President’s Message

“Learning is a life-long journey and as members of the standardized profession of registered nursing entry-level competencies are important.”

Taking a Roles-Based Approach

In 2017, the Canadian Council of Registered Nurse Regulators (CCRN) initiated a revision of the existing ELCs.

Ask a Practice Advisor

Non-medical cannabis is now legal in Canada. Find out more about the process and impact on nursing practice in Saskatchewan.
Established through The Registered Nurses Act, 1988, and driven by values that focus on the protection of the people of Saskatchewan, the Saskatchewan Registered Nurses’ Association (SRNA) is the profession-led regulatory body for the province’s 11,000 registered nurses (RN)s, registered nurse practitioners (RN(NP))s and registered nurses with additional authorized practice (RN(AAP))s. For more than 100 years, the SRNA has set high standards for nursing education, practice and registration including initial and ongoing licensure requirements, practice standards, approval of nursing programs, continuing competence requirements and competence assurance mechanisms such as complaints investigation and the discipline process.

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Welcome to the professional competency edition of the News Bulletin.

As we conclude 2018 and prepare for 2019, it is a natural time for reflection on the core competencies that distinguish us as registered nurses. As you perform daily tasks and activities, whether you are a nursing student attending classes, an RN with 10 years of clinical experience, or have recently retired from a career in registered nursing, it can be easy to overlook how you came to know what you know.

Learning is a life-long journey and there is no doubt that our individual experiences along the way play a part in shaping our knowledge; however, as members of a standardized profession, there are defined competencies that we all possess. This is where the entry-level competencies for registered nurses come into play.

In an upcoming meeting, SRNA Council will vote on the adoption of an updated version of the existing RN entry-level competencies (ELCs). These new ELCs have been revised to express competencies as a variety of roles common to registered nursing across all work places and environments. In this issue you’ll be introduced to RNs from around the province who embody each of these roles.

The competencies I use in my point-of-care practice as a staff RN at the Assiniboia Union Hospital are very different than the competencies I use around the Council meeting table or at a CNA Board of Directors meeting. And yet there are overlaps. I am continually assessing my patients and the nonverbal cues within the group. I rely on excellent communication skills in each setting, but I have yet needed to auscultate a heart rhythm in the board room! My leadership competencies have grown tremendously over my career and I’m learning something new with each passing year.

I am proud of the role that SRNA staff had on the working-group alongside representatives from other jurisdictions to develop these newly conceptualized ELCs. Collaborations such as this are an integral part of profession-led regulation and serve to ensure that registered nursing education evolves to meet the realities of contemporary practice. SRNA staff has also consulted with our members and representatives of the public through surveys and face-to-face meetings to ensure we capture various perspectives that are critical to these competencies. Thank you to everyone who has participated.

I hope you enjoy this issue as you learn more about your fellow Saskatchewan RNs and take a glimpse into just some of the great work happening all across our province.
Registered nursing is a dynamic profession that has continued to evolve since its formal establishment at the turn of the twentieth century. Since the creation of professional regulatory bodies, registered nurses have had to demonstrate skills based on standard criteria in order to earn licensure to practice. These criteria, nowadays known as entry-level competencies (ELCs), are by no means static. They have developed over time, adapting along with advances in knowledge, technology and society.
In 2017, the Canadian Council of Registered Nurse Regulators (CCRNNR) initiated a revision of the existing ELCs to be led by a working group with representatives from 11 jurisdictions of Canadian registered nurse (RN) regulators. Revisions, such as this, take place every five years in order to ensure practice relevance and inter-jurisdictional consistency, which in turn supports necessary workforce mobility.

The job of the working group began with an environmental scan and literature reviews that helped to gather context around what revisions should be recommended. The year-long process continued with several stages of stakeholder consultation, which concluded last fall. In the coming weeks, the working group will share the finalized ELC document for review by each Canadian jurisdiction.

RN regulators in each jurisdiction will validate and approve the ELCs and confirm consistency with provincial/territorial legislation. Modifications may be made to ensure alignment with legislation and then these competencies will be adopted. Once adopted, the document will be used by regulators, such as the SRNA, to inform a variety of decisions, including approval or recognition of nursing academic programs, input into content and scope of entry-to-practice exams, and assessment of internationally educated RN applicants.

The latest revision of the ELCs is organized thematically using a roles-based format. In total, 95 competencies have been grouped into nine overarching roles: Leader, Advocate, Coordinator, Communicator, Collaborator, Clinician, Educator, Scholar and Professional.

As described by CCRNR, “each ELC in this context is defined as an observable ability of a registered nurse at entry-level that integrates the knowledge, skills, abilities and judgement required to practice nursing safely and ethically.” These ELCs are representative of the novice to expert continuum and the principles are meant to be applied by every RN throughout their career.

Though formal adoption of the revised ELC document will not be decided by SRNA Council until early 2019, every day, RNs across Saskatchewan are exemplifying these roles. In both rural and urban locations, from clinical to academic settings, this issue highlights just some of the RNs excelling in these roles.

To find out more about CCRNR and the update to the ELCs for registered nurses, visit www.ccrnr.ca. To stay informed of SRNA Council decisions, including the adoption of the revised ELCs, read ‘Council Notes’ on www.srna.org.
Introducing the New CNA Code of Ethics

The Canadian Nurses Association (CNA) has released its 2017 edition of the Code of Ethics for Registered Nurses, which contains updated content that is reflective of today’s contemporary practice needs. The SRNA is a long-standing member of the CNA and at the 2018 Annual Meeting a bylaw was put to the membership for a vote to adopt this new version of the Code. The membership voted in favour and after being gazetted by the Minister of Health, the membership will be required to follow this latest edition of the Code as of November 13, 2018.

Beyond a regulatory document, a professional code of ethics provides an aspirational set of values for all members of any given profession to seek to embody. Moreover, they often develop into an identity that becomes synonymous with the professionals who adhere to them. These principles are foundational to the advancement and longevity of any profession, including registered nursing.

Unchanged are the seven primary value and responsibility statements that endure as the core of the registered nursing profession: providing safe, compassionate, competent and ethical care; promoting health and well-being; promoting and respecting informed decision-making; honouring dignity; maintaining privacy and confidentiality; promoting justice; and being accountable.

The most notable updates to the Code are the inclusions of medical assistance in dying, advance care planning, primary health care, job action and workplace bullying. New components for advocacy were also added in regard to equity and advocating for quality work environments. This new edition also includes updated ethics models including the Oberle and Raffin Bouchal Model, which offers questions for ethical reflection.

The 2017 edition of the CNA Code of Ethics for Registered Nurses is available for download and for purchase in hardcopy at www.cna-aic.ca.
We caught up with SRNA Council member, Ashley Schwartz, to learn more about her experiences as a practicing registered nurse, her involvement with the SRNA Council, and her participation in the historical vote to open membership to the “Family of Nursing” at the CNA Biennial Convention in June of 2018.

As a little girl, Ashley recalls she wanted to be either a teacher or a nurse, but it was not until a career fair in her teens, listening to a presentation from an RN, that she realized she could teach nursing.

“I suddenly realized that there was a lot of teaching involved in being a nurse. Not only could I one day actually teach others to become nurses, but I had the opportunity to teach my patients about their health every day.”

Now a nurse for more than eight years, Ashley recognizes more than ever the endless options and opportunities a nursing career offers, including being a member of the SRNA Council. “Nursing provides me with this euphoric feeling that is so difficult to explain. Providing touch for comfort to a labouring woman or holding the hand of someone in pain is such a satisfying feeling.” She continues, “I love caring for people and being present for them in a time of need and vulnerability.”

Wanting to learn more about the roles of the registered nurse, how the profession could be better utilized within the Saskatchewan health care system and how to enhance the roles in direct care and beyond, Ashley ran for SRNA Council.

“I have always been extremely passionate about being involved and being an advocate for better patient care and improving nursing practice in order to provide the best possible patient care,” she explains.

As a direct care RN, Ashley brings an invaluable perspective to Council discussions, and is enjoying the multiple perspectives and learning opportunities available to her during meetings and in her position. “I am enjoying being able to bring forward my knowledge, expertise and experience to advocate for my patients and this amazing profession. Nursing truly has so many dynamic opportunities.”

Dynamic opportunities including attending the Canadian Nurses Association’s (CNA) Biennial Convention in Ottawa this past June. Interacting and collaborating with nurses from other associations across Canada provided Ashley with a picture of what is working, what is not working, and how those organizations are adapting to ongoing changes to the health care system. These encounters have encouraged Ashley to have these same conversations of change and growth with the SRNA Council and membership.

One of the most notable and memorable experiences for Ashley at the CNA convention was the opportunity to witness the historical vote in favour of expanding the CNA's membership. With more than 90 percent in favour, CNA has been given direction to work with organizations representing licensed practical nurses and registered psychiatric nurses to invite them to be members of the association. As members voted to broaden the membership to the larger “Family of Nursing,” Barb Shellian, now past president of CNA, announced that history was made. Ashley notes that “being a part of history is a memory I will forever have and I look forward to seeing where this will take us.”
Ask a Practice Advisor: Legalization of Non-Medical Cannabis in Canada

What do I need to consider now that non-medical (recreational) cannabis is legal in Canada?

As a provider, RNs should understand that legalization of cannabis does not reduce the potential harms of cannabis use. RNs should seek opportunities to learn about cannabis and provide education to patients and families on the effects of cannabis use on mental health, brain development, pregnancy, exercise, and driving, and to support a harm reduction approach. Please reference the Canadian Nurses Association’s “How to reduce the harms of non-medical cannabis use” for ways to incorporate harm reduction methods into nursing practice.

Personally, RNs may question the implications for professional accountability when using legal non-medical cannabis. All RNs and RN(NP)s have a responsibility to assess and maintain their fitness to practice. They are professionally accountable to ensure their physical, mental and emotional capacity remains healthy to meet the standards of care and the Canadian Nurses Association 2017 Code of Ethics. Impairment from cannabis use is treated the same as impairment from alcohol and other substance use. Should nurses consume medical or legalized non-medical cannabis, the professional obligation to provide safe and competent care remains.

If the use of cannabis or other substances is preventing registered nurses and nurse practitioners from utilizing professional judgement to make appropriate care decisions, the individual should contact their manager and refrain from practice because of their professional responsibility to protect the public. If an individual registered nurse or nurse practitioner has concerns about their own fitness to practice, they can:

- Discuss with primary care provider
- Review employer policy
- Access employee family assistance
- Contact an SRNA Nursing Advisor

Additional resources are available at www.srna.org. Join the SRNA Online Community of Practice to share information, resources and perspectives on various topics including the nursing implications of legalizing cannabis in Saskatchewan.

SRNA Practice Advisors are also available to discuss the implications of cannabis on your nursing practice. To contact the SRNA for practice advice, please call 306-359-4200 (ask to speak to a practice advisor), or you can email us at practiceadvice@srna.org.
How to reduce the harms of non-medical cannabis use

Minimize respiratory complications
Don’t smoke cannabis with tobacco; refrain from deep inhalation and breath-holding; vaping likely safer than smoking.

Minimize frequency of use
The risk of harm increases with the rate of use.

Use caution when ingesting cannabis
Start low and go slow. Start with 10 mg or less and wait at least two hours before ingesting more.

18+
Delay use until early adulthood
Risk of dependence is higher at an earlier age.

Avoid using amounts that are large or highly concentrated
Be wary of excessive use or high-potency cannabis, including synthetic cannabinoid products. Use only the amount needed to achieve the desired effect.

Don’t use cannabis & alcohol at same time
Mixing non-medical cannabis with alcohol can increase impairment exponentially and cause anxiety, nausea, vomiting or fainting.

Stop when use is out of control
Frequent users who can’t control their use should stop and get professional help if necessary.

Keep cannabis out of reach
Store safely and out of reach of children and pets.

Vulnerable groups should abstain from use
Pregnant women and people with a history of psychosis should avoid cannabis altogether.

Don’t drive while high
And don’t get in a vehicle if the driver is high. The effects of inhaled cannabis typically peak after 30 minutes and lasts up to three hours; cognitive impairment can last up to six hours.

Share with care
Shared joints or cannabis implements that contact a person’s lips increase the risk of transmitting infections, including meningitis, influenza and other pathogens.

The risk of harm increases with the rate of use.
RN as Leader

A leader is a visionary, who can clearly articulate that vision, and inspire others to engage with that vision,” describes Lois Berry, RN. She continues to articulate what it means to be a leader by stating that they “look critically at who is benefiting from the status quo, and work to change what exists if it does not address the greater good.” What became apparent over the course of Berry’s nursing career was the people who did not benefit from the status quo in our health care system.

Like many registered nurses in Saskatchewan, and across Canada, Berry was aware of the health and social challenges faced by Indigenous peoples through her practice; however, the hearings of the Truth and Reconciliation Commission (TRC) gave her further context to those challenges. “The stories told at the hearings helped me to understand the most vivid and gut-wrenching ways the impacts of colonization in the form of the residential school experiences, and how these experiences systematically destroyed Indigenous culture, language and ways of life,” says Berry. Like many Canadians, these stories had a profound impact on Berry. “These stories themselves served as a call to action for me,” she says. “They challenged me to do what I can to work toward health care and education systems that recognize the history, honour Indigenous ways of knowing and views of health and that are truly inclusive at all levels.”
Berry has held several nursing education positions over the years and in 2015 she assumed a new role at the University of Saskatchewan (U of S) as Assistant Vice-Provost of Health, promoting and supporting inter-professional education and interdisciplinary research in health sciences. Through her experience as a leader in education, Berry knew that inclusion of the TRC’s Calls to Action at an institutional level could initiate positive change. “The health care and post-secondary systems have established valuable partnerships with First Nations and Métis leaders and organizations,” she says. “We are engaged with our Indigenous partners in helping us to redevelop our systems, our curricula and our relationships to reflect true reconciliation.”

There are notable strides being made to increase the number of Indigenous health professionals. Berry notes that almost 20 percent of nursing students at the U of S College of Nursing self-declare as Indigenous. Further to that, 11 percent of the undergraduate students in the health sciences colleges at the U of S self-declare as Indigenous, which Berry acknowledges is “not quite reflective of the 15.6 percent of Saskatchewan’s population that is Indigenous, but getting closer.”

Another outcome of the partnerships between the post-secondary system and Indigenous leaders was the gathering for miyo macihowin (physical, mental, emotional and spiritual well-being) that was held by the UofS in March of 2018. Originally conceptualized as a traditional academic research conference, this gathering developed into a platform to showcase success stories in Indigenous health in Indigenous communities, as well as successful health partnerships between Indigenous and non-Indigenous communities and organizations. By raising more than $85k, the university did not have to charge a registration fee, therefore allowing Indigenous and non-Indigenous community members from all over Saskatchewan, as well as University staff and faculty, to participate. “There was an overwhelmingly positive sense that the conference had contributed to developing relationships that will further reconciliation,” says Berry.

Though strides have been made, Berry knows we are not there yet. “We will know that the TRC Calls to Action have been successfully implemented in registered nursing practice when Indigenous people no longer experience systemic racism when accessing care, when they have access to health care that is equitable to that of the general population, when Indigenous health beliefs and practices are acknowledged in health care settings and health professional curricula, when health professionals practicing in Canada know the history of Indigenous peoples and the role of treaties in Canadian history, and the impact on health care delivery today, and when the makeup of the health professions reflects the population they serve.”

Through her support of the principles of Truth and Reconciliation, Berry personifies her definition of a health leader. “True leaders in health care are committed to social justice and improving societal health and the health care system for the benefit of all.”

For more information about the Truth and Reconciliation Commission and the Calls to Action, visit www.trc.ca.

For RNs looking to implement the TRC’s Calls to Action in their practice and workplace settings, Berry recommends:

- Learn about Indigenous realities, histories, treaties, cultures and beliefs in Canada and in your community, as well as Indigenous health practices and beliefs. Learn about them on your own, and bring educational experiences into your organization.

- Read the stories told and watch the videos produced at the TRC hearings. Discuss them with your colleagues.

- Explore ways to make the environments in which you work more inviting, respectful and safe for Indigenous people.

- Challenge racism and racist practices in your organization. Create opportunities for better understanding.

- Establish relationships and build partnerships with Indigenous health leaders and elders in your community and engage with them when planning or redeveloping health services. Take every opportunity to learn from each other.

- Support and mentor Indigenous students in your community and expose them to health professions.

- Learn about successful programs to support Indigenous health and explore how they could be introduced within the organization in which you work.

- Talk to your Indigenous clients about their cultural beliefs and experiences. Get to know them and learn about their communities.

- Be open to learning and increasing your understanding in your relationships with Indigenous clients, their family members, community members, leaders and elders.
Being an advocate doesn’t necessarily mean being the face of a particular cause or issue. In some cases, you may realize your advocacy can be most effective when concentrated on removing barriers for others.
This is something Susanne Nicolay, RN discovered while working as an HIV Coordinator in Regina. Knowing that peers in health care are integral to supporting others with similar experiences, she has advocated for people with lived experience with HIV to be included in the roll-out of the HIV Strategy led by the Saskatchewan Ministry of Health.

“In the field of HIV, the terms GIPA and MEPA are significant,” explains Nicolay. “Greater Involvement of People Living with HIV/AIDS and Meaningful Engagement of People Living with HIV/AIDS – essentially, nothing about us, without us.”

Nicolay has been actively involved in HIV and Hepatitis C care in Saskatchewan since her early career at Royal University Hospital where she developed an early interest in the specialty. In the course of her work, Nicolay recognized that the value of one’s contribution is often placed on formal education, while little acknowledgement is given to those who have truly lived experience in recovery from addictions/substances and in living with HIV and or Hepatitis C.

“I recognized that while I could speak to people about HIV, my impact would be limited and have less of an effect than the personal experiences of people living with HIV,” says Nicolay.

In 2012, after initial resistance from the health care provider group, Nicolay played a role in creating and formalizing the Peer Program – a small group of peers working as mentors in the Regina community. “The peers are amazing people with tremendous resilience, doing very difficult work in their own communities, often times with people they know,” she says.

In order to support the formation of similar programs across Canada, Nicolay assisted in the development of the Peer Health Navigation Guidelines in 2016. The goal of these guidelines being to provide agencies with research and practice-based information and recommendations to develop, implement and strengthen peer health navigation programs. During development, which was supported by the Canadian AIDS Treatment Information Exchange (CATIE), Nicolay successfully advocated for local peers to be included in the guideline review process. This aided, not only in ensuring inclusion, but in capacity-building and maintaining non-stigmatizing language (example, people infected with HIV vs. people living with HIV).

Nicolay sees the terms nurse and advocate as interchangeable. “I view advocacy as a routine part of the nursing care I provide and expect that all nurses advocate as a part of their roles as well,” she says. “Nurses are leaders and are often privileged to hear stories from the people we care for – this is an honour and the worst thing we can do, in my opinion, is to not support that individual.”

Susanne Nicolay is a co-founder of the Saskatchewan HIV/Hepatitis C Professional Practice Group and an active member of the Canadian Association of Nurses in AIDS Care (CANAC). She is also a board member for the western region of the Canadian AIDS Treatment Information Exchange (CATIE). For more information on the Practice Guidelines in Peer Health Navigation for People Living with HIV, visit www.catie.ca.
Assuming any new role in life has its share of excitement and challenges; be it a job position or a relationship. New roles often come along with many of life’s milestones, including the significant role of motherhood. Supporting new mothers through this transition, which in health care relies on the coordination of a variety of care and education resources, is one of the reasons Catherine Lys, RN was drawn to work in maternity.
“I have always known my passion was to work in the maternal infant/child area,” says Lys. “I feel working in both acute and community settings has complimented the way I work as a nurse.” For the past four years, Lys has been a clinical coordinator with Regina Qu’Appelle Health Region’s Maternity Visiting Program, which provides support and care at home for mothers, newborn babies and families in the first 14 days following birth.

Lys finds the client’s experience moving from clinical environment to community setting an important area where she can have an impact. “I have the ability to work with families and see first-hand how the acute setting, and what occurs there, affects how they cope once they are discharged home,” she says. “In my role I get to collaborate and work closely with the Maternity Visiting Program nursing team and the clients we serve by providing up-to-date education and resources to ensure we are following best practice guidelines and providing safe, competent care.”

In her own words, Lys describes the role of a coordinator as “a leader who provides essential education and support to their staff using their knowledge and skills in the development and delivery of quality care.”

Incorporating her experience as an International Board Certified Lactation Consultant, Lys has provided education to other health professionals involved in maternal child care, such as physicians, nursing students and nursing staff working in Labour & Birth, Neonatal Intensive Care Unit and Mother Baby Unit.

Lys also believes that as a coordinator, she is responsible for assessing the needs of the program and to continually evaluate its daily function. “I have continued to provide frontline client follow-up through telephone contact and home visits,” says Lys. “This allows me to focus on client-centered care and collaborate with my team to create charting guidelines, work standards and policies that are client-focused and meet the needs of staff in our program.”

By promoting the values of the Maternity Visiting Program and coordinating resources that serve clients in the environments they live in, Lys has contributed to improving health outcomes. “You see things differently when you are going into people’s homes,” she says. “You get to see into their lives; what it is like for them to live on a daily basis, who their supports are, what their ongoing needs are, and you learn how you can help them transition and connect with programs and services in their community.”

For more information on the Maternity Visiting Program, visit www.rqhealth.ca.
RN as Communicator

Com.mu.ni.ca.tor
a person who leads or commands a group or organization

Communication may seem like a simple concept. Communicating is something we do all day, every day, often without putting much thought into it. On the other hand, communication can be vastly complex when you consider the various methods used to do so, which multiply when technology is introduced. As computers and digital technologies continue to permeate day-to-day life, Pamela Farthing, RN, PhD(c) and Tracie Risling, RN, PhD are invested in supporting registered nurses, at home in Saskatchewan and across Canada, in acquiring necessary skills to incorporate these into their practice.
“The health care landscape is increasingly complex,” says Farthing. “In addition to traditional communicator roles, such as the critical establishment of therapeutic relationships, nurses are increasingly called upon to act as mediators between differing means of communication, including a surge in information and communications technology (ICT).”

Farthing and Risling believe this is an evolution of the tradition of nurses working with patients using plain language or other means of communication to support informed and active participation in care. “The communicator role includes the promotion of a shared language so that everyone can make informed decisions about communication options and requires advocacy for strong digital literacy skills for nurses and patients,” says Farthing.

Both Farthing and Risling currently work in nursing education. Farthing as a faculty member of Saskatchewan Polytechnic’s School of Nursing and as an Adjunct Professor with the University of Regina. Risling is an Associate Professor in the College of Nursing at the University of Saskatchewan. Preparing registered nursing students to enter practice, and helping to develop the curriculum that ensures they have the necessary communication skills is something each are passionate about.

“It is imperative that nurses feel supported in assuming communicator duties that may include assisting patients in engaging with new digital health tools and processes,” says Farthing. As part of a working group assembled by the Canadian Association of Schools of Nursing (CASN), Farthing and Risling were involved in the development and introduction of national competencies for nursing informatics. These competencies encompass the areas of: information and knowledge management, professional and regulatory accountability and information and communications technologies; providing a comprehensive skill set to every graduate nurse.

“Whether we are RNs in education, point-of-care, research or administration, clear communication with our patients, our students, our employers, other health care practitioners and members of the public is essential to ensure the provision of safe, effective and collaborative nursing care,” says Farthing. She adds that this is particularly important in obtaining informed consent and supporting increased patient and family participation in care and self-management.

Farthing and Risling are looking forward to the progression of nursing informatics, saying “as we approach 2020 it seems as though nursing is ready to strengthen its commitment to informatics on a global scale. This is a critical moment when the benefits of informatics being recognized as an essential element in the repertoire of every Canadian nurse should include a responsive review of nursing curricula across the country.”

Effective communication, particularly ICT, is important in progressing the registered nursing profession. “Informatics is the key to a vibrant and diverse nursing future with many unexplored possibilities to advance our profession and enhance patient care,” says Farthing.

Pamela Farthing, RN, PhD(c) and Tracie Risling, RN, PhD are members of the Saskatchewan Nursing Informatics Association (SNIA). SNIA is a Professional Practice Group under the Saskatchewan Registered Nurses’ Association (SRNA), with a mission to be a jurisdictional voice for nursing informatics for nurses in all domains across Saskatchewan. For more information, visit www.sina.ca.
“Alone we can do so little; together we can do so much.” Helen Keller’s famous words ring true in so many situations, but never more so than when a group of people come together to address a common issue. Effective collaboration can unlock an abundance of opportunity and that was exactly the case for the group of dedicated registered nurses (RNs) brought together by a desire to address the issue of pain management in our province.
According to RNs Karen Juckes and Glen-mary Christopher, pain is the most common reason for visits to physician’s offices and emergency rooms and is one of the top reasons for hospital admissions. Motivated by statistics like these, they became involved with the SRNA Professional Practice Group (PPG) for Pain Management, which was established in 2009. The goal of this group is to promote networking and collaboration among RNs across the province in the area of pain management.

Over the years, the Pain Management PPG has promoted pain as the “fifth vital sign” in health care centres across the province. One of the ways they do this is through hosting the annual Conference on Implementing Best Practices for Pain Management in Saskatchewan – one of their first strategic collaborations, this one with Continuing Education and Development for Nurses, the University of Saskatchewan’s College of Nursing and a committee of interprofessional health care providers. “The goal of this annual conference is to explore innovations in current, evidence-informed pain practice,” says Juckes. “In addition, there is a real interest in hearing from the patient and family perspective.”

Since its inception, members of the PPG recognized the importance of collaboration by focusing on introducing multi-disciplinary teams and by including professionals outside of registered nursing. “Susan Tupper, PT, PhD, was the first non-nurse member to join” says Christopher. “She brought her academic and clinical expertise, as well as a robust network of provincial and national connections.” Fast forward to April 2018, when Tupper played an instrumental role in raising the profile of pain management through the creation of an incorporated non-profit organization.

Now known as the Saskatchewan Pain Society Inc., the founding goal remains unchanged with its mission to “promote better understanding of pain and access to coordinated pain management services throughout Saskatchewan through education, advocacy, support of clinical practice improvements and investment in research.”

“By involving other professionals, the profile of SaskPain was elevated,” explains Christopher. “Our reach expanded greatly by connecting with other established groups such as professional associations, regulatory bodies and other non-profits.” The new, 10-member Board of Directors includes professionals from various designations and specialties including four RNs, four physicians and one client representative. Christopher notes that they would like to recruit another client representative to the board. “The client’s perspective is markedly different from that of health care professionals and providers need to hear that voice in order to provide relevant care,” she says.

The most exciting part of becoming incorporated is that as a registered charitable organization, the Saskatchewan Pain Society will have the ability to receive donations and grants to support the important work they do across the province – resulting in much needed support for individuals affected by pain. Christopher has witnessed the sphere of influence increase exponentially as a result of well-formed connections and strategic partnerships. When reflecting on all that has been accomplished through collaboration, Christopher states, “if more than RNs weren’t brought on board, this wouldn’t have come to be.”

Learn more about the work of the Saskatchewan Pain Society on their website, www.saskpain.ca. To find out how the SRNA Professional Practice Group in Pain Management supports RNs, visit www.srna.org.
In the health care landscape, clinicians are the direct touchpoint to the client. They are what some might refer to as the "boots on the ground." This comes with great accountability according to one SRNA point-of-care member, Sarabjeet Singh, RN who says "nurses are leaders in health care and thus have a big responsibility on their shoulders when it comes to patient care."
Singh has been working as an RN at St. Paul’s Hospital (SPH) in Saskatoon since 2015. Previously, he worked as a research associate at both McGill University and the University of Saskatchewan in the areas of molecular biology and biochemistry. This background is where Singh attributes his innate ability to apply evidence-based principles to his day-to-day clinical nursing practice.

Upon entering the field of registered nursing, Singh admits, “it was a very steep learning process for me mainly to understand what differences front-line RNs can make in their clinical settings.” As he quickly realized, the potential impact that a point-of-care RN can have is significant.

Singh embraced this multifaceted role as a primary caregiver. “Nurses are able to identify a disease or illness, interpret diagnostic test results, suggest treatment options and manage a treatment regimen; and if needed, advocate for patient’s best health outcome,” says Singh. “RNAs as clinicians are the voice of the patients, who execute treatment plans by collaborating with a multi-disciplinary team.”

Over the past three years, Singh has observed considerable change within his work setting and beyond. “Health care is rapidly changing due to several factors. Mainly, dynamicity in disease evolution, rapid aging population, increasing complexities of the disease processes, and pressure to function in a cost-effective manner,” says Singh. “Therefore, clinical settings are a platform to bring in new health care models.” This is true in his workplace as SPH begins the process of implementing the Accountable Care Unit (ACU) model, which Singh notes will aim to reduce the duration of a patient’s hospital stay.

Recently, Singh has noticed that with the influx of new Canadians, nurses are challenged to care for a much diverse patient population, especially in the clinical setting. As a visible minority himself, Singh is inspired to represent his community through his clinical practice. “Being multilingual, I don’t hesitate to play the role of translator,” says Singh. He also passionately promotes a need to understand world cultures in order to provide culturally-sensitive care on the front-lines and cites inspirations from Florence Nightingale, Mother Teresa and St. Puran Singh. “I enjoy making a positive difference in my patients’ health status. I go over and beyond to address their health issues by being creative. I never miss an opportunity to teach health-related information to the patients, families, students and peers,” says Singh.

When considering the core competencies that registered nurses rely on, Singh notes that, “nursing competencies are essential in all practices areas, but they are specifically crucial in clinical settings because patients in these settings are generally in a compromised health state and any action against nursing competencies may cause dramatically adverse effects.”

Beyond the formalized registered nursing competencies, Singh is a firm believer that we learn by example. “I believe that we should create a culture of best practice by setting examples. This would set up the expectations for our peers,” Singh explains. “And clinical settings are the best place to set this culture of care.”

Singh currently works at St. Paul’s Hospital in Saskatoon where he is an active member of the Sepsis team, Health and Safety team, Ethics Committee and also acts as a preceptor to final-year nursing students. In 2017, he was honoured by St. Paul’s Hospital Foundation with a ‘Mission-in-Action for Passionate Care’ award.
RN as Educator

Ed.u.ca.tor
\[\text{a person who provides instruction or education}\]

“I have always been happiest in my nursing roles when I could ‘teach’ people,” says Michelle Fisher, RN. “No matter if they were nursing students, registered nurses, patients, families or physicians. Education is power, it helps us make decisions and drive the care that is given to individuals or that we receive.”

Fisher has worked as a registered nurse in Regina, Victoria and Halifax, with the bulk of her career being spent working with individuals and families who have had serious, life-altering disease conditions. “I have spent my entire nursing career trying to ‘fix’ individuals,” says Fisher. She describes how, when modern medicine is no longer an option, her role changes to helping patients and families prepare for death and supporting them through the process. “I have been humbled by the strength that individuals have shown in preparing themselves to die,” says Fisher.
In 1991, she took notice of the upheaval that was created when Sue Rodriguez, a patient diagnosed with ALS, challenged Canada's criminal code in Victoria, British Columbia for the right to a medically assisted death. Fisher, along with the rest of the country, witnessed the case go all the way to the Supreme Court of Canada. Ultimately, the court decided against Rodriguez with a five to four vote and Rodriguez is famously quoted as saying, “If I cannot give consent to my own death, whose body is this? Who owns my life?”

After Rodriguez took her own life in 1994, it took 23 years for someone to challenge the law again and in 2015, Medical Assistance in Dying (MAID) became legal in Canada. This motivated Fisher to get involved because as she sees it, MAID is only one of the options in the palliative care spectrum. “Not everyone will agree with MAID and that is okay because it is not for everyone,” she says. “I am grateful though, to live in a country where I have a choice.”

According to Fisher there is always work to do in educating individuals in health care. In her current role as the provincial manager of the MAID program in Saskatchewan, she feels fortunate to ensure that an extensive amount of time is spent making sure patients and families understand their disease, the options available to them and finally the MAID process, so that an informed decision can be made. “I work with an outstanding team of individuals who are passionate about end of life care,” says Fisher. “MAID is only discussed when an individual brings up the subject. None of the team is there to advocate or dissuade an individual on a request they have made. The team simply provides the education and supports the patient and family though the process.”

In 2019, MAID is still new and a lot of the education around it is developed based on what patients, families and care providers share with Fisher and her team. Answering questions like, what worked, what did not and how did we fail? “They are the bravest of the brave and heroes in my eyes,” says Fisher. “As much as we educate them on the process of MAID, they have educated us on what it looks like to die with dignity on their terms.”

Fisher believes that education does not need to be formal. Acknowledging that people come from different social, and economic backgrounds – some from different cultures and countries – yet everyone has something to teach. She shares that her most valuable lessons have come from individuals who are not in formal education roles. “They have taught me to be humble, to never accept that being average is okay and to provide a higher level of care than what is expected of me,” says Fisher. “We all have this power within us and we have a duty to share it not only with the patients we care for but with one another.”
A sense of curiosity is what led Dr. Joan Wagner, PhD and RN, into the field of research. Upon earning her nursing undergraduate degree in 1973, she worked as a direct care provider in both hospital and community settings until entering the formal teaching realm when she completed her PhD in 2010. “I am a very curious person, and, as a critical thinker, who is also a care provider, it is natural that I ask a lot of questions about health care,” says Wagner. “These questions led me to research.”
Her most recent research project, “Synergy in the ER: Improving Emergency Department Care and Provider and Patient Outcomes Using a Synergy Tool Website: https://synergyintheer.com/,” spawned from a policy direction of the Government of Saskatchewan’s Ministry of Health. In 2016, the Saskatchewan Ministry of Health put forth a goal to reduce emergency department patient wait times by 60 percent, and to overall improve patient flow within the department, reducing patient length of stay. Emergency departments across the country are frequently congested, so exploring emergency departments and management of patient care delivery and staff workloads can uncover significant systems issues, benefiting an entire organization. Wagner notes that the issues are cyclical and can impede patient outcomes.

“Congestion increases a patient’s time to be seen by nurses and doctors. Patients get frustrated and leave, resulting in unnecessary, adverse outcomes. Patient overcrowding is associated with increased patient morbidity and mortality.” Wagner goes on to explain that emergency department congestion and overcrowding is also associated with health care provider dissatisfaction and turnover. “Nurses and physicians experience undue moral distress from their inability to provide safe, quality care.”

With the 60 percent reduction target in mind, Wagner, in collaboration with the Saskatchewan Health Authority executive and clinical emergency department leadership, the Saskatchewan Union of Nurses and nurse researchers from the University of Regina, the University of Saskatchewan, the University of Manitoba and the University of British Columbia, began to investigate the impact of the synergy tool, a real-time staffing tool on patient care delivery and nurse workload management, within two Regina hospital emergency departments. The synergy tool itself has been implemented in acute care, community health care, residential care and mental health care settings across Canada and the United States but, Wagner notes, has never been implemented in an emergency department. Eager to improve the experience in Saskatchewan emergency departments, the research team set out to evaluate the impact of the synergy tool with respect to describing patient outcomes, describing organizational outcomes (including human resource utilization, such as nurse overtime, absenteeism and turnover), quantifying patient care requirements (including determining alternate services that can be provided in a more appropriate and less costly environment), identifying nurse perceptions of quality, safe care delivery and team work, and disseminating findings to improve patient wait times and patient flows to other emergency departments in the Canadian health care system as a whole.

With a keen interest in developing healthy workplaces in health care practices, Wagner’s research “holds promise as a means for emergency department clinical leadership and nurses to determine patient priority needs in real time. It is a patient-centered model focusing on patient care.” Although the research is still ongoing, the potential impact thus far is encouraging—Wagner notes that the synergy tool has encouraged nurses to look at the patient in a more holistic manner, enabling care providers to better assess required resources than initial diagnoses suggest. As the research unfolds and results are interpreted, Wagner will work with her research partners to incorporate this knowledge into health care practice in Saskatchewan.
A person engaged or qualified in a profession

To earn and maintain designation as a professional, one is obligated to operate in compliance with and according to high standards of conduct and ethics. And rightly so. With health and safety at stake, these standards place the interest of the public, in this case the patient, foremost and require the professional to exercise due diligence in serving those interests.
The privilege of serving patients in rural Saskatchewan is something that Carole Smulan, RN takes great pride in. She began her career as a registered nurse in 1977. For the past 41 years, Smulan has worked in Saskatchewan communities in a variety of practice settings including acute care, emergency, operating rooms, and labour and delivery. She has also worked very closely with patients in home care, wellness clinics and in palliative and long-term care.

Despite her work in various settings, one thing remained consistent. “The one thing that never changed in my practice is the need to be continually learning and growing with change.” This adaptability and openness to embracing new ideas has served Smulan well and contributed to the longevity of her career.

Smulan has always maintained a focus on upholding the standards of registered nursing, most especially when interacting directly with patients. “As a professional, you are the voice of your patient, resident or client between all departments, families and of course doctors,” says Smulan. “You are always assessing and determining the needs to be met.”

For the past several years, Smulan has been involved with the SRNA as a workplace representative (WPR) and educator, which allowed her to expand her professional network beyond her practice setting.

“When I became a workplace representative and educator, I was able to connect with other RN’s in many other facilities.” Smulan believes the benefits of the WPR program are valuable for all RNs. “Through the presentations, it gives RNs an opportunity to review, answer questions and support RN’s with work practices, ensuring they stay current with their profession.

Smulan is passionate about continuing competence and promotes understanding of the profession in its entirety. “With the increasing nursing acuity, RN’s need to be current and review competencies, which thereby organizes one to look ahead each year and set a plan. It makes us accountable not only to our licensing organization, but to the public and to ourselves.”

“I am proud to be a registered nurse and have enjoyed and continue to enjoy being an SRNA workplace representative and educator,” says Smulan.
**New & Notable**

**2019 SRNA Conference**

Join us in Saskatoon on April 30 to May 2 for the 2019 SRNA Conference. This three-day event provides a unique opportunity to connect with fellow nurses and the public, inspiring leadership, collaboration, communication and education in your practice. More than just a conference, it’s a place where direct care nurses, nursing leaders, innovators, and people who make things happen will gather to learn about the latest trends in nursing and share the secrets to success in providing the best possible care to those we serve. You’ll be motivated to think about the impact you are making in the lives of the people you encounter, and to define the legacy you want to create.

With exceptional character, incomparable conviction and compassionate leadership, we will collectively build a legacy in registered nursing for now and the future. Visit www.srna.org for updates.

**RN(NP) Scope of Practice**

Within the past few months, the SRNA has broadened the RN(NP)s scope of practice by approving prescribing medical cannabis and mifepristone in October 2018. This work, along with the regulatory recommendations being developed for RN(NP)s prescribing methadone for opioid use disorder, will have a significant impact by increasing access to care for the people of Saskatchewan and moving the profession forward in Saskatchewan.

**Strategic Plan**

In August 2018, the SRNA successfully launched and implemented the 2018-2020 Strategic Plan. Much of the SRNA’s work this past year has been defining and refining practices to support the strategic plan, including making strides for the Patient and Family Advisory Committee, launching the Online Community of Practice to the entire membership, consulting with the public and members for the proposed entry-level competencies, and increasing social media presence to reach more of the SRNA’s audiences on a regular basis. Moving forward, the strategic plan will be used inform all decisions. To familiarize yourself with the SRNA 2018-2020 Strategic Plan, visit www.srna.org.
SRNA Awards of Excellence: Celebrate Your Peers

Each day, in every nursing setting in Saskatchewan, there are brilliant registered nurses doing incredible and fascinating things in their areas of practice. Celebrate the accomplishments of your colleagues by nominating them for an Award of Excellence.

The SRNA’s annual Awards of Excellence program celebrates the work of its members and non-members who have contributed to improving and advancing the health of the people of Saskatchewan and the registered nursing profession.

There are five categories of SRNA Awards of Excellence:

1. Life Membership
2. Honourary Membership
3. Memorial Book
4. Awards of Excellence
5. Ruth Hicks Award for Student Leadership.

This year we are particularly pleased to introduce a new award, the Award for Excellence in Truth and Reconciliation. It is based on the Truth and Reconciliation Commission of Canada, Calls to Action numbers 18 and 22. This new award came from a resolution put forward by the SRNA Council at the 2018 Annual General Conference, and will be awarded to a registered nurse and/or group of registered nurses moving reconciliation forward in Saskatchewan. We’re proud to support this new award and to acknowledge this important work. We’re pleased to move reconciliation forward in our province and within our profession.

The award categories are open to SRNA members who are Registered Nurses (RNs) or Registered Nurse (Nurse Practitioners), [RN(NPs)], unless otherwise specified in the award criteria. Each award’s criteria and the submission package can be found online at www.srna.org.

When and Where

In mid-March, the 2019 awards recipients will be notified and will receive information for obtaining tickets to the SRNA Awards of Excellence Banquet being held in Saskatoon on May 1, 2019.

Deadline for Nomination Submissions

4:30 pm on February 2, 2019.

Send submissions to: links@srna.org or fax to 1-306-359-0257.

Questions about the nomination process and/or your submission can be directed to the above email address, or contact Tonya Blakley, Manager Communications & Public Relations, at 306-359-4216.
What Every Nurse Needs to Know About....

Neurotransmitters

SASAKATON, March 25, 2019 • Travelodge Hotel

0830 to 1600 hrs.

EXECUTIVE LINKS

** Brand New Workshop! **

Does every nurse need to know about neurotransmitters? Absolutely! There is literally no brain or body function that we could survive without them. Inhibitory neurotransmitters like Serotonin and GABA contribute to a stable mood, calm the brain and help create balance; they also help regulate sleep, pain, digestion and cravings. Excitatory neurotransmitters like Norepinephrine and Epinephrine regulate stimulatory processes, heart rate and blood pressure; but also anxiety, decreased focus, stress and insomnia. One neurotransmitter has both effects – Dopamine – and it helps with both depression and focus (this one helps you find your keys!). All neurotransmitters can be affected, blocked, or boosted by imbalances, substances, and drugs and debilitating disease states can result. Join us for this fascinating tour of Neurotransmitters and how they affect your patients & clients.

WHO SHOULD ATTEND?

- Nurses who work in Acute & Continuing Care, Community & Primary Settings
- Neuro Nurses; Pediatric Nurses; Street Nurses; Allied Health Professionals
- Addictions and Mental Health Nurses; Mental Health Professionals
- Occupational Health Nurses; Educators & Managers

H ow to Register

Save $20 on your registration when you register and pay prior to February 19th, and $10 prior to March 11th!

REGISTRATION IS NOT COMPLETE WITHOUT PAYMENT

WEB: www.nursinglinks.ca
CALL: ☎ 1.866.738.4823
FAX: ☎ 1.866.566.6028
E-MAIL: #7# 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 seven 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 data, 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:

❑ $169.95 + $8.45 GST = $177.45 Early Rate (on or before February 19, 2019)
❑ $179.95 + $8.95 GST = $187.95 Middle Rate (on or before March 11, 2019)
❑ $189.95 + $9.45 GST = $198.45 Regular Rate (after March 11, 2019)

Price includes conference sessions, lunch, coffee breaks, and handouts.

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

Cardholder’s Name: _____________________________ Exp: _______

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: (______) ________

Registration Form (Fax to 1.866.566.6028)

Yes! Please register me for the Neurotransmitters workshop in:

☐ Saskatoon March 25, 2019 Travelodge Hotel 106 Circle Drive W

Name: _____________________________ Specialty: _____________________________
Organization: _____________________________
Home Address: _____________________________
City: _____________________________ Prov: ________ Postal: ________
Home Phone: (______) ________ Fax: (______) ________
E-Mail: _____________________________

❑ Please send me e-mail notices of upcoming conferences.
Pharmacology Update for Nurses

SASKATOON, April 15, 2019 • Travelodge Hotel

BARB BANCROFT, RN, MSN, PNP

9000 Drugs, Where to Start? Differentiate Quickly Among the Classes of Drugs with the “Suffix” of Each Class

- The “statins”, the “prils” the “tripins” and the “sartans”
- The “prozoles” and the “ulfils”
- The “olols”, the “alols”, the “lols” and the “dipens”
- The “gipins” the “floins”, and the “glutides”
- The “conazoles”, the “cyclosts” and more

Clinical Uses and Mechanism of Action: The Key Things You Need to Know

- Analgesics; Drugs for Diabetes; Targeted Therapies
- Cholesterol-Lowering Agents, Anti-Hypertensives
- Anti-Psychotic and Anti-Viral Agents
- Aspirin: What’s New in Dosing & Patententative Therapy
- Glucophage (Metformin) & Its Myriad of Use

You’re Taking WHAT?? Clinical Interactions Between Drugs, Alternative Therapies, and Food, and the “Stacking Effect”

- The Effect of Grapefruit Juice on the Metabolism of Certain Drugs
- Potassium-Sparing Diuretics; Foods with K+; Foods with Vit K
- Timing is Everything with Certain Drugs (Find Out Which Ones!)
- “Cholinergic” Burden; Stacking Drugs with Anti-Cholinergic Effects

Specific Mechanisms of Actions of Drugs in Popular Use

- The “Highway System” and the “pilis”
- The Nocturnal Liver and the “statins”
- The Proton Pump and the “prozoles”

The Buzz on Medical Cannabis - What the Evidence Says

- Indications; Contraindications

Polypharmacy: Interactions That Threaten Life & Affect Efficacy

- Tamoxifen & Paroxetine; Paroxetine & Donepezil
- NSAIDS & Heat Failure; NSAIDS & Diuretics

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 practice, 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.

Registration Form (Fax to 1.866.566.6028)

Yes! Please register me for the Pharmacology workshop in:

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<td>□ Saskatoon</td>
<td>April 15, 2019</td>
<td>Travelodge Hotel Saskatoon 106 Circle Drive W</td>
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Name: ____________________________
Title: ____________________________
Specialty: ____________________________
Organization: ____________________________
Home Address: ____________________________
City: ____________________________  Prov: ______ Postal: ______
Home Phone: (____) Fax: (____)
E-Mail: ____________________________

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

WEB: www.nursinglinks.ca
CALL: 1.866.738.4823
FAX: 1.866.566.6028
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.

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Refunds will be given for written cancellations received seven 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 date, meeting place, speakers or content without further notice and assumes no liability for those changes.

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

Conference Fees:

☐ $169.95 + $8.45 GST = $177.40 Super Early Rate (on or before Feb. 11, 2019)
☐ $179.95 + $8.95 GST = $188.90 Early Rate (on or before March 4, 2019)
☐ $189.95 + $9.45 GST = $199.40 Middle Rate (on or before April 1, 2019)
☐ $199.95 + $9.95 GST = $209.90 Regular Rate (after April 1, 2019)

Price includes conference sessions, lunch, coffee breaks, and handouts.

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

Cardholder’s Name: ____________________________
Card Number: ____________________________ Exp: ______ / ______
Signature: ____________________________

☐ Cheque or money order payable to Executive Links enclosed

My employer has approved funding. Please invoice:
Attention: ____________________________ Title: ____________________________
Fax: (____) Phone: (____)

**Updated with NEW Content!**

There are a staggering number of drugs that nurses are expected to keep current with. Without some systematic way of categorizing the information, it’s easy to become overwhelmed by such a vast amount of information. This course is aimed at simplifying the volume of drug information into easier recall and to crystallize the key things you need to know about the major categories of drugs. And as always, a day with Barb Bancroft will include humour along with important clinical applications that will help you remember and apply the material on a daily basis in your clinical setting.

WHO SHOULD ATTEND?

- RNs, NPs, RPNs & LPNs in All Areas
- Acute & Critical Care, Special Care Areas
- Geriatric, Home, Community, and Primary Care
- Outpost Nurses, Occupational Health Nurses; Transition Coordinators
- Nurse Practitioners, Tele-Health Nurses, Educators, Managers

HOW TO REGISTER

Save $30 on your registration when you register and pay prior to February 11th, $20 prior to March 4th, and $10 prior to April 1st!

REGISTRATION IS NOT COMPLETE WITHOUT PAYMENT
The SRNA Nominations Committee is seeking RNs and RN(NP)s to stand for 2019 election.

**Member-at-Large Positions**
Members are elected to these positions to represent registered nursing in Saskatchewan.

**Nominations Committee**
The role of the Nominations Committee is to provide a slate of candidates to fill the registered nurse positions on Council and on the Nominations Committee.

**Positions for Election**

**President-elect (2-year term)**

**Member-at-large (3-year term)**
- Electoral Region 3 (formerly Prairie North & Prince Albert Parkland Health Regions)
- Electoral Region 7 (formerly Regina Qu'Appelle Health Region)

**Nominations Committee (2-year term)**
Candidate nominations must comply with requirements stated in *The Registered Nurses Act*, 1988, current SRNA Bylaws and SRNA policies. More information is available at www.srna.org.

**2018-19 SRNA Nominations Committee**
- Linda Wasko-Lacey, RN, Chair
- Lorrie Harrison, RN
- Melissa Sawicki, RN
- Andy Anderson, Public Representative

**When and Where**
The 2019 voting period will be March 28th to noon on May 2, 2019.

Election results will be announced at the end of the business meeting on May 2, 2019 in Saskatoon.

**Deadline for Nomination Submissions**
4:30 pm on February 2, 2019

Send submissions to: links@srna.org or fax to 1-306-359-0257.

Questions about your submission can be directed to the above email address, or contact Lesley Stronach at 306-359-4200