President’s Message

The SRNA Annual Meeting & Conference brings thought-provoking educational speakers, sessions, focus groups, an excellence in nursing awards banquet and more.

The Next 100 Years

Mike Villeneuve, keynote speaker at this year’s SRNA Conference, took attendees on a journey of professional nursing’s past, present and envisioning its future.

Canada’s First Accountable Care Unit

Since 2016, the Medical Surveillance Unit lead by Marlee Cossette, RN Manager has implemented elements of the ACU as a framework for intermediate care.
The Saskatchewan Registered Nurses’ Association is a profession-led regulatory body established in 1917 by the provincial legislature and a professional association. The SRNA is accountable for public protection by ensuring members are competent and promotes the professional interest of its members in the public interest. Individual members are personally accountable for their professional nursing practice through adherence to the code of ethics, practice standards and ongoing continuing competence requirements.

The SRNA News Bulletin is distributed three times per year by the SRNA. Its purpose is to inform members, health system partners and the public about the Association’s activities and provide a forum for sharing information on nursing topics of interest. Inclusion of items in the SRNA News Bulletin does not imply endorsement or approval by the SRNA. ISSN 1494-7668

Every year, at the beginning of May, I look forward to the SRNA Annual Meeting and Conference. As a practicing RN it brings me great pleasure to connect with colleagues and to have the opportunity to learn about the great work that is happening every day to advance our profession. As President of SRNA Council, it excites me to be able to share the great activities and efforts of SRNA staff and I especially enjoy seeing the engagement of the membership during each aspect of the event.

Year after year I continue to be impressed with the improving quality of the conference elements including the educational speakers and sessions, the topical focus groups, the wonderful awards banquet and, of course, the annual meeting.

The addition of the Dorothy Wylie Health Leaders workshop was a significant point of pride this year as we continue our commitment of a focus on the development and recognition of leadership within the registered nursing profession here in Saskatchewan. What an exceptional opportunity to hear from experts in our profession who share this commitment.

It was an honour to have many special guests in attendance this year including the Canadian Nursing Association’s Mike Villeneuve, CEO and Barb Shellian, President; Sharon Garratt, Vice President of Integrated Urban Health and Chief Nursing Officer, Sask. Health Authority; Hon. Greg Ottenbreit, Minister for Rural and Remote Health; Cynthia Johansen, CEO/Registrar of the College of Registered Nurses of British Columbia & President, Canadian Council of Registered Nurse Regulators; and Elder Jeanne Sutherland. These esteemed individuals brought their local and national perspectives on registered nursing issues to the conference activities.

We also had the privilege of having Tim O’Loan give a thought-provoking presentation on the history of the residential school system in Canada and what role health care professionals play in working towards reconciliation. The topic of truth and reconciliation as it relates to Indigenous health is a strategic priority for the SRNA as we empower our members to be leaders in influencing healthy public policy.

The SRNA Annual Meeting was held on the final day of the event and several noteworthy items were accomplished. Firstly, SRNA Executive Director, Carolyn Hoffman, presented highlights from the SRNA’s 2017 Annual Report (available at www.srna.org). Secondly, the membership voted to pass an important bylaw enabling RN(NP)s to practice as part of SRNA’s harm reduction efforts. Finally, we announced the results of this year’s SRNA Council elections.

I am extremely proud of this year’s Conference and Annual Meeting. If you were unable to attend, I strongly encourage you to save the date for next year’s event in Saskatoon and join us in our ongoing pursuit of excellence in registered nursing.
Leadership, Innovation & the Next 100 Years

SRNA members gathered in Regina this year for the annual meeting and conference to engage in dialogue on the future of registered nursing. This forward-looking focus had conference participants address the question – what do we want the future of registered nursing to look like and what actions need to be taken to get us there? The answer can be found within the key themes of leadership and innovation that guided the topics that were chosen and the messages that were presented at this year’s event.
As one attendee describes it, “the conference is an opportunity to understand the broader perspective of nursing and to hear about the issues in other practice settings too.” Relevant topics of significance were addressed in various ways during the conference including focus groups, concurrent sessions and a panel discussion. The most prominent of these topics was equity for all health care consumers, which included discussions around the barriers to health facing many cultural and minority populations in Saskatchewan and what can be done to mitigate them.

The concurrent session Driving Change highlighted ideas for furthering cultural competency and conveyed the importance of understanding the existence of systematic barriers and the requirement of advocacy at all levels of health care. Indigenous health and the subject of truth and reconciliation were powerfully presented by Tim O’Loan as he walked participants through the legacy of the residential school system in Canada and the implications for our present-day interactions in the health care system.

“It opened my eyes on how to be culturally sensitive when dealing with Indigenous people,” one participant stated. “The information I learned will be extremely valuable.”

The student nursing voice raised the issues that LGBTQ+ populations face, not only in Canada, but globally, in the concurrent session presented by the Canadian Nursing Students’ Association. When one participant was asked to name their favorite educational session they responded, “Incorporating LGBTQ+ and truth and reconciliation because both are topics that are relevant and difficult, often not discussed in an open and honest manner.”

Another topical issue that was addressed at this year’s conference was responsible social media use and the implications for registered nurses in the technology-driven world of today. Susan Bazylewski, RN presented the key results of the recent environmental scan she completed, which was commissioned by the SRNA to inform the drafting of social media resources.

Developing leaders and recognizing differences in leadership styles is a recurring topic of relevancy in all health care environments. As one SRNA member describes, “a focus on leadership is key for nurses to be able to function in a wide variety of roles.” This prompted the introduction of the Dorothy Wylie Health Leaders Institute to facilitate their first workshop in Saskatchewan, which focused on leadership skills for complex times. The workshop was hosted in partnership with the Canadian Nursing Association (CNA).

Coming out of this year’s conference it is clear that the path forward requires the unique approach of creative innovators, who identify issues and initiate necessary changes toward improvement, as well as the direction and unique styles of influential leaders to actualize the shared vision of registered nursing in Saskatchewan over the next 100 years.
The Next 100 Years
Transforming Canadian Nursing in the 21st Century

Mike Villeneuve, CEO of the Canadian Nurses Association and keynote speaker at this year’s SRNA Annual Meeting and Conference, took attendees through a journey reflecting on professional nursing’s past, evaluating its present and envisioning its future.

To open his presentation, Villeneuve presented the statement “to get what we’ve never had, we must do what we’ve never done.” This set the tone for a focus on the significance of innovation that was carried throughout his message as he began by reminding participants how the Canadian nursing profession got to be where it is now—how nurses were first regulated and how the profession advanced to include the speciality designations that exist today.

In evaluating the nursing profession’s present state, Villeneuve shared that Canadians “expect nurses and other health professionals to act to transform health systems” as they also “admit that they have higher expectations of health care than any other public service.” The affirmation of these high expectations comes as no surprise. He went on to describe the importance of the internal relationships between members of the nursing profession that heavily influence the external relationships with other health care workers, which are crucial in managing care. He posed that “nurses cannot create or participate in shimmering inter-professional practice if we are unable to master strong, trusting and sustainable intra-professional relationships.” At this point, Villeneuve acknowledged that membership models are changing and that therein lies a glimpse into the future of the profession.

From his CNA perspective, Villeneuve shared insight into what the future holds as he announced that their Board of Directors voted unanimously in recommendation of opening CNA membership to all regulated nurses in Canada. In describing how this will influence the direction of professional nursing, Villeneuve reminded attendees that the future of nursing remains focused on the best interest of the patients and public. Where this transformation will manifest is in the way in which nurses work together to achieve this common outcome. This is key to charting the course forward for Canadian nursing in the 21st century.
Finding the Courage To Lead

What does it mean to be a leader today? How do great leaders do what they do? What are the opportunities to develop as a leader? These are common questions that registered nurses across all workplace settings ask themselves.

Leadership skills are valuable in professional settings, but they can also be invaluable to one’s personal growth journey.

In alignment with the goal of advancing nursing leadership, the SRNA, in partnership with the Canadian Nursing Association (CNA) brought the Dorothy Wylie Health Leaders to Regina for a one-day workshop during this year’s SRNA Conference and Annual Meeting. The workshop Leadership Skills for Complex Times gave participants an overview of current leadership trends, principles and skills.

At the core of the day’s learning was insights into the Five Practices of Exemplary Leadership as researched and developed by experts Jim Kouzes and Barry Posner. These five practices are: Model the Way, Inspire a Shared Vision, Challenge the Process, Enable Others to Act and Encourage the Heart. Workshop facilitators Julia Scott, RN and Lisa Ashley, RN, took participants through a series of individual and group exercises to study and apply these five principles to registered nursing practice. As one participant notes, this was a great “reminder that there are different leadership styles and we have to recognize that in our colleagues.”

Being able to identify as a leader and learning to recognize and leverage the diversity of individual leadership styles are two of the important outcomes that participants gained having completed the workshop. Another participant shares that “listening to the view of leadership as a role for all nurses” was a highlight.

Recognizing a pressing need to strengthen nursing leadership is what prompted the establishment of the Dorothy Wylie Health Leaders Institute in 2001 and why the SRNA proudly brought their workshop to Saskatchewan. This focus on developing strong nursing leadership is essential in the present – to keep pace with changing requirements and navigate challenges – but is also an investment for the future – to maintain steady leadership succession.

Dorothy Wylie Health Leaders Institute is located in Toronto, ON. To learn more visit www.healthleadersinstitute.ca.
SRNA Awards of Excellence 2018

Every year, the SRNA Awards of Excellence acknowledge the exceptional accomplishments of members and non-members who have contributed to improving and advancing the health of people in Saskatchewan and the registered nursing profession.

This year’s awards ceremony, which was held during the SRNA Conference and Annual Meeting on May 2, celebrated the nursing profession’s ‘bright future’ by recognizing seven outstanding individuals and teams for the hard work they have done and continue to do. Here are your 2018 SRNA Awards of Excellence recipients!

Effie Feeney Award for Excellence in Nursing Research: Dr. Jill Bally

Jill Bally is a registered nurse (RN) with more than two decades of practice experience focused in pediatrics in various clinical settings in Saskatchewan including acute care pediatrics, the Neonatal Intensive Care Unit, and a pediatric surgical unit in Riyadh, Saudi Arabia. Through these experiences she has worked with exceptional health care providers in caring for children and their families. In 2004, Bally joined the College of Nursing, University of Saskatchewan (UofS) and in 2011 she assumed a tenure track position.

The group who nominated Bally described how her diverse clinical background informs her research interests with the primary objective of developing and disseminating clinically useful knowledge that will translate into improved health care in pediatrics through applications to nursing education and clinical practice.

Bally leads research within an interdisciplinary team of researchers, care providers, graduate students, and community members including the Ronald McDonald House Saskatchewan. The team’s research has been awarded in a variety of ways including funding from the Royal Bank of Canada Nurses for Kids Community Development Program, the Provost’s Project Grant for Innovative Practice in Collaborative Teaching and Learning, the Canadian Association for Nurses in Oncology, and the Saskatchewan Health Research Foundation.
Elizabeth Van Valkenburg Award for Excellence in Nursing Education: Dr. Elizabeth Domm

Dr. Liz Domm is described as an outstanding registered nurse who has been involved in nursing practice in Saskatchewan for more than 45 years. She has been a clinical RN in pediatrics and intensive care; an administrative RN in a trauma hospital, a manager of a surgical unit, a palliative care unit, and a medical unit; and a nursing educator at the College of Nursing, UofS. She is currently an associate professor at the Faculty of Nursing, University of Regina (UofR) in the Saskatchewan Collaborative BSCN Program. As well, Domm is a research RN and currently has several research projects underway.

Domm has demonstrated excellence in the domains of clinical, administration, education and research. She applies her clinical and administrative wisdom and experience to nursing education and research. Those who nominated Domm said it is clear from student evaluations that nursing students love her classes. As one student stated: “Liz not only teaches the subject matter, but she teaches your spirit and your heart.”

Domm exemplifies lifelong learning in her pursuit of formal education as demonstrated by her completion of her Post-RN, a master’s degree and a PhD – all while working in the clinical and administrative areas.

Granger Campbell Award for Excellence in Clinical Practice: Marlee Cossette, RN and the Medical Surveillance Unit

Over the past three years Marlee Cossette and the team on the Medical Surveillance Unit (MSU) at Regina’s Pasqua Hospital have implemented innovative and progressive ideas in health care, such as the Accountable Care Unit (ACU) model. The team’s nominators explain how through the implementation of the ACU, the MSU nursing staff deliver outstanding holistic care in collaboration with physicians and numerous other health care providers, working together with the patient to achieve outstanding care.

Cosette and her team use research to apply best practice guidelines and have implemented the Early Assessment and Response System (EARS) to help staff manage more complex patient needs acting as a means of communication between physician and nursing teams to highlight the patient’s clinical condition. The MSU team has achieved great success through the work of the AUC and were recognized by their peers for demonstrating great leadership in collaborative practice to the other nursing units rolling out the ACU model of care.

The successful implementation of this model of care on MSU has led to the provincial roll out of ACU’s across Saskatchewan. As characterized by their colleagues, Cossette and her team are true nurse leaders and innovators. (See page 12 for a more detailed look into the ACU model of care).
Jean Browne Award for Excellence in Nursing Practice
Leadership: Leslie Worth

Leslie Worth has been the Manager of Chronic Disease Management (CDM) in Saskatoon since 2003. Under her leadership, the programs within CDM have grown and evolved.

Worth was described in her nomination as someone who leads by example, action and passion and whose leadership style engages staff, instils enthusiasm, and finds positivity. She has a knack for finding creative solutions to problems and engaging her staff in the implementation. It’s said that she maintains an open-door policy; and possesses an ability to listen and to solve issues brought to her attention, no matter what they might be. Worth tackles difficult situations with a positive, methodical approach; always with the patient at the center and while supporting the staff.

Under her leadership, the expanded chronic care model was implemented across all programs in CDM. Worth is a strong advocate of the self-management philosophy and works to embed this with her staff in all aspects of the program. Those who nominated Worth cite that her ability to bring individuals together in a collaborative way has allowed the programs, particularly the diabetes program, to include highly functioning, multi-disciplinary teams.

Colleagues acknowledged that central to all that Worth does is the client and their family acknowledging her desire to provide the best possible care lies at the heart of all actions she takes in her day-to-day work.

Nora Armstrong Award: Dr. Shelley Peacock

Dr. Shelley Peacock is an active participant in numerous committees; most notably the Academic Integrity Committee, the Search Sub-Committee, and the College Awards Committee (chair). It has been said that she consistently demonstrates professionalism, equity and fairness in all of these interactions.

The group who nominated Peacock said that she is insightful, has sound decision-making skills and most importantly, that she makes these decisions based on the evidence presented. In their opinion Peacock’s membership on the committees offers invaluable expertise and a broad perspective, on which critical decisions and recommendations are made.

She has been, and is, an active member on numerous graduate committees at both the Masters’ and PhD levels, in addition to participation on the Graduate Admission Committee. Her interactions with undergraduate students, graduate students, and research assistants are regarded as genuine, authentic, respectful and supportive.

Peacock was also recognized for her willingness to involve students in her own research as well to assist them in conducting their own. She is a trusted mentor in her areas of research including: older adults, caregivers and people with dementia.
Ruth Hicks Award for Student Leadership: Meghan Bend

Meghan Bend is described as an exemplary student who is currently enrolled in her fourth-year in the College of Nursing at the UofS. During her time at the College, Bend has taken on several leadership positions. She is currently President of the Saskatchewan Nursing Students Society Association for the Regina/Yorkton area and serves as vice-president and secretary during her studies. She also serves as a student representative for faculty council in the College of Nursing, and volunteers as a student mentor within the program.

During Bend’s years at the College, she has organized several activities for the students’ association including welcome activities during National Nursing Students’ Week, student mental health awareness activities during the Let’s Make a Difference Week, and a winter gala to promote community among the student body.

She represented the College of Nursing at two Canadian nursing student conferences in her capacity as a research assistant with the faculty in the College. This past May, Bend presented her research findings at the Congress of the Social Sciences and Humanities.

Those who nominated Bend said she demonstrates a keen passion for nursing leadership and life-long learning. Her professional demeanor and positive energy have inspired many students, faculty and staff in the College.

SRNA Life Membership Award: Joanne Gartner

Joanne Gartner’s commitment to nursing education and service to the provincial and international nursing communities is regarded by her peers as the hallmark of her career. Her work of organizing innovative clinical experiences and faculty workload assignments spanned different concurrent nursing programs over a 23-year period. Gartner also actively participated in the development, coordination and hands-on facilitation of international clinical practice opportunities for dozens of students from across many health faculties, including nursing.

The majority of this work took place during times of great change including health system reorganization and profound evolution in nursing education. According to those who nominated her, Gartner continually encouraged independent thinking in her students and developed a number of processes that are still in place to support their clinical education. She is known to willingly and effectively share her knowledge with program leadership, expert and novice faculty, students, colleagues in practice and the greater community.

Gartner’s participation in many provincial and national committees related to clinical education not only promoted collaboration between Canadian nursing programs but has been foundational to ensuring sustainable and collaborative processes are in place between nursing programs in Saskatchewan.

Her nominators say that her legacy lives on in those who have had the opportunity to learn from and work with her. The investment she has made in many students and novice faculty has resulted in the successful education of countless nurses.

Award recipients are selected from nominations submitted by their peers and colleagues by members of SRNA’s Awards Committee. Nominations for next year’s Awards of Excellence, which will include a new award recognizing a member or nursing group who is moving Reconciliation forward in Saskatchewan, will open in January 2019. For more information, visit www.srna.org.
Innovation of Canada’s First Accountable Care Unit

Leading the way in health care innovation with Canada’s first Accountable Care Unit (ACU) is Unit 4A at Regina’s Pasqua Hospital.

Since its inception as a pilot program in January 2016, the ACU has implemented elements of the Accountable Care Model as a framework for the intermediate care provided by the Medical Surveillance Unit led by Marlee Cossette, RN Manager. For the past two years Unit 4A has been delivering life-changing patient care with this advanced team-based care model that has seen impacts not only in patient outcomes, but also in the working environment for ACU medical staff.
The concept for ACU was developed by Dr. Jason Stein out of Emory Hospital in Atlanta, GA and first came to Pasqua Hospital via Dr. Ron Taylor and executive director John Ash. The ACU model is unique in four main ways. Primarily in its geographical basis where patients are located on the same unit, rather than dispersed across the facility. It is also special in that it has co-leadership, responsibly and accountability shared between Cossette, the nursing unit manager, and a physician co-lead. The team-based approach of the ACU is also unique as unit routines are consistent seven days a week and include interdisciplinary rounds taking place at the same time each day at the patient’s bedside with their families present. The final distinct element of the ACU model is the unit-based metric wherein progress is tracked and regularly shared in huddles with staff, which provides valuable feedback through specific, meaningful accounts.

“Nurses feel inspired and empowered. The environment allows them to work to the full scope of their practice and utilize their critical thinking and problem-solving skills collaboratively,” states Cossette. “The relationships that are built and shared between nurses, physicians, unit clerks and allied health become strong bonds.”

Since its creation, the ACU has had an intangible impact on the patients who have received care and its success is well-positioned to influence change in hospitals across Saskatchewan and throughout Canada. “The impacts we have made on patients cannot be measured,” expresses Cossette; sharing that they have seen patients writing to the media stating that this care saved their life.

Cossette is confident in the future of the ACU model and its potential to be transformational with support from the Ministry of Health and prioritization from the Saskatchewan Health Authority, saying “I know if it was my loved one I would want them to experience this model of care.”

Marlee Cossette and the Medical Surveillance Unit (MSU) at Pasqua Hospital were recipients of the 2018 SRNA Granger Campbell Award for Excellence in Clinical Practice. For more information about Pasqua Hospital’s Accountable Care Unit, visit www.rqhealth.ca.
"This conference was my very first conference. I had the best time ever. I got to meet so many important people and it makes me excited for my future."
"Listening to the view of leadership as a role for all nurses. Also enjoyed the mix of those attending - from nursing students to very experienced nurses."
“Seeing everyone and being inspired to be the best nurse in the future.”

“Honoring and celebrating RNs in our province. It was uplifting and inspiring.”
“I was interested in finding out more information about the SRNA and nursing roles and how I can improve my workplace.”

“The resolutions and bylaws affect my future RN practice and I want to know any changes to them.”
Meet Our New SRNA Council Members

The votes are in! The SRNA Council has two brand new members; Liz Domm, who was elected as the Member-at-Large for Region 7, and Doug Finnie, who was appointed by government to be one of the three public representatives. Learn more about the newest members:

Liz Domm, RN

Liz has been a proud registered nurse in Saskatchewan for more than four decades. She is committed to safe, compassionate, professional evidence-informed nursing practice.

Liz worked in critical care and medical surgical units where she provided nursing care to patients and holds current certification in Medical-Surgical Nursing with the Canadian Nurses Association. She is currently a nurse educator with the Faculty of Nursing at the University of Regina and teaches in the Saskatchewan Collaborative Bachelor of Science in Nursing, and Master of Nursing programs.

Through serving on SRNA Council Liz seeks to support RN professionals to work to their full scope of practice, provide excellent nursing care for patients, families, and communities, and collaborate with other health care team members.

When asked what her election to SRNA Council means to her, Liz expressed “I love nursing and I have looked from afar for so long that now I am excited to really contribute to regulation as part of Council.”
Meet Our New SRNA Council Members continued

Doug Finnie

Doug Finnie has served in leadership roles with Royal Bank and Canadian Western Bank in Saskatchewan as well as other provinces in Canada and the United States. He has extensive leadership experience with charitable, cultural and business development organizations in Saskatchewan including the Saskatchewan Cancer Agency, Saskatoon Chamber of Commerce, Saskatoon Regional Health Authority, Persephone Theatre and University of Saskatchewan Senate. He was also Executive Director with Leadership Saskatoon.

Doug has several years public representative experience on the Discipline Committee and Professional Practice Committee of the Chartered Professional Accountants of Saskatchewan (CPAS), making him an excellent appointment as a public representative on SRNA Council. He is also a public representative with the Saskatchewan Dental Assistants Association.

When asked what his appointment to SRNA Council means to him, Doug replied “it is a privilege to work with the calibre of people at the SRNA and to play a critical role in advancing health care.”

This year’s Council election results were announced on May 3, 2018 at the SRNA Annual Meeting. In addition to the two new members, Marilyn Barlow was re-elected as Region 6 Member-at-Large and Betty Metzler, RN was declared Region 4 Member-at-Large by acclamation and also returns to Council. There was also a newly elected member to the Nominations Committee, Melissa Sawicki, RN.

The SRNA Council is comprised of nine elected members (President, President-Elect, and seven Members-at-Large), three government-appointed public representatives and the SRNA Executive Director (who is a non-voting member). Summaries of SRNA Council meetings can be found at www.srna.org under the Council Notes section.
A Student Perspective on the SRNA Conference & Annual Meeting

As both a student nurse and a nursing leader, the SRNA Conference and Annual Meeting impacted me in ways that go beyond my education.

In school I had been taught that the SRNA is responsible for licensure and regulation. Attending the conference showed me that this is true; however, my previous impression wasn’t reflective of the depth of what the Association truly does. At the AGM, I was exposed to the processes of what being involved in policy means for a member of a profession as large as registered nursing. Seeing this process gave me a deeper perspective into the SRNA’s role as the regulatory body for registered nursing in Saskatchewan.

Participating in the conference has opened doors to what a nursing career in Saskatchewan can be. During the event, I observed greater recognition of Indigenous nurses, the differentiation between the LPN, RPN, RN and RN(NP) scope of practice in all provinces, passionate advocacy for members that were not there to advocate for themselves, and just how fickle financial reports can become.

Being on the CNSA Board of Directors affords me the privilege of a leadership role in representing the members of our chapter schools in the prairie provinces of Saskatchewan and Manitoba. Attending the Dorothy Wylie Health Leaders workshop provided me with skills and stories that have fostered my leadership style. Specifically, Barb Shellian taught me to be a shepherd instead of a cowboy; meaning building trust and going forward together rather than being pushy. I still have the cotton ball in the cup holder of my car reminding me to be that shepherd.

The SRNA’s inclusion of student presenters during the conference, and their sponsorship of a large number of student nurses to attend the whole event, was inspiring. The commitment shown to students was inspirational and has enhanced the relationship between the CNSA and SRNA.

I hope to become more involved in the SRNA following my graduation next April. The best way to have a voice in the progression of the nursing profession is to go where it will be heard, and that is in the Association.
SRNA Council and staff place great importance on supporting nursing students as they are essential to shaping the bright future of registered nursing. Brittany Heuchert, a third-year nursing student enrolled in the Saskatchewan Collaborative Bachelor of Science in Nursing (SCBScN) program, recently joined SRNA nursing advisors Donna Marin and Donna Cooke for a short student experience for her course: CNUR 301 Leadership & Influencing Change. She was tasked with researching current harm reduction initiatives in Saskatchewan, reporting findings and discussing perspectives regarding these initiatives. These are Heuchert’s reflections on harm reduction:

“It was inspiring to see the available resources that I can refer patients to in my own community. As I was researching, I became aware of many local programs that I didn’t even know existed. At first, the concept of harm reduction seemed against the nature of a registered nurse as it was promoting the continuation of illicit substances, but through research I came to realize that harm reduction is helpful to the community. I have come to understand that harm reduction keeps the people in our communities safe, and decreases the amount of deaths, diseases and illnesses. Promoting harm reduction allows me to provide patients with respectful, compassionate, competent care while promoting social justice. Educating and promoting harm reduction allows me to act in accordance with the SRNA’s standards and competencies, as well as the CNA Code of Ethics. I am aware of the stigma that many of these individuals face, and I am committed to provide care that is compassionate and promotes safety among patients today as a student, and in the future as a registered nurse.”
Ask a Practice Advisor: Providing Drug Samples

In response to questions about the provision of drug samples, the SRNA has solicited further legal review and consultations with members and other stakeholders on the following question:

**Q: Can an RN or RN(NP) provide or administer a drug sample to a client?**

*The Food and Drug Act of Canada* states that “no person shall distribute or cause to be distributed any drug as a sample” with the exception of “the distribution, under prescribed conditions . . . of samples of drugs to physicians, dentists, veterinary surgeons or pharmacists” [14(1), 14(2)].

This means that samples can be received from pharmaceutical companies by any of the four health care provider groups listed in the Act, when certain conditions are met. The legislation further describes the conditions for management of samples, including required documentation such as lot numbers. This enables the facilitation of swift action if required (for example, during a recall of any drug). The records must be kept by the pharmaceutical company for two years. The legislation is silent about what must occur after appropriate distribution of drug samples from pharmaceutical companies.

So, can an RN, RN(AAP) or RN(NP) provide or administer a drug sample to a client? Yes, provided that proper medication management principles are adhered to consistent with the nursing process.

Additionally:

- RN(NP)s can prescribe and dispense drug samples if they have been received by designated persons defined by the legislation. RN(NP)s are not currently one of the designated recipients of drug samples from pharmaceutical companies.
- RN(AAP)s can prescribe, dispense and administer drug samples that have been appropriately received, if the drugs are used for limited common medical disorders and are contained in the applicable clinical decision tools.

Employer policies which describe processes for managing drug samples, including a statement that indicates that drug samples are being made available to RNs, RN(AAP)s and RN(NP)s for their normal practice, is required. The policy should indicate that the provision of a drug sample does not change the RN, RN(AAP) or RN(NP) practice standards established by the SRNA.

If there are questions about drug samples in your practice setting, contact a practice advisor at 1-800-667-9945 or 306-359-4200, or by email at practiceadvice@srna.org.
RN Specialty Practices (RNSPs) are defined as activities beyond RN entry-level competence that are still considered to be within the RN scope of practice. A focus group held at this year’s SRNA Conference and Annual Meeting gave participants the opportunity to imagine these possibilities by learning more about and discussing RNSPs. Using the example of RNSPs Take Home Naloxone Kits template, SRNA facilitator Barb MacDonald, RN gave an overview of what is conceivable and achievable for RNs seeking to practice to their full scope. The example of this template offered contextual perspective on what practice scenarios can benefit from having RNSPs documents in place.

Participants were encouraged to break out into smaller groups and discussion was stimulated with an emphasis on thinking futuristically about RNSPs, specifically in participants’ particular practice areas. This sparked inspiration of how RNSPs ideas, resources and documents could be shared through various means, including the SRNA online community of practice.

Each group was directed to report back to the whole and there was palpable enthusiasm surrounding the possibilities that RNSPs offer to meet the needs of patients and families. In particular, participants noted that RNSPs fit well across the province, in rural and urban settings and that there is great potential for sharing and connecting beyond one’s workplace setting.

A common interest emerged in having RNs from similar practice settings work together to create RNSPs documents. As discussions came to an end, the majority of participants committed to joining the SRNA RNSP online community where they can share their experiences, ideas and RN Clinical Protocols.

The SRNA RN Specialty Practices online community is open to all practicing SRNA members. To join the community, or to learn more about RN Specialty Practices, visit www.srna.org.

If registered nurses “dwell in possibility” as poet Emily Dickinson encourages, it can unlock a world of endless potential in nursing practice.
At the SRNA Annual Meeting on May 3, 2018, members in attendance voted on several proposed bylaws and resolutions. The following is a summary of the bylaws that were passed, and the resolutions carried by the membership this year.

**New Bylaws**

**Title protection for RN(AAP)** – This bylaw protects the public by ensuring that the abbreviation RN(AAP) is protected for use by an RN that has completed the SRNA requirements to practice as an RN with Additional Authorized Practice.

**Adoption of the CNA Code of Ethics for Registered Nurses, 2017 edition** – This bylaw confirmed membership approval of the updated version, as previously approved by SRNA Council in November 2017.

**Standards, Competencies** – This bylaw adopts the February 2018 publication entitled Standards and Competencies for the RN with Additional Authorized Practice as the standards and competencies required by and for registered nurses practicing with Additional Authorized Practice.

**Expanded RN(NP) Scope of Practice** – This bylaw expands RN(NP) prescribing to include drug therapeutics to treat Opioid Use Disorder and methadone for pain.

Once bylaws have been passed by the membership they are submitted to the Minister of Health for approval. If approval is granted within 90 days of submission, the bylaw is gazetted and the date that any new standards and/or Code of Ethics are in effect will be announced. If approval is not granted within 90 days, the bylaw(s) are considered not approved by the Minister.

**Resolutions**

**Written reference to RN(NP) be changed to NP** – To remove RN and the parentheses in the reference RN(NP) to allow the nurse practitioner credential to be written as NP.

  a. Submitted to Council for their consideration and decision on what, if any, action will be taken

**RN(NP)s to admit/discharge in/out of long-term care (LTC)** - SRNA will lobby/work with the Government of Saskatchewan to revise legislation to enable RN(NP)s to admit/discharge in and out of LTC. The potential impact in locations where RN(NP)s are the sole care providers in LTC facilities. There is a need for clearly articulated legislation around the role of the RN(NP) for the safety of these clients.

  a. Submitted to Council for their consideration and decision on what, if any, action will be taken

**RN Practising Membership Fee Increase for 2019 ($21.00) and 2020 ($5.50)** – These increases include the Canadian Nurses Association (CNA) approved fee increases of $2.75 in 2018, $2.90 in 2019 and $3.05 in 2020. Also, the Canadian Nurses Protective Society (CNPS) 2019 fee increase of $14.00 is included. Finally, these amounts also include the SRNA fee increases of $1.35 in 2019 and $2.45 in 2020 for SRNA operations. Total fee increases for RNs will be $21.00 in 2019 and $5.50 in 2020.

**Graduate Nurse Fee Increase for 2019 ($15.50)** – The Canadian Nurses Protective Society (CNPS) approved a fee increase of $14 for Graduate Nurses in 2019. As a result, because the SRNA Council is committed to keeping the organization fiscally sound, an additional fee increase of $1.50 in 2019 for SRNA operations was included. Total fee increase for SRNA Graduate Nurses will be $15.50 for 2019.

**New SRNA Award of Excellence** - As the SRNA is committed to truth & reconciliation, the resolution will result in the addition of a new annual Award of Excellence for the member or nursing group who is moving reconciliation forward in Saskatchewan.

Visit www.srna.org to stay up-to-date on SNRA bylaws and resolutions.
Throughout the year, SRNA staff attend and support several conferences, summits and organizations that align with important nursing issues as identified by SRNA Council and members. In their professional capacity, SRNA staff have spoken on various health topics such as diabetes, harm reduction and medical assistance in dying. Attending national and international health care conferences and summits and participating in provincial and national committees, allows SRNA staff to gain key insight into current and prospective health care issues and best practices.

Conferences & Summits:

- **Community Health Nurses of Canada (CHNC) conference** - Jayne Naylen Horbach, Deputy Registrar/Director, Regulatory Services presented alongside Dr. Sarah Kostiuk-Linford

Committees, Groups & Organizations:

- **Diabetes Canada Professional Group (South Saskatchewan Chapter)** – Barbara MacDonald, Nursing Advisor, Practice serves as Chair.

- **Canadian Research Initiative on Substance Misuse (CRISM)** – Donna Cooke, Nursing Advisor, Practice participates on the Leadership Group, Prairie Node, which is currently supporting the BC Node on a National Scoping Review to identify the current state of and barriers to nurse-led care for Opioid Use Disorder. For more information, visit www.crismprairies.ca.

- **Diabetes Canada Expert Committee** – Barbara MacDonald, Nursing Advisor, Practice, is a committee member and contributing author to the 2018 Clinical Practice Guidelines (published April 9, 2018).

- **RN ELC National Working Group** – Erica Pederson, Nursing Advisor, Regulatory Services, and Barbara MacDonald, Nursing Advisor, Practice are members of this working group, which is currently revising the Entry-Level Competencies (ELCs) for RNs across Canada.

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**Is your licence active?**

Did you know that it is the responsibility of every registered nurse in Saskatchewan to ensure that your licence is active?

Registered nurse (RN) and registered nurse practitioner [RN(NP)] licences are valid for one year and must be renewed annually in order to practice. Practicing without an active current licence requires the registered nurse or nurse practitioner be referred to the SRNA Investigations Committee.

The SRNA licence verification service is available to any member seeking to check the status of their licence, as well as to anyone in the public seeking to verify the licensure of an RN or RN(NP) in Saskatchewan.

To check if your licence is valid, visit www.srna.org and visit the ‘Licence Status Check’ page.
Journey Through the GI Tract

SASKATOON, September 18, 2018 • Travelodge Hotel

BARB BANCROFT, RN, MSN, PNP

Barb Bancroft is a widely acclaimed nursing teacher who has taught courses on Advanced Pathophysiology, Pharmacology, and Physical Assessment to both graduate and undergraduate students. Also certified as a Pediatric Nurse Practitioner, she has held faculty positions at the University of Virginia, the University of Arkansas, Loyola University of Chicago, and St. Xavier University of Chicago. Barb is known for her extensive knowledge of pathophysiology and as one of the most dynamic nursing speakers in North America today. Delivering her material with equal parts of evidence based practise, practical application, and humour, she has taught numerous seminars on clinical and health maintenance topics to healthcare professionals, including the Association for Practitioners for Infection Control, The Emergency Nurses Association, the American Academy of Nurse Practitioners, and more.

WHO SHOULD ATTEND?

- Medical and Surgical, ER & ICU, Geriatric & Home Care Nurses
- Nurses in Day Surgery, Endoscopy, Peri-Operative, & Pre-Admission Settings
- Nurses in Cancer Clinic, Enterostomal Therapy, & Occupational Health Settings
- NPs, RPNs, Primary Health & Tele-Health Nurses; Nurse Educators

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 oesopharynx, she'll discuss the teeth, the tongue, the mouth, the gums, the esophagus, the stomach, and the small and large bowel. Specific clinical topic 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.

$169 + $8.45 GST = $177.45 Early Rate (on or before July 30, 2018)
$179 + $8.95 GST = $187.95 Middle Rate (on or before August 27, 2018)
$189 + $9.45 GST = $198.45 Regular Rate (after August 27, 2018)

Infectious Diseases Update
Shampoos, Tattoos, and Barbecues: What's New in the World of Infectious Disease?

REGINA, October 1, 2018 • Delta Regina Hotel

BARB BANCROFT, RN, MSN, PNP

Immunizations And Vaccines: The “Need To Know” Info
- Pediatric & Adult Immunization; Herd Immunity; Pertussis
- TDAP, Zostavax; HPV Vaccines
- Meningococcal Vaccine

Global Warming, Global Travel, The Patient With Travel History
- The Implications of Migration of Mosquitoes Away From The Equator
- Infectious Diseases and Airplanes - What's The Risk?
- Transportation of Food Across Borders - Is There a Problem?

Major Food-borne Illnesses & Their Sources; Treatment
- The Dreaded E. Coli O157:H7; Salmonella
- Campylobacter Jejuni; Listeria Monocytogenes

The Perils Of Antibiotic Misuse, Overuse, & Abuse
- Increasingly Dangerous Drug Resistant Bacteria, MRSA, CRE, VRE
- Mutations Of Bacteria - the Difficult C. Difficile, Antimicrobial Stewardship

Infectious Disease Trends Throughout the World that Show Up in Your Patient Population
- The Role of Sexual Transmission in Infections
- HIV Infection; HPV Infection
- Hepatitis Infections; Syphilis & Others

Will I Know It When I See It? The Presentation, Pathophysiology, And Rx of Specific Infectious Diseases
- Zika: Worse Than We Thought & What You Need to Know
- Asian Flu, MERS, SARS
- Fido, Boots, & Rex: The Risk Of Infectious Illness From Pets
- Exotic Pets; Dogs from Puppy Mills; Pocket Pets; Reptiles; Bites

Few areas in healthcare are changing as rapidly as infectious diseases. This one day seminar provides an up-to-the minute update on current issues in infectious diseases. Major infectious disease trends will be reviewed, including: global warming and travel, bioterrorism, food-borne illnesses, infectious agents and their relationship to acute and chronic disease. New vaccines, new diseases, and new drugs will also be reviewed. A seminar you don’t want to miss for both your patients’ and your own benefit!

WHO SHOULD ATTEND?

- RNs, RPNs, LPNs; All Front Line Nursing Staff
- Infection Control, Public & Occupational Health Nurses
- Educators, Managers, NPs, & Telehealth Nurses

$169 + $8.45 GST = $177.45 Early Rate (on or before August 13, 2018)
$179 + $8.95 GST = $187.95 Middle Rate (on or before September 10, 2018)
$189 + $9.45 GST = $198.45 Regular Rate (after September 10, 2018)
The Therapeutic Use of Medical Cannabis

SASKATOON, October 29, 2018 • Travelodge Hotel

MARY LYNN (ML) MATHRE, RN, MSN, CARN
Mary Lynn (ML) Mathre, RN, MSN, CARN has more than 40 years of experience as a nurse and has specialized in addictions nursing since 1987 and cannabis education since 1990. Ms. Mathre is a co-founder and President of Patients Out of Time (inc. 1995), a non-profit organization devoted to educating health care professionals and the public about the therapeutic uses of cannabis (www.medicalcannabis.com). She is the editor of Cannabis in Medical Practice: A Legal, Historical and Pharmacological Overview of the Therapeutic Use of Marijuana (1997) and co-editor of Women and Cannabis: Medicine, Science and Society (2002). Ms. Mathre has authored several chapters and numerous peer-reviewed articles on the topic of medical cannabis; and written resolutions for several organizations in support of patient access to medical marijuana, including the Virginia Nurses Society on Addictions, the Virginia Nurses Association, the National Nurses Society on Addictions, and the American Public Health Association. She has served on the planning committee for Patients Out of Time’s accredited biennial National Clinical Conference on Cannabis Therapeutics series since it began in 2006, now an annual event since 2015. Ms. Mathre is also a founding member and Past President of the American Cannabis Nurses Association (www.cannabisnurse.org).

WHO SHOULD ATTEND?

- Nurses in All Areas, especially: Medical-Surgical & Pain Settings
- Nurses in Oncology & Palliative Settings; Geriatric Settings
- Nurses in Primary Care, Mental Health, Maternal Child & Pediatrics
- Nurse Practitioners, Managers, Educators, Pharmacists, Dieticians

Health Canada has recently revised the laws around the Therapeutic Use of Medical Cannabis. Since then, there has been an uptick in both the numbers of prescriptions for medical cannabis for a variety of medical conditions and the numbers of patients already taking medical cannabis arriving into care settings. This has been a challenge for nurses who have had little or no education about cannabis in their nursing programs. This workshop aims to provide a comprehensive review of medical cannabis and offer a valuable stepping stone in the nurse’s knowledge for proficient care of the patient using medical cannabis. In this one day workshop, we will review the history and current therapeutic uses of medical cannabis, the endocannabinoid system in the body, the safety and pharmacology of cannabis, toxicity, potential risks, indications for use, the range of therapeutic effects, dosage and methods of administration, and nursing implications.

Who Should Attend:

- Cardiac Nurses and Allied Cardiac Staff in a Variety of Settings:
  - ER and ICU Nurses; Rural ER Nurses; EMT’s
  - Nurses in Teleready and Cardiac Stepdown Units
  - Cardiac Med-Surg Nurses; Cardiac Educators and Managers
  - Nurse Practitioners, Outpost Nurses
  - Cardiac Physiotherapists; RRT’s; Perfusionists

Christopher Colman, RN, BScN

Chris Colman, a graduate of the UnifA Bachelor of Science in Nursing program, has been engaged in cardiac surgical nursing for over 20 years. He has worked in a variety of settings and countries, including Montreal, London (England) and in Riyadh, Saudi Arabia. Chris has over 13 years of teaching experience, and has taught a number of sessions on a variety of topics where his passion for teaching and cardiac care shows. He is currently the Clinical Nurse Educator in the Cardiovascular Intensive Unit at the Foothills Medical Centre in Calgary.
Save the Date

The SRNA Annual Meeting & Conference is an important event that brings our membership together to celebrate our successes, review and make decisions regarding proposed changes to our bylaws, and embrace a united vision for our priorities.

SRNA Annual Meeting & Conference Highlights

April 30, 2019
• Member Night

May 1, 2019
• Education Day
• Awards of Excellence Banquet

May 2, 2019
• Annual General Meeting

The Annual Meeting provides an opportunity for our members to put forward resolutions that help advance, innovate and optimize RN and RN(NP) evidence-informed practice and healthy public policy.