calls to them are confidential. Also in this Newsbulletin is an article outlining the proactive role of practice advisors and how they can help RNs in their professional practice.

We are all accountable for our professional practice. 2009 statistics indicate that the public is holding RNs accountable by submitting complaints when they feel the RN did not act professionally. Use the resources provided by the SRNA to review your practice and be the best RN you can be.

Contact: Terri Belcourt, RN
Ph: 1.800.667.9945 or 359.4200 (Regina)
Email: tbelcourt@srna.org
Fax: 1.306.359.0257

References

RN Responsibility for Initial and Ongoing Assessments

Q I am a RN working in multiple clinical areas. What is my responsibility and accountability for assessment of clients?

A As required in legislation, all RNs are accountable for the initial and ongoing assessment of clients in their care (Province of Saskatchewan, 1988). “In collaboration with the client, the RN performs an assessment of physical, emotional, spiritual, cognitive, developmental, environmental, social, and learning needs and the client’s beliefs about health and wellness” (SRNA, 2007, p. 8). RNs collect this information utilizing assessment skills of observation, interview, history taking, interpretation of data and physical assessment.

RNs are then responsible to synthesis and analyze this information in making a determination of client needs, and a plan of care.

It is important for RNs to be aware that assessment includes not only identification of needs but also the required planning and intervention of care, with outcome identification and evaluation.

Documentation of assessment and the subsequent plan of care is the final component in the assessment process. RNs have great depth and breadth of nursing knowledge and critical thinking to assess clients to determine the severity and acuity of the presenting problem. Continual reassessment of the client by a RN is also necessary as a client’s condition may change. When the client’s condition changes and becomes increasingly complex, and the assigned care provider is no longer able to manage the nursing care, a RN must be available to consult with and/or assume care of the client.

RNs utilize assessment information to determine client assignments to the appropriate care provider (RNs, GNs, LPNs). Once client care assignments have been made, the RN continues to be responsible for leading, participating in, and coordinating the planning and delivery of care. This requires effective team work, collaboration and communication in order to meet the needs of the client. The responsibility and accountability of the RN initial assessment cannot be assigned or delegated to other health care providers.

RNs must be cognizant of their accountabilities and responsibilities for the assessment process in order to uphold the legislative and professional obligations inherent in the role. One of the top three complaints against RNs in Saskatchewan in 2009 was lack of appropriate assessment, needs identification, outcome identification, planning, and intervention skills.
Failure to fulfill the practice standards related to assessment could result in an investigation of practice (See Terri Belcourt, RN’s article in this Newsbulletin).

The SRNA practice team is available to assist RNs with any questions or concerns relating to accountability and responsibility for the RN assessment process.

To contact a Practice Advisor: 1.800.667.9945 or 359.4200 (Regina) or Email: practiceadvice@srna.org.

Supporting RN Practice – Practice Calls by the SRNA Practice Team

The SRNA Practice Team is available for consultation on professional practice issues. We provide a confidential service that is designed to enhance and promote safe, ethical and competent practice. The protection of the public is our primary goal.

The provision of support, advice, information and resources assists RNs to meet practice standards, promotes good nursing practice and prevents poor nursing practice.

For 2009 (January 1 – December 31), there were 615 practice calls, relating primarily to scope of practice, information/networking and nursing practice standards as graphically depicted below:

**Purpose of Call**

48% of all the calls we received came from direct care RNs, 28% from administrative RNs, 10% from RNs in education, 1% research and 13% were non-RN calls. Over half (52%) of the calls came from an urban location, 24% were rural, 5% were from the north, 15% were unknown or not applicable and 4% were from multiple locations.

For more information or to contact a Practice Advisor:

Ph: 1.800.667.9945 359.4200 (Regina)
or Email practiceadvice@srna.org

References


Upcoming Joint SRNA, SALPN and RPNAS Collaborative Nursing Practice Presentations

The purpose of these presentations is to enhance the understanding of the roles and the value of each professional nursing group and to promote collaborative nursing.

**May 17-20** Cypress and Five Hills

**June 14-17** Sunrise and RQHR rural

**Sept 20-23** Kelsey Trail

Watch for posters with dates and locations in your Health Regions.
The SRNA employs expert RN staff from diverse healthcare backgrounds to provide confidential practice advisement to RNs, RN(NP)s, GNs, and the public. Practice advisement is based on The RN Act, (1988) and SRNA approved standards, codes, guidelines, and position statements. The purpose of practice advisement is to enhance and promote safe, ethical and competent practice. This is achieved by SRNA Practice Advisors working to empower members to identify the issue in their practice environment and work to resolve that issue. This includes providing:

- Clarification and interpretation of foundational RN practice documents as it applies to current and emerging health care issues.
- Consultation on professional practice issues.
- Effective ways of communicating concerns to the appropriate persons.
- Identification of resources.
- Support and encouragement.
- Referrals to internal and external individuals or groups that can assist the caller.

Information shared between the practice advisor and the caller will not be disclosed to anyone outside the practice advisement team. “However, SRNA practice advisors have the same responsibility and accountability as all RNs. If a practice advisor were to become aware of professional misconduct or incompetence there would be an obligation to follow up and report.” (Source: SRNA website)

Practice advisement occurs most often via telephone or email, but can include face-to-face meeting(s) with a Practice Advisor.

During 2009, the most common themes addressed by the practice advisement team focused on:
1. Scope of Practice
2. Information/Networking
3. Nursing Practice Standards

These themes correlate with identified areas of complaints received regarding RN practice in Saskatchewan in 2009. The three areas for complaints are representative of concerns arising from nursing practice standards and scope of practice.

Not sure where to look for information on these topics? Review SRNA documents listed below to enhance your understanding about professional and ethical obligations.

- Code of Ethics for Registered Nurses (CNA), 2008
- SRNA The RN Scope of Practice, 2004 Practice of Nursing: RN Assignment & Delegation, 2004
- SRNA Standards & Foundation Competencies for the Practice of Registered Nurses, 2007

Maintaining a proactive professional practice is each RN’s responsibility.

Review the documents available online, and consider a practice advisement consultation with one of the advisors to help you and your colleagues enhance your role and practice as an RN.

For more information or to contact a Practice Advisor:
Ph: 1.800.667.9945 or 359.4200 (Regina)
Email: practiceadvice@srna.org

To learn more in this edition of the NewsBulletin:

“What Might Put YOUR Practice at Risk?” by Terri Belcourt, RN for additional information on competence assurance.

“Supporting RN Practice – Practice Calls” by the SRNA Practice Team for additional information on the 2009 practice calls received.
Excellence in Nursing through CNA Certification

by Erika T. Vogel, RN
Nursing Advisor, Practice

Every year RNs from across Canada prepare to write or maintain a certification in one of 19 different specialty areas. The Canadian Nurses Association (CNA) states, “Certification is a commitment to the leading edge in national health-care standards. It gives national scope to the principle of continued competence encouraged by provincial/territorial quality assurance programs. It’s a tangible distinction, confirming your knowledge and skill levels in your specialty” (CNA, 2010). Saskatchewan RNs have accepted the challenge of certification, and are building an enhanced foundation of expert professional practice.

Saskatchewan has 379 RNs certified across the 19 certification specialty areas, representing 2.4% of certified RNs in Canada through July 2009 (CNA, 2009).

Why should I get my Specialty Certification?

1. Get recognized for expertise in your specialty practice
2. Advance your career opportunities, marketability, and recognition
3. Satisfy your continuing competence program requirements on an annual basis
4. Be recognized in Saskatchewan and at the national level for expertise in the nursing profession

Want more information about becoming certified?
Go to the Canadian Nurses Association certification site: www.cna-aiic.ca/CNA/nursing/certification/default_e.aspx
Learn about the 19 specialty certifications, application process, study material, financial assistance, and how to maintain your certification once you pass the exam.

Good luck to the Saskatchewan RNs writing the certification exam on April 17, 2010. Congratulations to the many Saskatchewan RNs who continue to maintain certification and excellence with the CNA.

References:

Certification for Nursing Specialties/ Area of Nursing Practice

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*adapted from CNA (www.cna-aiic.ca/CNA/nursing/certification/specialties/default_e.aspx)
HIV infections are rising in Saskatchewan. In 2008, new cases increased 36% from 2007 and Saskatchewan topped the country in new diagnosis trends (Saskatchewan Ministry of Health, 2008). The SRNA supports a direction of responding to HIV infections through pursuing equity for vulnerable populations. Programs that balance public health concerns with meeting clients where they are at need to be explored. Examples from the Ministry of Health’s A Review of Needle Exchange Programs in Saskatchewan-Final Report are recommendations for community based drop boxes, public education about safe needle disposal, and organized needle clean up at key times such as during spring thaw. Current needle exchange programs in Saskatchewan are estimated to reduce HIV transmissions by a third, producing an estimated savings in health care costs by $4M per year (LTSG, 2008).

One of SRNA’s goals is to ensure “public policy makers are aware of the potential health impact of their decisions.” Consistent with this, the SRNA recently met with the Ministry of Health’s Lauren Donnelly, Assistant Deputy Minister, Lynn Digney Davis, RN(NP), Chief Nursing Officer, Dr. Moira McKinnon, Chief Medical Officer, and Terrie Gudmundson, Special Advisor to the Deputy Minister. A brief was presented highlighting concerns with proposed changes to the needle exchange program as announced in the Speech from the Throne. The SRNA believes the proposed changes are not in the public interest. SRNA supports the stance that, “many harm reduction and needle exchange programs, despite continued compelling data, continue to struggle for adequate funding and for recognition as key players in public health and within the larger landscapes of disease prevention, health promotion and health education” (Strike et al., 2006).

The real costs associated with the transmission of blood-borne pathogens through needle sharing far outweigh the threat of discarded needles. To date, there have been no public needlestick injuries identified that have resulted in HIV transmission (Saskatchewan Ministry of Health, 2009). Research shows that one-to-one exchange policies can restrict access to clean needles and therefore increase infection rates (Strike et al., 2006). Current exchange programs have well-developed policies and are staffed by public health nurses and community workers with many years of experience. Individuals and communities benefit when we focus on including populations involved.

It is the SRNA’s position that harm reduction is an evidence-informed component in the continuum of health care services provided by RNs and an obligation based on the CNA Code of Ethics (2008). Ethical practice includes RNs’ responsibility to work to their full potential utilizing all knowledge and resources available to help clients achieve their healthiest possible state. Equity issues affect people’s ability to achieve optimal health and a combination of harm reduction services and programs...
which take into account the social determinants of health are one way nursing is engaging in social justice. By going further into root causes and addressing vulnerability reduction (Ezrad, 2001) nursing becomes aligned with its roots of alleviation of suffering and advocacy. Through meeting with government and stakeholders and advocating in the public interest, the SRNA works to fulfill its vision. Public policy makers need to be aware of the role of RNs in the provision of services and their ethical obligations for competent, caring, knowledge based registered nursing. By providing evidence-informed briefs from a nursing perspective, the SRNA works to support the work of government and achieve our mutual goal of an informed healthy society.

References:


Promoting Nursing as a Profession, and Enhancing Our Professionalism

The SRNA is your professional registered nursing association. It can’t be an excellent organization without people like you getting involved. How can you participate in the work of the SRNA? One way is to share your nursing knowledge on SRNA internal committees, and external committees where SRNA representation is needed. To get involved in committee work, complete a Professional Opportunities Interest Sheet which is accessible via the SRNA website homepage under the Membership Profile Management link. Once you log in to your profile, look for the link that states “Interests” and then scroll down the list and tick the areas that interest you. After submitting your interest sheet you will receive an email verifying that the SRNA has received your information. When vacancies on committees occur, the SRNA Membership Advisory Committee selects members to fill the spots from the submitted interest sheets.

Everything you ever wanted to know about a SRNA Professional Practice Group (PPG), Special Interest Group (SIG), Chapter, or the Workplace Representative program, can happen at the 6th Annual SRNA Member Night on May 4, 2010, at Queensbury Downs in Regina. This special event is for SRNA members who are involved in these groups, and for those who are interested in joining. Several PPGs, SIGs, and Chapters will be hosting meetings with their respective groups that evening. A meeting for the SRNA Workplace Representatives will take place from 6:00 to 7:30 pm. A complete list of participating groups, along with meeting times and room locations will be posted on the SRNA website by mid-April. Following the meetings that evening, all participants are invited to attend a social event and a “Shosholoza” presentation with Monika Knight, Dip. ED., MA, beginning at 7:30 pm at Queensbury Downs, in Regina. This event is held in conjunction with the SRNA Annual Meeting on May 5 and the Conference Day on May 6. Join us for networking and fun!

Are you interested in being a part of a PPG for RNs who practice in the Forensics area?

A group of RNs is interested in forming a Forensics Nursing Group that focuses on providing care to individuals in closed custody settings. A PPG is a group of nurses who are interested in furthering their professional development in a nursing specialty. This group is interested in discussing the possibility of joining the Forensics Nursing Society of Canada, www.forensicnurse.ca

The first meeting for the Forensics Nursing Group will be held May 4, 2010, during the Member Night for PPGs, SIGs, Chapters, and Workplace Representatives. This meeting will start at 6:00 pm. Please check the SRNA website in mid-April for the meeting room location.

If you are interested in any of the SRNA Membership programs, please visit the SRNA website under Connections, or contact Barb at bfitz-gerald@srna.org or links@srna.org
Happy National Nursing Week (NNW)
May 10 to 16, 2010

The Canadian Nurses Association has announced that this year’s theme is “Nursing—You Can’t Live Without it!” NNW is a great time to plan special events to celebrate your and your health care colleague’s contribution to the nursing profession.

Suggestions for celebrating NNW include:

• Wearing your SRNA pin with pride and tell your clients about the role and value that registered nurses bring to health care;
• Setting up a display about the advancements in registered nursing practice for your practice area;
• Setting up a display on collaborative nursing practice to show how each nursing profession works together for patient centered care;
• Hosting a pot-luck lunch on your unit and invite non-RNs to join;
• Promoting positive professional images of RNs and RN(NP)s;
• Writing an article for your local newspaper about the benefits that RNs and RN(NP)s give to healthcare in your community; and
• Inviting a guest speaker to your workplace.

The SRNA applauds all RNs and RN(NP)s for their dedication and contribution to the registered nursing profession in Saskatchewan. Enjoy your special week!

Getting to Know Your Professional Association
SRNA to Host Regional Workshops for Members in 2010

For several years the SRNA has met with the membership annually through the “Outs and Abouts” program. While this has been a unique method of meeting with our members, we think its time to try something new. This year SRNA staff from the Executive Office, Regulatory, Practice and Communications will host two regional workshops and public forums in two communities. RNs, RN(NPs), Graduate RNs and RN(NP)s and NEPS students are invited to hear about services and resources offered by the SRNA. There is no charge and lunch will be provided.

The public forums provide opportunity for the public to learn about the role of the SRNA in ensuring safe, competent registered nursing care for the people of Saskatchewan.

Watch for additional details (location and times for the workshops) under the ‘What’s New’ column on the SRNA website by mid-March. Consideration for continued future workshops and forums of this nature will depend on the successful outcomes of these events.
Maureen Ferguson, RN  
SRNA Workplace Representative

I graduated in 1984 with a diploma in nursing and completed a Bachelor of Nursing in 2007. I am a Home Health Registered Nurse based in Nokomis. I commonly travel between 50 and 200 km/day to see my clients. I work with RNs based in Strasbourg, Lanigan, and Watrous. My practice encompasses acute care, long-term care, maintenance and support, disease prevention, as well as health promotion, rehabilitation, and palliative care. My roles are clinician, educator, advocate, manager, collaborator, leader, researcher, and case manager. Therefore, I practice as a generalist, with advanced knowledge in wound care, palliative care, and chronic disease management. Essential components for achieving continuity of care in this practice area are: collaboration with a multidisciplinary professional team including unregulated care providers and community members, and accepting that the locus of control or decision making lies with the client.

As a Workplace Representative, I share information about the SRNA with my colleagues via the internet, as I seldom meet face-to-face with them. At present, I am involved in the development of the National Home Health Nursing Competencies, and the Saskatoon Health Region Wound Care and Chronic Disease Management Committees. After 20 years in this practice area, I am still passionate about Home Health Nursing.

NURSING 4.0

The Canadian Nurses Foundation recently announced Nursing 4.0 – a national campaign to raise $4 million, in 4 years for the next generation of nursing. Canada needs nurse leaders and scientists to build a healthier tomorrow…and we have to start today! These new funds will be used to support more nursing scholarships and new nursing research projects.

Dear Friends,
I am writing to you today because I care deeply about nursing and the Canadian Nurses Foundation (CNF).

I am tremendously proud to be a nurse, a CNF award recipient, and a chief of nursing at a large hospital. I know that nurses have improved patient care in Canada. I know that nurses save lives. I know that the CNF has helped thousands of nurses reach far beyond what we ever imagined.

I want nurses of the next generation to be as fortunate as I have been, and I want Canadians to reap the rewards that nursing excellence brings. This is why this campaign means so much to me personally and professionally. Please join me and add your support to the Nursing 4.0 campaign.

Sincerely,
Dr. Ginette Lenire Rodger, O.C., R.N.  
Chair, Nursing 4.0 Campaign Cabinet

SUPPORT 4.0 TODAY!
Call 1.800.361.8404 ext. 242 or 613.237.2159 ext. 242, or donate online at www.cnf-fiic.ca.
Janet Hammond, RN
SRNA Workplace Representative

I am the Workplace Representative for the Indian Head Union Hospital and have held the position for the past several years. As well, I was a Region Representative for the Saskatchewan Union of Nurses for six years and passed on SRNA news to the RNs while in this position.

I have been nursing since “before Christ” as some of my patients will tell you and have loved every moment of it. Working in rural Saskatchewan is very different as you have to be a master in all aspects of nursing and able to handle whatever presents at your door, usually with little assistance. I love my nursing career and believe I have been a strong patient advocate. Registered Nurses see people arrive into this world as babies and help people leave this world in death, while trying to make their journey through life as smooth as possible. Right now it is an especially exciting time in my workplace as we have two new Internationally Educated Nurses joining our staff.

I believe that being a Workplace Representative is important because you can stay on top of happenings in the professional organization and inform your colleagues of events as they are happening. I have been on a campaign to add more Workplace Representatives in the healthcare facilities in my health region. I also look forward to recruiting someone to take my place as Workplace Representative as I move towards retirement.

Have You Ever Wondered?

What is professional incompetence?
What is professional misconduct?
How are concerns dealt with?
What procedures are used to do investigations?
What happens if I receive a letter from the SRNA regarding my practice?
What will be done following the investigation?
How do I submit a written report as an employer or co-worker of the nurse?
How do I submit a written report as a member of the public?
Who can I contact if I have any other questions about the Competence Assurance process?
The answers to these questions and others can be found on the SRNA website under “competence assurance”.

Did you know?

“Posting” patient information on Facebook is considered a confidentiality breach, even if the patient is not named.

Rhonda O’Hagan, RN
Advisor, Competence Assurance
An ancient Zen story talks about a Japanese master, who received a university professor who came to inquire about Zen. The master served tea. He poured his visitor's cup full, and then continued pouring. The professor watched the overflow until he no longer could restrain himself. “It is overfull. No more will go in!” “Like this cup,” the Master said, “you are full of your own opinions and speculations. How can I show you Zen unless you first empty your cup?” (101 Zen Stories, n.d.)

As a RN who enjoys the challenge of new opportunities in the nursing profession, I find I have to empty my cup (nursing practice) quite regularly. There is so much that I need to learn and incorporate into my practice! This year, as a part of my continu ing competence, I am focusing on two standards in the SRNA Standards and Foundation Competencies for the Practice of Registered Nurses, 2007, that pertain to ethical nursing practice.

Cultural compassion and cultural safety are areas in which I ethically believe RNs need to have an in-depth understanding. This is because we have the privilege of working with people from a variety of cultural backgrounds. For me to “establish and maintain a caring environment that supports clients to achieve optimal health . . .” (Standard 69, SRNA, 2007, p. 10), I place the client in the centre and all health care providers in a circle around the client. The definition of client, for my practice as a nurse educator is the students, coworkers (faculty), and the patients that together, we work with.

I am always looking for new sources of information and that support client-centred, culturally relevant care. The sources I often turn to are peerreviewed articles, on-line tutorials, books, or turning to my colleagues and students. I seek feedback from my peers and students (who are my clients) to make my practice better.

A culturally safe environment (Standard 71, SRNA, 2007, p.10), that is unique, yet effective and safe, is a fundamental component of client care that I convey to the students that I work with. My practice must meet the needs of my students and the clients that we care for during our mutual learning process.

What I have learned over the years is that I need to empty my cup, from time to time, and be receptive to new knowledge that supports my practice as a RN and that supports my continuing competence.

References:
It was my privilege to be the SRNA Workplace Representative attending the Workplace Integration on New Nurses (WINN) and Nursing The Future (NTF) Conference held in Winnipeg in Dec 2009. The WINN invests strategies to assist the positive transition of new RNs into the workforce and the nursing profession. Nursing the Future is aimed at developing and guiding newly graduated RNs as they move from being nursing students to professional RNs. The conference focused on valuing the past, supporting the present, and securing the future of nursing.

The excellent guest speakers included Suzanne Gordon, noted author and journalist, speaking on how and why effective teamwork is so important for the staff as well as the patients; Stephanie Staples, who spoke about exploring the vision of our life and work; and Sister Elizabeth Davis, who spoke about every RN as a leader who can bring positive change. Several concurrent presentations were offered, including the Saskatchewan Union of Nurses and the Saskatchewan Government partnership agreement, and the different approaches to preceptorship and mentoring. I found the new graduate nurses’ panel an enlightening presentation as they shared their experiences, both good and bad.

My role at the conference was also to host a booth with information on resources and services offered by the SRNA. A number of conference attendees stopped by to chat and ask general questions about the SRNA. After sharing experiences with RNs, both new and experienced, students, managers, and educators from all over Canada, I truly believe we are on the right track in Saskatchewan.

We are working to retain our experienced RNs so they in turn will help mentor the new RNs as they integrate into the wonderful and rewarding career of nursing. I highly recommend that anyone who is interested attend the next conference, December 2010 in Toronto.
Cultural Comparisons in Palliative Care

An Interview with Barb Hale, RN, Clinical Consultant for Palliative Care Services, Regina Qu’Appelle Health Region

In November 2009, you were part of a Canadian contingent of physicians and RNs who took a ten day trip to Beijing and Xi’an, China to learn about palliative care practices. The comfort and care of the terminally ill is a fundamental part of registered nursing knowledge. I think SRNA members would be interested in hearing about the comparisons of palliative care that you learned while on this trip.

What drew you to and has sustained you as a RN working in the palliative care area for 15 years?

A Even as a young RN, I wanted to make a difference for someone who was dying; ease their suffering, provide/promote death with dignity. Dying is hard work; easing the hardships and suffering is something I have always strived for in my practice.

Tell me about the trip to China—its purpose and who the professionals were that you met there?

A About 22 delegates, all members of the Canadian Hospice Palliative Care Association, were invited to share and exchange information about palliative/ end-of-life care with Chinese professionals. We met with doctors and RNs providing palliative care in and around Beijing and Xi’an, direct care providers, educators, and administrators.

What did you hope to accomplish on this trip?

A I wanted to gain some insight on how palliative care services are delivered and carried out in another part of the world, as well as learn more about Traditional Chinese Medicine and complementary therapies.

Tell me about the major differences in palliative care approaches between our cultures?

A Culturally, for the most part, the Chinese don’t tell the person who is dying that they are dying; the family may be aware and ask that the patient or client who is dying not be told, perhaps for many reasons, but giving up hope seemed to be a main factor. Here, we generally “truth tell,” tell the person who is dying, in a gentle compassionate nature, that they are dying.

What similarities in palliative care service do we share?

A Passion! The professionals we met with work tirelessly to provide care, educate, and lobby government for changes.

Chinese medical culture uses a variety of complementary therapies for palliative care services. What is meant by complementary therapies and what are some of the examples that you observed?

A Aroma, touch, massage, and herbal therapies are examples of complementary therapy. Acupuncture is widely used in China to treat a variety of ailments. We visited a Traditional Chinese Medicine hospital, where we observed patients receiving massage, acupuncture, and cupping.
What do you think RNs can learn from Eastern Medicine and their palliative care practices?

There is a role for other therapies in palliative care. Typical therapies here may include radiation therapy, chemotherapy, pain and symptom management with medications. Researched and evidence-based complementary therapies could augment these therapies.

What is the one idea that you personally brought back from this trip that you want to see implemented in the palliative care in Saskatchewan?

I would like to see more research and evidence-based practice related to complementary therapies here in Saskatchewan and Canada.

Is there anything else you want to tell me about palliative care or the trip?

The geography of China makes it difficult for many citizens to access care. The lack of knowledge, the fear of opiates, the fear of dying and the lack of understanding of palliative care are all concerns we have in common with China and many parts of the world. We have an obligation, as palliative care professionals, to educate professionals, lay people and anyone who is involved in the care of the dying- and that’s all of us.

Where can RNs get information about palliative care initiatives in Canada?

If RNs are interested in learning more about this area they can visit the Canadian Hospice Palliative Care Association at www.chpca.net
Student Practicum at the SRNA

When I started my practicum at the SRNA, I felt I had a good understanding of the services and supports they provide, to both the nursing profession and the general public. Within the first two days I realized I had no idea! As a student, my only contact with the SRNA was a visit to our school, advising us which forms to fill out for the CRNE and licenses.

Now that I have spent some time with the SRNA, I now know what the fees go towards and what the different roles and responsibilities are within the RN profession. The SRNA is a non-profit organization. This means that membership fees cover the majority of the work related to professional self-regulation with some extra funding received for special projects.

In my six weeks here I have had many new experiences. I attended more meetings in one week than in my entire life. I interacted with many health professions and organizations from across Canada, including internationally educated health professionals and RNs; delivered a presentation in Saskatoon, and created and administered a phone survey. I also attended a Program Approval Committee meeting, where potential assessors for the new (start in 2011) nursing education programs (University of Saskatchewan, University of Regina/SIAST, and discontinuation of NEPS) were selected.

I have learned so much from this practicum and have a new appreciation for meetings, collaborative projects, policies, legislation (provincial, federal, and international), registration, and the unending daily tasks that ensure the success of our nursing governing body. These amazing individuals work tirelessly to ensure that RNs have the supports and information they need to provide safe, compassionate, knowledge-based, expert care, to the people of Saskatchewan. They are diligent in ensuring the public’s safety and in always representing RNs in a professional manner.

I recommend this practicum to all students as it has been an invaluable learning experience. You won’t regret it!
Since 2002, the Health Quality Council has supported, nurtured, inspired, and acted as a catalyst for quality improvement activities throughout the Saskatchewan health care system. Building relationships is essential to our work in both quality measurement and quality improvement and we value our working relationship with the Saskatchewan Registered Nurses’ Association.

The SRNA joined the Health Quality Council and other organizations for a trip to England in 2008 to see first-hand how the Releasing Time to Care™ (RTC) program is transforming nursing care, and improving the work environment for front line staff, in that country. The group returned to Saskatchewan committed to putting the program into practice here. The four main objectives of RTC are:

- Improving patient safety and reliability of care;
- Improving patient experience;
- Improving staff well-being; and,
- Improving efficiency of care.

Since the fall of 2008, two units have been involved in testing the applicability of RTC in the Saskatchewan context - 3B Oncology at the Pasqua Hospital in Regina and the Medicine Unit at Moose Jaw General Hospital. The pilot teams have seen a number of improvements on their ward and they report that staff are becoming more engaged in the program as they move through each of the modules. A report, Releasing Time to Care™ in Saskatchewan: Promising Signs that Program Engages Clinicians, describes their experiences and insights on how to improve the program. In particular, we have learned that the active support of senior leaders and effective communication at all levels are two essential ingredients for the success of RTC in Saskatchewan.

The current phase of provincial rollout involves 12 more sites in ten facilities in six health regions. Their invaluable “context testing” began in summer, 2009 and is continuing until this spring when the program will be rolled out provincially to organizations and units ready to take on the challenge of RTC. Beginning on March 31, 2010 the Health Quality Council will conduct five cycles of training for RTC teams, with up to 15 wards per cycle until March 2013.

For more information on Releasing Time to Care™ in Saskatchewan please see the HQC Website.

There are RTC Videos on the Health Quality Council’s YouTube channel: Visit by Dan Florizone, Deputy Minister of Health, to two hospitals in Prince Albert Parkland Health Region and videos from the Cypress Regional Hospital Releasing Time to Care™ team of two processes they’d like to improve on their ward. www.youtube.com/saskhqc
The Saskatchewan Registered Nurses’ Association (SRNA) engaged the University of Regina’s Centre for Management Development (CMD) to assess its competence assurance process. The review is a part of a regular five-year cycle of evaluations.

The review provided an independent assessment of the competence assurance process. It began with interviews of SRNA staff, followed by an examination of legislation, bylaws, policies and procedures. Interviews were conducted with members of the Investigation and Discipline committees. Structured questionnaires were completed by five groups including Investigation and Discipline committees, RNs who have been the subject of an allegation of incompetence or misconduct, people who have filed reports, and representatives of other self-regulating health professions. The number of responses received in the surveys was less than what was hoped for, however, the results provide valuable insight.

The review concluded that, overall, the competence assurance process is fulfilling SRNA’s obligations in a fair, just, relevant and effective manner. The report provided a number of observations and recommendations:

1. Increase public awareness of SRNA’s role in dealing with reports about nurses’ professional competence and professional conduct.

2. Increase public awareness of their right to complain to the SRNA about a RN’s competence and conduct.

3. Clarify the relationship between the SRNA (as the professional regulator), the RN’s manager/supervisor, and the region’s Quality Care Co-ordinators (QCCs) in dealing with a RN’s incompetence and/or unprofessional conduct.

4. Provide more information to report writers (complainants) and RNs who are the subject of the allegations, about the investigation process including individuals interviewed, documents reviewed, and rationale for the final decisions.

5. Improve the understanding between committees (Investigations and Discipline) of each other’s functions and roles.

SRNA staff and committees will work together to implement recommendations.

On February 22, 2010 the SRNA celebrated the completion of renovations to the 2066 Retallack Street building.

Thank you to all who came to share in the event.
**Resources and New Links**

**Nursing Now Issues and Trends**
Canadian Nursing Number 21
Understanding Self Regulation

**SRNA endorsed CNA position statement and Code of Ethics**

**CNA Code of Ethics**

**Articles on ‘Ethics in Practice’**
http://www.cna-nurses.ca/cna/practice/ethics/inpractice/default_e.aspx

**Rogers Healthcare Group**
Rogers HG recently launched a web portal designed exclusively for RNs, pharmacists, physicians and healthcare managers at www.CanadianHealthcareNetwork.ca.

**SRNA Bylaws updated effective August 2009 now available**
The SRNA Bylaws have been updated to reflect the latest bylaw changes, effective August 2009. You can access the new Bylaws on our website www.srna.org

Members wishing to obtain a hard copy are asked to please contact the SRNA office at info@srna.org or call 1.800.667.9945

**The Antidepressant Skills Workbook** is a self-care tool that gives an overview of depression, explains how it can be effectively managed according to the best available research, and gives a step-by-step guide to changing patterns that trigger depression. Clinical psychologist Dan Bilsker recently introduced and recommended this workbook to participants in the Health Quality Council’s Chronic Disease Management Collaborative, which is improving care for patients with COPD and depression. Bilsker recommends the workbook be used as part of a supported self-management plan for patients living with depression. To view or download the online version, listen to or download a “talking book” audio version, or order printed copies of the workbook, visit the following web site: http://www.comh.ca/antidepressant-skills/adult/

**RNs to know:**
Colleen Crossman, RN has been appointed to the new position of Outreach Nurse Educator with the Parkinson Society of Saskatchewan. In this role she will be the communication person and client advocate for the Persons Living with Parkinson.

For further information contact:
Regina 1.306.545.4400
Saskatoon 1.306.966.1348

**Welcome**
Erika T. Vogel, RN, BN, MSN
Nursing Advisor, Practice

Erika has been an RN for 19 years and brings with her a diverse professional nursing expertise both in Canada and the USA. Her nursing career has taken her from front-line nursing roles in medicine, neonatal & women’s health, and employee health to administrative roles in quality, accreditation and risk management. She has most recently come from the Saskatchewan Cancer Agency, and is very interested in serving the members of the SRNA. When asked, Erika said that no matter where she has practiced, or the education she has obtained, the foundation she obtained in Saskatchewan and her diploma nursing program set a very high standard for professional practice over the last 19 years.

Candice Sandeski
Assistant, Customer Service

Candice has just recently moved back to Saskatchewan with her family from Yellowknife, NWT. She is returning to work from her maternity leave for a one-year contract in our Communications department. Candice has experience in property management and customer services. While living in Yellowknife Candice worked as the Administrative Assistant/Registration Coordinator for the Registered Nurses Association of the Northwest Territories and Nunavut.

We welcome Erika and Candice and look forward to their contributions to the SRNA and our members.
ETHICAL PRACTICE: THE CODE OF ETHICS FOR REGISTERED NURSES

CNA POSITION

The Code of Ethics for Registered Nurses (CNA, 2008) serves as a foundation for nurses’ ethical practice. CNA believes that the following seven values, which are described in the code, are central to ethical nursing practice. In the code each of these values is accompanied by a number of responsibility statements, and together they outline the ethical practice that is expected of registered nurses. CNA believes that the quality of the work environment in which nurses practice is also fundamental to their ability to practise ethically.

1. Providing safe, compassionate, competent and ethical care
   Nurses provide safe, compassionate, competent and ethical care.

2. Promoting health and well-being
   Nurses work with people to enable them to attain their highest possible level of health and well-being.

3. Promoting and respecting informed decision-making
   Nurses recognize, respect and promote a person’s right to be informed and make decisions.

4. Preserving dignity
   Nurses recognize and respect the intrinsic worth of each person.

5. Maintaining privacy and confidentiality
   Nurses recognize the importance of privacy and confidentiality and safeguard personal, family and community information obtained in the context of a professional relationship.

6. Promoting justice
   Nurses uphold principles of justice by safeguarding human rights, equity and fairness and by promoting the public good.

7. Being accountable
   Nurses are accountable for their actions and answerable for their practice.

Ethical nursing practice also 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. Nurses should endeavour as much as possible, individually and collectively, to advocate for and work toward eliminating social inequities. The code contains thirteen statements entitled “ethical endeavours,” which are intended to guide nurses in this area. These statements address the need for awareness and action around such areas as social inequities, accessibility and comprehensiveness of health care, and major health concerns (e.g., poverty, violence, inadequate shelter) as well as broader global concerns (e.g., war, violations of human rights, world hunger).
BACKGROUND

CNA's Code of Ethics for Registered Nurses is a statement of the ethical values of nurses and of nurses' commitments to persons with health-care needs and persons receiving care. It is intended for nurses in all contexts and domains of nursing practice and at all levels of decision-making. It is developed by nurses for nurses. It will assist nurses in practising ethically and working through ethical challenges that arise in their practice with individuals, families, communities and public health systems. CNA revises the code every five years. A rigorous consultative process resulted in the release of a newly revised code in June 2008.

The code provides guidance for ethical relationships, responsibilities, behaviours and decision-making, and it is to be used in conjunction with the professional standards, laws and regulations that guide practice. It serves as a means of self-evaluation and self-reflection for ethical nursing practice and provides a basis for feedback and peer review. The code also serves as an ethical basis from which nurses can advocate for quality work environments that support the delivery of safe, compassionate, competent and ethical care. The code informs other health-care professionals as well as members of the public about the ethical commitments of nurses and the responsibilities nurses accept as being part of a self-regulating profession.

The code is organized in two parts. The specific values and ethical responsibilities expected of registered nurses in Canada are set out in part I. Endeavours that nurses may undertake to address social inequities as part of ethical practice are outlined in part II. A thorough discussion of all the elements of the code can be found in the Code of Ethics for Registered Nurses (2008).

Approved by the CNA Board of Directors
Published July 2008

References:

Also see:
CNA's website (www.cna-acic.ca) for related learning resources, ethics position statements and the Ethics in Practice series.

Related International Council of Nurses publications:
Ethical Guidelines for Nursing Research (2003)

Replaces:
Journey Through the GI Tract

With
BARB BANCROFT, RN, MSN, PNP

33 Feet of Gastrointestinal Tract: Where to Begin?
- The Teeth, The Tongue, The Mouth and Gums
- The Contrary Creme Biphosphonate and Osteoconesis
- Ouch! Everything You Wanted to Know About Bites and Saliva
- The Diabetic Mouth; Oral Herpes, Moh Month
- Do You Really Want to Pierce Your Tongue?
- Bruxism and the SSSR
- Serious Cardiac Implications of Oropharyngeal Bacteria

The Soft Palate, the Uvula, The Tonsils, & Salivary Glands
- Swallowing and the Gag Reflex; Effect of Anticholinergics
- Causes of Speech Changes, Hoarseness, Angioedema
- Oral Signs of an Eating Disorder; When to Worry about a Sore Throat
- Oral Cancer - Causes, Is there a link to HIV?
- The Surprising Place You Find the First Signs of Jejunism

GERD - Gastroesophageal Reflux Disease
- Causes; Endoscopy; Drugs to Treat GERD and How they Work
- Caution! Long Term Use of the Prazosins
- Non Drug Methods to Treat GERD
- Barrett’s Esophagus - Surprising and Important Findings
- Other Issues: Esophagitis Candidiasis; Dysmatology and Varices

Getting to the ‘Gut’ Issues
- Cirrhosis of the Liver - Multiple Routes to the Same Disease
- Gastric Ulcers - Helicobacter Pylori, The Role of NSAIDS
- Bariatric Surgery - Types; Risks and Long Term Outcomes
- Relief for Nausea and Vomiting
- The Acute Appendicitis; Gastroenteritis
- The Chronic: Celiac Diseases; Crohn’s Disease

What you Need to Know about the Large Bowel and Rectum
- Treatment of Constipation and Diarrhea; Opisthiasis Associations
- Colon Cancer; Risk Factors, Genetics; Screening and Prevention
- Ulcerative Colitis; Problems of the Rectum

** Register Early to Avoid Disappointment **

Join Barb for this one day workshop on the anatomy, physiology and pathophysiology of the GI tract from top to bottom. Beginning with the mouth and oropharynx, she'll discuss the teeth, the tongue, the mouth, the gums, the esophagus, the stomach, and the small and large bowel. Specific clinical topics will include the relationship between periodontal disease and cardiovascular disease, tonsillitis and adenoiditis; esophageal varices, and the many causes of cirrhosis of the liver, GERD and Barrett's esophagus, NSAID gastropathy, peptic ulcer disease and H. pylori, Celiac disease, Crohn's disease, ulcerative colitis, colon cancer and rectal foreign objects. This GI Journey will be educational, enlightening and entertaining.

**WHO SHOULD ATTEND?**
- Medical and Surgical, ER & ICU, Geriatric & Home Care Nurses
- Nurses in Dialysis, Endoscopy, Cardiac, Operating Room, & Post-Admission Settings
- Nurses in Cancer Clinic, Enteroenteral Therapy, & Occupational Health Settings
- Nurse Practitioners, Primary Health & Tele-Health Nurses; Nurse Educators

**HOW TO REGISTER**

Save $10 on your registration fee when you register and pay prior to March 29th! (Price includes lunch)

- [WEB]: www.nursinglinks.ca
- [CALL]: 1.866.738.4823
- [FAX]: 1.866.566.6028
- [E-MAIL]: registration@nursinglinks.ca
- [MAIL]: #22, 2526 Battlefield Ave. SW, Calgary, AB T3E 7J4

**FURTHER INFORMATION**

Should you have any questions or require assistance with registration, please call Conference Registration at Executive Links Inc. toll-free at 1-866-738-4823.

**CANCELLATIONS**

Refunds will be given for written cancellations received ten days prior to the conference date, less an administration fee of $50.00. Refunds cannot be given after this date; however, delegate substitutions are welcome without prior notification.

If Executive Links Inc. is forced to cancel a conference, liability is limited to reimbursement of paid conference fees. Executive Links Inc. reserves the right to change program dates, meeting place, speakers or content without further notice and assumes no liability for these changes.

Spread our policies in more detail, please visit: www.nursinglinks.ca

Registration Form (Fax to 1.866.566.6028)

Yes! Please register me for the GI workshop in:

<table>
<thead>
<tr>
<th>City</th>
<th>Conference Date</th>
<th>Venue</th>
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<tr>
<td>Saskatoon</td>
<td>April 26, 2010</td>
<td>Travelodge Hotel 106 Circle Drive West</td>
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Name: ____________________________ Specialty: __________________________

Organization: ____________________________

Home Address: ____________________________

City: __________________ Prov: ___ Postal: ___

Home Phone: (_______) Fax: (_______)

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☐ Please send me e-mail notices of upcoming conferences.

☐ Please charge my: ☐ VISA ☐ M/C ☐ AMEX

Cardholder’s Name: ____________________________ Exp: /____

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☐ Cheque or money order payable to Executive Links enclosed

☐ My employer has approved funding. Please invoice:

Attention: ____________________________

Title: ____________________________ Phone: (_______)

Conference Fees:

☐ $159.75 + $7.95 GST = $167.70

☐ $169.75 + $8.45 GST = $178.20

On or before March 29, 2010

After March 29, 2010

Price includes conference sessions, lunch, coffee breaks, and handouts. REGISTRATION IS NOT COMPLETE WITHOUT PAYMENT

☐ Please charge my: ☐ VISA ☐ M/C ☐ AMEX

Cardholder’s Name: ____________________________ Exp: /____

Signature: ____________________________

☐ Cheque or money order payable to Executive Links enclosed

☐ My employer has approved funding. Please invoice:

Attention: ____________________________

Title: ____________________________ Phone: (_______)

GST Registration #: #001101003TQZ

28 SRNA NewsBulletin SPRING 2010
PLEASE NOTE:
The SRNA office will be closed on April 2 & 5, 2010, Easter Break and May 24, 2010, Victoria Day.

Contact us regarding bursaries and relocation assistance! We have a wide range of nursing opportunities if you are continuing your career or just starting out.

For more information contact: jobs@paphr.sk.ca
Or visit our website at www.paphr.sk.ca

Are you protected?
Every nurse should have professional liability protection.

www.cnps.ca 1-800-267-3390
Log in to Members Only
Username: SRNA  Password: assist

Canadian Nurses Protective Society
Fraser Health is proud to be named one of the Top 55 Best Employers in BC.

Together, we create great workplaces.

Fraser Health is the fastest growing health region in British Columbia, Canada. We invite you to join us as we build capacity to address unprecedented population growth. Contribute to world class, integrated care delivered through 12 acute care hospitals and extensive community-based residential, home health, mental health and public health services. Located in Metro Vancouver on the West Coast of Canada, we are often placed on the top three of the “Most Liveable Cities” in the world.

Our recruitment continues in order to meet needs for our capacity-building initiatives. In 2011, the 17,500 square metre Surrey Outpatient Care & Surgery Centre will open and provide a unique combination of day surgery, medical tests & procedures, and specialized health clinics in a modern care setting. The Critical Care Tower at Surrey Memorial Hospital will increase the hospital to 650 beds, providing a dedicated regional Perinatal Centre, new Emergency Department, haemodialysis, expanded ICU and other areas, with a targeted completion date of 2014.

Fraser Health has current needs for experienced NICU, Critical Care and Emergency Registered Nurses. Successful candidates are eligible for relocation assistance of up to $5,000. Fraser Health offers you the opportunity to advance your career while exercising your passion for family-centred care for our clients and families. We also offer a comprehensive benefits package that includes four weeks vacation after one year, family extended health and dental coverage, and a defined-benefit pension plan.

The Case Approach to...
Sharpening Physical Assessment Skills

SASKATOON, June 7, 2010 • REGINA, June 8, 2010
0815 to 1615 hrs.

EXECUTIVE LINKS

** Back by Popular Demand **

Using lecture and demonstration, this one-day workshop is aimed at helping nurses sharpen their physical assessment skills in the cardiovascular, respiratory, nervous, GI, and GU systems. Skills will be taught through the presentation of cases, helping nurses rapidly differentiate their assessments and focus their plans of care.

WHO SHOULD ATTEND?

- Med-Surg & Acute Care Nurses Wishing to Refresh Their Skills
- Nurse New to Acute Care or Med-Surg Areas; Float Nurses
- Home Care, Continuing Care, or Geriatric Nurses
- Tele-Health and Occupational Health Nurses
- Nurses Wishing to Refresh Their Physical Assessment Skills

* This workshop may be too basic for critical care nurses *
* This workshop is not a “hands on” physical assessment course *

HOW TO REGISTER

Save $20 on your registration fee when you register and pay prior to April 12th and $10 prior to May 10th! (Price includes lunch!)

WEB: www.nursinglinks.ca
CALL: 1.866.738.4823
FAX: 1.866.565.6028
E-MAIL: registration@nursinglinks.ca
MAIL: #22, 2526 Battleford Ave. SW, Calgary, AB T3E 7J4

FURTHER INFORMATION

Should you have any questions or require assistance with registration, please call Conference Registration at Executive Links Inc. toll-free at 1-866-738-4823.

CANCELLATIONS

Refunds will be given for written cancellations received ten days prior to the conference date, less an administration fee of $25.00. Refunds cannot be given after this date; however, delegate substitutions are welcome without prior notification.

If Executive Links Inc. is forced to cancel a conference, liability is limited to reimbursement of paid conference fees. Executive Links Inc. reserves the right to change program dates, meeting place, speakers or content without further notice and assumes no liability for these changes.

To read our policies in more detail, please visit: www.nursinglinks.ca

Conference Fees:

<table>
<thead>
<tr>
<th>Package</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>$149.75 + $7.45 GST</td>
<td>$157.20</td>
</tr>
<tr>
<td>$159.75 + $7.45 GST</td>
<td>$167.20</td>
</tr>
<tr>
<td>$169.75 + $8.45 GST</td>
<td>$178.20</td>
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</table>

Price includes conference sessions, lunch, coffee breaks, and handouts.
REGISTRATION IS NOT COMPLETE WITHOUT PAYMENT

- Please charge my: [ ] VISA [ ] M/C [ ] AMEX

Cardholder’s Name: ____________________________ Exp: ________
Card Number: ____________ Signature: ____________________________

- Cheque or money order payable to Executive Links enclosed
No postdated cheques please

- My employer has approved funding. Please invoice:
Attention: ____________________________ Title: ____________
Fax: ____________________________ Phone: ____________________________

**EXECUTIVE LINKS**

- 1-866-738-4823
- www.nursinglinks.ca
- #22, 2526 Battleford Ave. SW, Calgary, AB T3E 7J4

Susan Bengivingo is a registered nurse with over twenty-seven years of experience, including five years in intensive care settings. She is currently employed part-time as nurse clinician in the ICU at the Foothills Medical Centre and part-time as a staff nurse at the Strathmore Health Centre. She is certified in neonatal resuscitation, in TNCC at a provider level, and in ACLS at an instructor level. Susan has presented at local and national conferences on issues related to cardiovascular, intensive care, and rural nursing. Well known for her clinical teaching ability and mentoring skills, Susan was nominated for the annual general meeting of the CCCCN as the recipient of the 2002 Clinical Cardiovascular Excellence Award – only one Canadian nurse is given this award annually. With current expertise in urban critical care and rural emergency nursing, Susan is ideally suited to teach practitioners from a variety of settings.

Registration Form (Fax to 1-866.565.5028)

Yes! Please register me for the Physical Assessment workshop in:

<table>
<thead>
<tr>
<th>City</th>
<th>Conf. Date</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saskatoon</td>
<td>June 7, 2010</td>
<td>Travelodge Hotel</td>
</tr>
<tr>
<td>Regina</td>
<td>June 8, 2010</td>
<td>Regina Inn</td>
</tr>
</tbody>
</table>

Name: ____________________________
Title: ____________________________
Organization: ____________________________
Home Address: ____________________________

City: ____________________________ Prov: ____________ Postal: ____________
Home Phone: ( ) Fax: ( ) E-Mail: ____________________________

□ Please send me e-mail notices of upcoming conferences.
The Saskatchewan Registered Nurses’ Association (SRNA), established in 1917 by provincial legislation, is the professional, self-regulatory body for the province’s 9,900 Registered Nurse and Nurse Practitioner members.

**DIRECTOR, NURSING PRACTICE**

The Director, Nursing Practice is a member of the management team and is accountable to the Executive Director. Responsibilities include the following:

- Achieve organization’s vision, mission and ENDS
- Oversee practice leadership initiatives for RNs and RN(NP)s
- Develop and disseminate nursing practice standards, guidelines and codes
- Foster professional collaborative relationships
- Develop, implement, and evaluate excellence in Practice services
- Plan and ensure resource accountability

Did you know?

BioClin Health Care is hiring casual RNs and Primary Care NPs for our private infusion and injection clinics in Saskatoon and Regina. RNs must have exceptional I.V. skills and critical care experience. Starting RN salary: $38/hr (NP salary competitive).

Fax resume to: 1-866-276-2589, or email: careers@bioclin.ca
Candidates will have strong clinical background and experience in at least two areas of nursing practice (direct care, education, administration, policy or research). Candidates will have policy-development experience, a track record as an effective collaborative leader, and proven management experience including project management and quality improvement skills. Candidates must be eligible for registration with the SRNA, have ten years of experience including at least two years as a senior manager. A master’s degree along with strong interpersonal and collaborative problem solving skills will be necessary to be successful in the position. This position is in Regina.

To learn more about the SRNA we invite you to tour our website www.srna.org

For confidential enquiries or to express interest in the position, please contact us or send your resume to: Susan Smith Brazill, Director, Communications & Corporate Services, 2066 Retallack Street, Regina, SK S4T 7X5 ssmithbrazill@srna.org

2010 marks the 100th Anniversary of the death of Florence Nightingale.
April

9-11 Brandon General hospital School of Nursing 25 Year Class Reunion 1982-84. Elkhorn Resort, Clear Lake, MB Contact: Val Zurba. Tel. 204.727.3692. valzurba@wcgwave.ca or Loree Wedderburn. Tel. 204-328-7144. hiddenva@mts.net

12 Well Nurse Retreat Life Support for Nurses Your Life, Unlimited. Studios in the Exchange, Winnipeg, MB Contact: Holland LaFave. hlafave@sbm.org

13 Best Practice Guidelines: Moving Forward: Assessment & Management of Stage I to IV Pressure Ulcers Telehealth Event www.usask.ca/nursing/cne

13-14 SAHO Conference and Exhibition Queensbury Convention Centre, Evraz Place, Regina, SK Contact: Sindi Duncan. Tel. 306.347.5545. sindid@saho.org www.sahoconference.ca

15-16 12 Lead ECG Interpretation Regina, SK www.usask.ca/nursing/cne

15-16 RNAO Annual General Meeting Hilton Toronto, 145 Richmond St. West, Toronto, ON

16-17 YRNA Annual General Meeting High Country Inn, Whitehorse, YT

18-21 18th Annual CANAC Conference The Crowne Plaza, Fredericton, NB Contact: Tracey Rickards. Strickartl@unb.ca

22-23 Neonatal Resuscitation Program Instructor Course Saskatoon, SK www.usask.ca/nursing/cne

22-23 Nursing Leadership Conference Holiday Inn, Harbourview, Dartmouth Contact: College of Registered Nurses of Nova Scotia. 1.800.565.9744. info@crnns.ca

23 Neonatal Resuscitation Program Instructor Update Saskatoon, SK www.usask.ca/nursing/cne

24 Neonatal Resuscitation Program New Provider Course Saskatoon, SK www.usask.ca/nursing/cne

29 CRNA Annual Meeting Shaw Conference Centre, Edmonton

29-30 Foot Care Modalities for the Elderly Person Regina, SK www.usask.ca/nursing/cne

30 Diabetes Comes in All Ages and Sizes Jacqui Schumiatcher Theatre Conexus Atrs Centre, Regina, SK Contact: Sandy Hassler. Tel. 306.736.2468 s.hassler@sasktel.net

May

3-6 CASN Nurse Educator’s Conference Traditions and transitions: the evolving legacy of nursing education scholarship. Winnipeg, MB Contact: Andrea Pinzent, Conference Assistant, Canadian Association of Schools of Nursing. Tel. 613.235.3150. Ext. 29. apinsent@casn.ca www.casn.ca

6-8 National Emergency Nurse’s Association Convention Institute for Philosophical Research. Hilton hotel, Saint John, NB Contact: Hiladee Golhi. Tel. 506.648.6015. golhi@reg2.health.nb.ca

13 RNANT/NU Annual General Meeting Iqaluit, NU. Details: TBA

13 Nurse One E-Learning Event www.usask.ca/nursing/cne

13-14 Best Practices in Intrapartum Care Regina, SK www.usask.ca/nursing/cne

15 Fetal Health Surveillance Regina, SK www.usask.ca/nursing/cne

16-19 Philosophy in a Nurse’s World: Politics of Nursing Institute for Philosophical Research. Banff Centre, Banff, AB Contact: Brenda Cameron. brenda.cameron@ualberta.ca

20 CRNM Annual General Meeting Morden, MB

28-30 2010: Living the Life We Have Imagined National Association of PeriAnesthesia Nurses of Canada Sheraton Suites Eau Claire, Calgary, AB Contact: Tracy Bolvin-Oldale. troldale@telusplanet.net

National Nursing Week Telehealth Broadcast

Grab your lunch and join us to celebrate National Nursing Week with a Telehealth broadcast on May 12, 2010.

Sessions will be offered from 11:30 am to 12:15 pm and then repeated from 12:30 pm to 1:15 pm. Watch for the details in your local telehealth bulletins in the health regions and education facilities.

For more information contact Barb at bfitzgerald@srna.org
June

2-5 5th International Primary Care Respiratory Group Continuing Education & Professional Development The Westin Harbour Castle Hotel, Toronto, ON. info-fcm1010@cmetoronto.ca

6 1st National Family Practice Nurses Conference Illuminating Horizons: Advancing Family Practice Nursing Delta Barrington, Halifax, NS www.cfpna.ca

7-9 CNA Biennial Convention Innovation in Action: The Power of Nursing. World Trade and Convention Centre, Halifax, NS. Contact: Debbie Ross. Tel. 1.800.361.8404 Ext. 214. dross@cna-aiic.ca

CNA Annual Meeting World Trade and Convention Centre, Halifax, NS. Contact: Linda Mallon. Tel. 1.800.361.8404 Ext. 270. lmallon@cna-aiic.ca

12 Reunion St. Paul’s Hospital 5th Floor/5th Surgery staff (1969 – 1994) With Audrey Brayshaw as Head Nurse/Nurse Manager Prairieland Park-Terrace Rm Contact: Jan More Tel. 1.306.382.9634 Audrey Brayshaw 1.306.374.1409

14-16 International Clinical Nursing Research Conference University of Ottawa, Ottawa, ON www.health.uottawa.ca/sn/se/conf2010.htm

16-18 Community Health Nurses Canada Conference Sheraton Centre Hotel, Toronto, ON Contact: Khadijah Jamal chnc@absolutevents.com

18 ARNNL Annual Meeting Holiday Inn, St. John’s, NL

StFX Distance Education

Programs for Registered Nurses

Bachelor of Science in Nursing
Certificate in Gerontological Nursing
Certificate in Continuing Care Nursing

Applications are being accepted until June 30th.

The Post RN-BScN program was awarded a 7-year accreditation by the Canadian Association of Schools of Nursing in the Spring of 2006.

Toll Free: 800 565-4371
Fax: (902) 867-5154
email: distance.nursing@stfx.ca
www.stfx.ca/academic/continuinged/nursing.html

Providing services your patients need when they need them.
ERROR IN THE VOTING AND BALLOT INSTRUCTIONS

In point number 4 on the yellow 2010 SRNA Council and Nominations Committee Election sheet, Voting and Ballot Instructions please note the following correction:

Place the 2010 Council and Nominations Committee Election Ballot in the small envelope and seal it. Then place the small envelope in the enclosed self-addressed envelope and mail back to the SRNA.

Quality of Paper used in the Newsbulletin

The glossy paper used for this Newsbulletin is FSC (Forest Stewardship Certified), the same as the paper used in 2009.

Next issue: Summer 2010

Theme: Practice Environments Conducive to Safety and Quality/Primary Health Care. All material due May 15, 2010 for distribution mid-June.

RETURN UNDELIVERABLE MAIL TO:
Saskatchewan Registered Nurses’ Assoc.
2066 Retallack St.
Regina, SK S4T 7X5