LPNs Now Working to Full Scope of Practice at Seven Oaks General Hospital
Practical Nursing  |  April 2014  |  College of Licensed Practical Nurses of Manitoba

## Table of Contents

**President’s Message** 3

**New National Nursing Assessment Service (NNAS): Changes to the Application Process for Internationally Educated Nurses** 4

**LPNFM Student Scholarship** 5

**Ask a Practice Consultant** 6

**Wanted: CCP Auditors** 6

**Promoting Leadership through Mentorship** 7-8

**2014 Annual General Meeting & Awards and Recognition Dinner** 11

**National Nursing Week 2014** 12-13

**Seven Oaks General Hospital: Full Scope of LPN Practice Project** 14-15

**Rules of Order and Procedure** 16

**Annual General Meeting Agenda** 17

### 2014 Office Closure Dates

- Good Friday: Apr 18, 2014
- Easter Monday: Apr 21, 2014
- Victoria Day: May 19, 2014
- Annual General Meeting: Jun 2, 2014
- Canada Day: Jul 1, 2014
- August Long Weekend: Aug 4, 2014
- Labour Day: Sep 1, 2014
- Thanksgiving: Oct 13, 2014
- Remembrance Day: Nov 11, 2014
- Office closes 2:00pm Dec 23, 2014 and re-opens 9:30am Jan 2, 2015

### Fragrance-Free Notice

In response to health concerns, CLPNM has a Fragrance-Free Policy and is a scent-free environment. Please do not use scented products while on the CLPNM premises for work, education, appointments, or other business.

### College of Licensed Practical Nurses of Manitoba

463 St. Anne’s Road
Winnipeg, MB R2M 3C9
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Toll Free: 1-877-663-1212
Fax: (204) 663-1207
Email: info@clpnm.ca

Publications Agreement #40013238
I recently attended a forum on Building Empathy in Health Care that was hosted by the Winnipeg Regional Health Authority and by the Manitoba Provincial Health Ethics Network. I must admit that when I first heard about the forum, the title surprised me. Building empathy in health care? Why would we, as health care professionals, need to talk about building empathy? Isn’t our chosen profession of nursing all about empathy?

I ended up attending the forum with much curiosity and perhaps skepticism wondering if I would learn anything new, and in a way I did. I was challenged at this session because it forced me to self-reflect on my own nursing practice at the bedside as well as on my position at the College of Licensed Practical Nurses of Manitoba (CLPNM). Am I still able to feel empathy for the clients I take care of? And where does empathy fit in to my job at the CLPNM? Can a regulatory body fulfill its mandate of public protection while still showing empathy to those around us?

As a regulatory body, we have a mandate of public protection. We do this by approving and monitoring practical nursing (PN) programs, registering student practical nurses (SPNs), graduate practical nurses (GPNs), and licensed practical nurses (LPNs), assessing credentials of internationally educated nurses, investigating complaints and referring to discipline if necessary, and by ensuring compliance with the continuing competence program (CCP). So where does empathy fit in?

According to the Merriam Webster dictionary, empathy is:

- The feeling that you understand and share another person’s experiences and emotions;
- The ability to share someone else’s feelings.

As President of the CLPNM, I have had the opportunity to speak with students in their first few days of entering the PN program. I present the mandate of the CLPNM as well as student registration. I provide the students with the Standards of Practice and the Student Code of Ethics, and I also speak about the LPN Scope of Practice. In all of this, not once do I mention the true reason that I went into nursing—compassion and empathy.

So what is the difference between compassion and empathy? One article I read stated that in the case of empathy, you share the feelings with someone whereas with compassion you feel for the person concerned. So with empathy you are actually putting yourself into the sufferers’ shoes.

I would hope that all nurses enter the profession for the right reasons: they genuinely care about people and feel compassion for them, and ultimately can empathize with them. However, with all of the expectations placed on nurses by their employers, co-workers, clients, families, and the regulatory body, it makes sense that we may need to be reminded of the reason we entered nursing in the first place.

I recently made the decision to go back to my position as a bedside nurse. I will continue in my role at the CLPNM as President; however, I will also be able to do what I enjoy most—caring for others. The next time I speak with students, I will tell them about the real reason I entered the profession of nursing. I will tell them that to be a nurse means that you genuinely care about others and empathize with them.
**NEW NATIONAL NURSING ASSESSMENT SERVICE (NNAS): CHANGES TO THE APPLICATION PROCESS FOR INTERNATIONALLY EDUCATED NURSES**

The new National Nursing Assessment Service will provide all internationally educated nurses (IENs) with a single national web portal to become assessed for any one of the three nursing professions in Canada: licensed practical nurses (LPNs), registered nurses (RNs) and registered psychiatric nurses (RPNs).

The College of Licensed Practical Nurses of Manitoba (CLPNM), along with 21 other nursing regulatory bodies across Canada (except for in Québec and the Territories) is participating in the new National Nursing Assessment Service. The new service is striving to develop a transparent, harmonized approach to the assessment process for internationally educated nurses (IENs). (An internationally educated nurse is an individual who was educated as a nurse in a country outside of Canada.)

At present, in order for IENs to have their credentials assessed for registration as a nurse in Canada, they have to apply directly to their regulatory body (RB). At this time, each RB has different requirements for their individual credential assessment processes.

Effective August 14th, 2014, IENs who want to work as licensed practical nurses, registered nurses and/or registered psychiatric nurses in Canada will use the new NNAS streamlined application process, which standardizes most of the requirements for applicants seeking registration in every Canadian province except for Québec (and the Territories).

All IEN applicants will be required to submit their documents and credentials to the NNAS. Once the NNAS has received all of the required documentation from the applicant and third parties, they will complete a paper-based assessment. Applicants will be notified when the assessment is complete, and as soon as the applicant receives this notification, they can apply for nursing registration in their province of choice except for Québec (and the Territories).

The NNAS offers many benefits to the IEN applicant. Applicants can: complete and pay for their initial assessment online; send their documents and credentials to one centralized location for assessment; use the 1-800 customer service telephone number for help in English or French, track the status of their application online, and after completing the NNAS assessment they can apply to any nursing profession in any Canadian provincial jurisdiction except for Québec (and the Territories).

The NNAS does not impact each provincial regulatory body’s authority to register an IEN. The NNAS is in charge of providing rigorous standards for qualification assessment involved in the initial steps towards registration; however, they do not have regulatory authority.

Individual RBs will be responsible for completing the assessment of an IEN applicant’s eligibility for registration.

Once an IEN applicant has decided on their RB(s) of choice, and paid for the remainder of the assessment to the RB(s), the RB(s) will evaluate NNAS’ advisory report. (The NNAS advisory report is based on the IEN applicant’s paper-based assessment of their documents and credentials.)

The advisory report itself and even the evaluation of the advisory report by the chosen RB do not automatically dictate that an IEN applicant is eligible for registration. The RB may still require that an IEN applicant undergo a clinical competence based assessment and/or partake in a bridging program or gap training program. Ultimately, the decision on whether or not an IEN applicant meets registration criteria rests with the individual RB.

For IEN applicants who have already submitted and paid for their credential assessment application to the CLPNM, they will still be assessed under CLPNM’s current process. (For more information about CLPNM’s current credential assessment process, please visit www.clpnm.ca, click on Internationally Educated Nurses and then on Credential Assessment Application Guide for IENs.)

The current application process applies to all applications received until the new NNAS system is launched August 12th, 2014.

CLPNM will post more details about the NNAS on their website in the coming months.
The Licensed Practical Nurses Foundation of Manitoba (LPNFM) will be awarding two $1000 scholarships to practical nursing students enrolled in either year one or year two of the practical nursing program. The Agnes Dyck scholarship will be presented at the College of Licensed Practical Nurses of Manitoba’s annual College Excellence Awards and Recognition dinner on June 2, 2014. The dinner will take place at the Mennonite Heritage Village in Steinbach, Manitoba.

Please be advised that all interested applicants must submit a minimum 300 word essay on or before May 1, 2014 at 1630 hrs describing why you chose to enter into the nursing profession.

All applications must include:
- Full name;
- Address;
- Phone number;
- Practical nursing school name and site where you are enrolled;
- Your program start date;
- A summary of your volunteer experience.

All applications should be emailed to foundation@clpnm.ca; or mailed to:

ATTENTION: LPNFM Trustees
College of Licensed Practical Nurses of Manitoba
463 St. Anne’s Road
Winnipeg MB R2M 3C9

The Trustees of the LPNFM will review all applications, and the successful applicant will be notified by May 19, 2014.
**ASK A PRACTICE CONSULTANT**

**Q:** “Does the College of Licensed Practical Nurses of Manitoba (CLPNM) have the right to notify my employer if I have been unsuccessful with my Continuing Competence Program (CCP) audit?”

Yes, the College of Licensed Practical Nurses of Manitoba is accountable through legislation, The Licensed Practical Nurses Act (the Act), to ensure all licensed practical nurses (LPNs) provide safe, competent and ethical nursing care. Pursuant to section 4(2) of the Act, the CLPNM must carry out its activities and govern its members in a manner that serves and protects the public interest.

LPNs undergoing the CCP audit are granted conditional registration contingent upon successful completion of the audit. With that in mind, any LPN who has not met the requirements for the CCP is in jeopardy of having their registration cancelled; therefore, it is the obligation of the CLPNM to inform the registrant’s employer(s) as this may impact their ability to provide safe client care.

Once the LPN has successfully completed all of the CCP requirements, the CLPNM notifies the registrant and their employer(s) that the LPN’s registration status is no longer conditional as they have met all of the CCP requirements.

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**WANTED: CCP AUDITORS**

If you would like to become more involved with the CLPNM, a great way to start is to become a CCP auditor. Auditors are active practicing licensed practical nurses (LPNs) responsible for auditing submitted CCP materials. The CLPNM is asking our registrants for assistance in the peer auditing process.

The CCP audit occurs every year from January to April. Auditors spend 1 to 3 days auditing during each phase. Each CCP auditor is compensated for time spent auditing.

If you are interested in serving as a CCP auditor, please submit your resume to:

The College of Licensed Practical Nurses of Manitoba
463 St. Anne’s Road
Winnipeg, MB R2M 3C9

or by email at ccp@clpnm.ca

For further information, please contact the CLPNM at (204) 663-1212.
PROMOTING LEADERSHIP THROUGH MENTORSHIP

You have just graduated from a practical nursing program and have been hired to begin your first job as a practical nurse. You are excited about starting your career and show up for your first shift eager to begin working. Suddenly, you realize that the floor you are on is not the same floor you were on in your senior practicum; your preceptor does not work here and you no longer have the support of a clinical instructor. You get nervous; everyone around you is busy. The last thing you want to do is bother them. What if they think your questions are senseless? What if they think you are incompetent? It can be very difficult being new in any work environment, and working in health care is no different. Starting a new job can be stressful, confusing and intimidating for a novice nurse wherein many are just beginning to become confident in their clinical knowledge, skills and judgement. A mentoring relationship with an experienced staff member can foster a supportive environment for the new employee allowing them the opportunity to grow professionally.

The College of Licensed Practical Nurses of Manitoba (CLPNM) has identified Professional Leadership as one of the eight Standards of Practice of the practical nursing profession. Licensed Practical Nurses (LPNs) must demonstrate professional leadership in the delivery of quality nursing and health care services to the public. Indicator four (4) in the Standards of Practice states that the LPN acts as a role model and resource by mentoring clients, learners, nursing peers and colleagues. Mentoring an inexperienced nurse is one way that an LPN can be a leader in their practice environment.

Mentorship is a “fundamental form of human development where one person invests time, energy and personal knowledge to assist another person in their growth and development” (McKinley, 2004). It can occur both formally and informally, but is generally a long term, developmental relationship between two people: the mentee and the mentor.

The mentee is an individual who is generally a novice nurse. They are less experienced or less knowledgeable, and are usually new to a practice environment. The mentee requires guidance, motivation and support.

Mentees in nursing can be students, new graduates, or even seasoned nurses who have moved into a new role, practice area or facility. The mentor is an individual that has significant experience, knowledge and clinical reasoning. They are described as a trusted advisor and a teacher: “an experienced person in a company or educational institution who trains and counsels new employees or students” (Oxford Dictionary, 2014). In nursing, mentors are individuals that are not only knowledgeable and experienced in a specific clinical area; but they are also strong nursing leaders dedicated to helping guide the practice of their colleagues.

Mentors provide a tremendous amount of support for nurses new to a clinical area. Mentors assist mentees in enhancing their career by providing exposure to new and challenging experiences, and coaching them through difficult situations. Unlike other professional relationships, the mentor not only supports the enhancement of a new employee’s career, but also provides a level of psychosocial support. Mentors and mentees are peers. They work together in their unit side-by-side. Their relationship has a level of mutual, positive regard and social interaction. The mentor provides a level of social guidance and counselling regarding personal concerns and fears the mentee may have about their role. The mentor also acts as a role model, demonstrating the characteristics and behaviours of a professional nursing leader. The mentee has respect for the mentor’s career accomplishments and begins to identify with and model the mentor’s example (Yoder-Wise, 2007).
The Canadian Nurses Association (CNA) has identified several benefits of mentoring in the workplace. For the mentee, mentorship increases competence, confidence and job satisfaction; thus, decreasing stress. For the mentor, the relationship increases learning, personal growth and leadership; it enhances self-fulfillment and feelings of value, which can lead to potential career advancement. From an institutional perspective, mentorship improves quality of care, develops partnerships and leaders, and improves employee retention (Canadian Nurses Association, 2004). Ultimately, mentorship in practical nursing improves new employee competence, increases staff retention and fosters development of an effective health care team.

It is easy to forget what it was like to be a new employee. Mentoring relationships can help support and guide the novice practitioner in a way to help decrease the intimidating nature of a new job. It is also an effective example of how nurses can demonstrate effective leadership in their daily roles.

References


Drug Use in Pregnancy

Identification, Treatment, & Outcomes for Mom & Babe

Winnipeg, April 29, 2014

Canad Inn Polo Park

0830 to 1600 hrs.

EXECUTIVE LINKS

It is estimated that up to twenty percent of all newborns are exposed prenatally to alcohol, illicit drugs, and prescription opiates. Identifying the mother and her newborn are the first steps required for individualized treatment for the specific drugs. Neonates are extremely sensitive to the environment which must be altered by creative nursing interventions. Nurses can potentially have greatest impact, since women are most likely to be receptive to treatment while pregnant or immediately postpartum. Participants will leave equipped to assess mothers and their newborns and intervene with individualized care.

WHO SHOULD ATTEND?

- Obstetrical Nurses; L&D, Midwives, Ante and Postpartum; Fetal Assessment Nurses, Lactation Consultants
- Neonatal Nurses: Level 1, 2, & 3 Nursery Staff; Neonatal Nurse Practitioners
- Childbirth, Obstetrical and Neonatal Educators; Managers
- Women's Health Practitioners; Intimate Partner Violence Counsellors; Selected Gyne & Public Health Nurses
- Social Workers, Drug Addiction Counsellors, Sexual Health Counsellors

HOW TO REGISTER

Price includes lunch!

WEB: www.nursinglinks.ca
CALL: 1-866.738.4823
FAX: 1-866.566.6028
E-MAIL: registration@execulinks.net
MAIL: #22, 2526 Battlefield Ave. SW, Calgary, AB T3E 7J4

FURTHER INFORMATION

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

CANCELLATIONS

Refunds will be given for written cancellations received 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 these changes.

To read our policies in more detail, please visit: www.execulinks.net

Conference Fees:

- \$179.00 + \$8.95 GST = \$187.95 Regular Rate

GST Registration # 864410998
Price includes conference sessions, lunch, coffee breaks, and handouts. REGISTRATION IS NOT COMPLETE WITHOUT PAYMENT

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

Cardholder's Name: __________________________ Exp: __________
Signature: __________________________

- Cheque or money order payable to Executive Links enclosed

No postdated cheques please

- My employer has approved funding. Please invoice:

Attention: __________________________
Title: __________________________
Phone: __________________________
Fax: __________________________
Diabetes Update!

WINNipeg, May 12, 2014

Canad Inn Polo Park

0830 to 1600 hrs.

Barb Bancroft, RN, MSN, PNP

The Differences Between Various Types of Diabetes:
- Type 1, Type 2, Gestational & Secondary
  - Risk factors associated with each
  - Pathophysiology associated with each
  - Clinical manifestations associated with each

Long-Term Health Implications of Each Type of Diabetes
- Complications of Type 1 Diabetes—Microvascular Disease
- Complications of Type 2 Diabetes—Macrovascular Disease
- Complications of Gestational Diabetes—What is the Risk of Developing Type 2 Diabetes? Implications for the Fetus
- Long term complications of Secondary Diabetes

Controlling Blood Sugar for each Type of Diabetes
- Exercise, Diet, Weight Loss in Type 2 Diabetes
- Types of Insulin Regimens; Types of Oral Hypoglycemic Drugs
- Drugs Classified as Insulin Sensitizers
- Control of Diabetes During Pregnancy

Prevention and Treatment of the Long-Term Complications of each Type of Diabetes
- Nephropathy in Type 1 and Type 2 Diabetes
- Coronary Artery Disease in Type 1 and Type 2 Diabetes
- Neuropathy in Type 1 and Type 2 Diabetes
- Retinopathy in Type 1 and Type 2 Diabetes

Discuss the Various Tests used to Follow All Types of Diabetics
- Serum glucose monitoring; Hemoglobin A1C
- Urinary Albumin, Microalbuminuria
- Lipid profiles
- Neurological testing for neuropathy
- Yearly eye exams

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.

** Register Early to Avoid Disappointment **

Everything you have always wanted to know about diabetes—and some! Join us for an entire day of Diabetes talk. Barb will give you the current thinking on the pathophysiology of the various types of Diabetes. The clinical manifestations will be correlated with the pathophysiology, as will the various classes of drugs used to treat the underlying insulin deficiency and/or insulin resistance. Barb will also discuss the complications of this disease, including microvascular and macrovascular complications involving all body systems. Labs will also be described; when to do them and how to interpret the results. Therapeutic lifestyle changes will be emphasized for both the prevention and the treatment of the disease.

Who Should Attend?
- Nurses in Acute Care Settings
- Nurse Practitioners
- Critical Care Nurses; ER, ICU
- Ambulatory Care Nurses
- Home Care Nurses
- Discharge Planners
- Continuing Care Nurses
- Nurse Educators

How to Register

Price includes lunch!

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

Further Information

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

Registration Form (Fax to 1.866.566.6028)

Yes! Please register me for the Diabetes Update workshop in:

<table>
<thead>
<tr>
<th>City</th>
<th>Conf. Date</th>
<th>Venue</th>
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<tbody>
<tr>
<td>Winnipeg</td>
<td>May 12, 2014</td>
<td>Canad Inn Polo Park 1405 St. Matthews Avenue</td>
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Name: ____________________________ Specialty: ____________________________

Organization: ____________________________

Home Address: ____________________________

City: __________________ Prov: __________________ Postal: __________________

Home Phone: __________________ Fax: __________________ E-Mail: __________________

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

Registration Fees:

☐ $179.00 + $8.95 GST = $187.95 Regular Rate

GST Registration #: 86441098

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

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

Cardholder’s Name: ____________________________ Card Number: ____________________________ 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: ____________________________
2014 ANNUAL GENERAL MEETING & AWARDS AND RECOGNITION DINNER
JUNE 2, 2014

The AGM and Awards and Recognition Dinner will take place at the Mennonite Heritage Village located at 231 Provincial Trunk Highway 12, Steinbach, Manitoba.

2014 ANNUAL GENERAL MEETING
RSVP & AWARDS RECOGNITION DINNER REGISTRATION FORM

Attendee Information:

Name: _______________________________________________________
Registration Number (if applicable): _____________________________
Address: _______________________________________________________________________________________
City: ____________________ Province:________ Postal Code: ________
Phone #:_____________ Email: __________________________________

I am attending:

☐ Annual General Meeting (no cost)
☐ Awards and Recognition Dinner ($25)

Annual Report:

☐ Please mail me a copy of the Annual Report (no cost).
☐ I will access the Annual Report online at www.clpnm.ca.

Awards Recognition Dinner Payment Information:

☐ Paid by debit/credit card at the CLPNM office
☐ Please charge my (Visa/MasterCard) $________________________
Card Number: ________________________________________________
Expiry Date: ______________________________________________________________________________________
Signature of Card Holder: ______________________________________

Please complete this form and submit by:

• Email to info@clpnm.ca;
• Fax to (204) 663-1207; or
• Mail to:
  CLPNM
  463 St. Anne’s Road
  Winnipeg MB R2M 3C9
In 1985, the Canadian Minister of Health instituted National Nursing Week in Canada, which takes place this year from May 12-18. It is an opportunity for each of us to celebrate our contributions, our leadership and our excellence. This year, during National Nursing Week, the College of Licensed Practical Nurses of Manitoba (CLPNM), along with Canadian Blood Services (CBS) will be holding a blood donor clinic on May 15, 2014 at 777 William Avenue, Winnipeg, Manitoba.

Nurses appreciate the significance of giving and receiving blood and understand how donating blood can save lives. They are involved in the process from the first step of procuring blood donations, to the final step of transfusion. Nurses are involved in the research of blood and blood products, educating the public about infection spread by blood transmission, and caring for those who give or receive blood.

For Nursing Week this year, the CLPNM would like to show appreciation to all nurses involved in the blood donation process by highlighting the outstanding work they do. Transportation will be provided from the CLPNM office to the William Street location. For more information on the CLPNM blood donor clinic on May 15, 2014 please see the website at www.clpnm.ca.

Canadian Blood Service (CBS) is a not-for-profit, charitable organization whose sole mission is to manage the supply of blood and blood products for Canadians. To this end, CBS:

- collects approximately 850,000 units of blood annually, and processes it into the components and products that are administered to thousands of patients each year;
- manages the OneMatch Stem Cell and Marrow Network whose mission is to secure, in an expeditious way, donors for Canadian bone marrow transplant patients and for patients abroad;
- screens every donor and tests each unit of blood or blood product collected for a variety of transmissible diseases, and
- ensures that Canadian transfusion medicine research and development remains at the cutting edge.

<table>
<thead>
<tr>
<th>Who Needs Blood?</th>
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<tr>
<td>Approximately every minute of every day, someone in Canada needs blood. In fact, according to a recent poll, 52 per cent of Canadians say they, or a family member, have needed blood or blood products for surgery or for medical treatment.</td>
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<tr>
<td>• (One unit of blood is the equivalent to one donation)</td>
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<tr>
<th>How much blood does it take to save a life?</th>
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<tbody>
<tr>
<td><strong>Hip replacement surgery</strong></td>
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<td><strong>Aplastic Anemia</strong></td>
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<tr>
<td><strong>Cancer treatment</strong></td>
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<td><strong>Cardiovascular surgery</strong></td>
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<td><strong>Internal bleeding</strong></td>
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<tr>
<td><strong>Leukemia</strong></td>
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<tr>
<td><strong>Auto accident</strong></td>
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(units represents an average)
Basic Requirements for Giving Blood

All donors must provide identification with full name and signature, or full name and a photograph. On the day of donation, the donor must be between 17 and 71 years of age, or between 17 and 61 years of age (if a first-time donor). It is advised to have adequate sleep and something to eat prior to donating blood. The donor must be in general good health, feel well, weigh at least 50 kg (110 lbs.) and must meet the hemoglobin requirements, which is assessed via a finger poke at the clinic. The minimum interval between blood donations is 56 days.

<table>
<thead>
<tr>
<th>As a Donor, if you have:</th>
<th>You Must:</th>
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<tr>
<td>had a dental cleaning or filling</td>
<td>defer donating for the day of treatment</td>
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<tr>
<td>had an extraction, root canal or dental surgery</td>
<td>defer donating for 72 hours provided you have fully recovered</td>
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<tr>
<td>had a cold, flu or sore throat</td>
<td>defer donating until fully recovered</td>
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<tr>
<td>had ear or body piercing or tattooing</td>
<td>defer donating for 6 months</td>
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<tr>
<td>had the H1N1 or the Flu vaccine</td>
<td>defer donating for 48 hours</td>
</tr>
<tr>
<td>travelled outside of Canada or the U.S.A.</td>
<td>speak with a nurse</td>
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</table>

Donating blood does not put you at risk of disease. All needles are sterile, used once and discarded. The usual blood collection, a unit, is about half a litre, or one pint. Eligibility requirements are subject to change. For complete eligibility requirements, please contact Canadian Blood Services (CBS) by calling 1 888 2 DONATE (1-888-236-6283).

Reference: Canadian Blood Services

CLPNM Sponsored Blood Donor Clinic

May 15, 2014

Transportation provided from the CLPNM office at 463 St. Anne’s Rd.

Call (204) 663-1212 or visit www.clpnm.ca

Everyone welcome!!

Thank you to all nurses for the important services you provide throughout Manitoba.
Licensed practical nurses (LPNs) must collaborate with other members of the health care team and their employers to discuss the scope of the profession and how best to meet the needs of the population they serve. Health care teams need to maintain respectful and professional collaborative relationships and work together utilizing all expertise each team member brings to the practice area. One such team that demonstrates this collaborative approach is the Seven Oaks General Hospital (SOGH).

The SOGH is a community hospital serving northwest Winnipeg and a provider of shared services for Winnipeg as part of the Winnipeg Health Region. They have surgery (general and ortho-trauma), family medicine, geriatric rehabilitation and psychiatric in-patient programs, as well as oncology, dialysis, rehabilitation and day hospital out-patient programs. The SOGH is a major provider of emergency medicine with the second busiest emergency department in Winnipeg. They are western Canada’s largest and most comprehensive kidney health centre, and operate Canada’s first medical fitness facility integrated with an acute care hospital (Seven oaks general hospital facts and stats 2013. http://sogh.ca/about/). The hospital employs approximately 90 LPNs and recognizes the profession as an integral component to their health care team.

In January 2013, Carol Hapko, LPN (who currently works in family medicine and is a member of the Nursing Practice Council, NPC, at SOGH) suggested that the NPC, whose mandate it is to provide a forum for nurses at all levels in the organization to openly discuss issues, and to make appropriate recommendations to other decision-making bodies related to nursing practice, to examine the topic of LPN scope of practice within the facility.

The term “scope of practice” refers to the full range of roles, responsibilities and functions that nurses are educated, competent and authorized to perform. It refers to the legal limits or outer range of the nurses’ activities, skills and abilities as determined by entry-level preparation, post basic training and individual competence and experience. The legal authority for the licensed practical nursing profession’s scope of practice is found in legislation, The Licensed Practical Nurses Act (2001). Furthermore, the College of Licensed Practical Nurses of Manitoba’s (CLPNM’s) practice Standard VIII Professional Leadership, Indicators 5 & 6 state:

The Licensed Practical Nurse:

1. promotes and supports practical nursing and other health team members to practice to their full scope of practice, and
2. advocates for changes to policies and protocols, which impede the profession from meeting client needs and the profession’s standards.

The term “full scope of practice” is referring to the nurses’ ability to apply the knowledge and skills that they have been educated, trained and are competent to perform.

Current practical nursing diploma education in Manitoba, along with ongoing professional development through the CLPNM’s Continuing Competence Program (CCP), reflects the steady evolution of LPN competencies and full scope of practice. Despite the changes and progression, LPN “scope of employment” (the actual practice or role enactment that is defined by employment expectations and employer policies) throughout Manitoba varies significantly and in some settings limitations regarding the LPN’s ability to perform various skills and activities exist. Limiting the scope of practice of the nurse places the responsibility for performing those restricted skills onto other members of the health care team. In turn, this type of situation diverts the other staff member’s time and attention away from their own assigned clients, places additional responsibilities on them, and increases their workload. The inconsistent role expectation for LPNs in the province leads to confusion and frustration for many nurses and the public they serve. Role confusion and unnecessary practice restrictions can lead to an increased risk of harm to clients and decrease the efficiency of care delivery.

Lisa Albensi, RN, MSN (SOGH’s Chief Nursing Officer), Carol and their colleagues on the NPC were concerned about the inconsistent role expectations for LPNs employed at SOGH. For example, LPNs employed in

**SEVEN OAKS GENERAL HOSPITAL: FULL SCOPE OF LPN PRACTICE PROJECT**
the facility’s emergency department and dialysis units were permitted by policy to practice their full range of competencies; however, LPNs within the other practice areas of the hospital were not.

By February 2013, the NPC obtained approval from the SOGH Executive and Board of Directors for the hospital-wide initiative: the LPN Full Scope of Practice Project. Lisa began meeting with staff throughout the facility to announce the project plan and began a review of the facility’s policies.

The NPC reported that the announcement of the project was well received by all members of the health care team; citing a member of the medical team was pleased to learn that there would soon be a time when they would not have to modify client orders or care approach when another member of the nursing team was not available. The NPC also reported that LPNs throughout the facility were excited to soon be able to provide their clients with more consistent and timely nursing care delivery by being able to utilize all of their education and training. Understandably, some LPNs were apprehensive due to not practicing some skills since before the commencement of their employment, or since having been a student nurse; however, all were excited for what this project’s objectives would mean to client care delivery.

A remedial education plan was developed, which included, but was not limited to:

- Intravenous (IV) therapy;
- Central venous access devices (CVADs) including peripherally inserted central catheters (PICCs) & Implanted Vascular Access Devices (IVADs);
- A review of common drug monographs along with pharmacodynamics with administration by continuous and direct push infusions;
- Administration of total parental nutrition (TPN) along with monitoring of lab data;
- Analgesia/pain control with epidural and patient controlled analgesic (PCA) devices;
- A review of blood administration with assistance from Diagnostic Services of Manitoba and Canadian Blood Services.
- Emergency nurses least restraint updates
- Pre-operative patient care

By May 2013, the project plan and its team were in place. Theoretical components and skill demonstrations were delivered by educators, and then nurses were provided opportunities to seek support and to practice their skills—after which the nurses provided return demonstrations to validate understanding and competence.

Cheryl Nieckarz, RN, BN, Educator Rehabilitation - Geriatrics Program, Shelley Coombes, RN, BSN, Acute Pain Nurse – Surgery, and Kendra Gierys, RN, BN, CCN(C), ICU Program Educator (some of the assigned staff supports for the delivery of the education) state that the project received positive feedback from the nursing staff throughout the facility.

The NPC have reported that the project is now complete and has successfully met its objectives. In addition, due to the success of the project, there is now a plan to incorporate LPNs into the geriatric/rehabilitation unit staff- mix at SOGH. The NPC also reports that the facility’s most recent morbidity and mortality rates are down below the national standard; though, it is undetermined if the project’s success was in any way a contributing factor.

In response to the changing health care system, including employer demand, client acuity levels, and an aging population with longer life expectancies, and increasing demands on existing infrastructure, many practice areas are making efforts to allow all health team members to apply their full scope of practice. Ultimately, when the entire health care team is functioning at full scope of practice, there is an understanding of the benefits of continuity of care and the economies of efficiency.
RULES OF ORDER AND PROCEDURE


2. Every member who is an active practising licensed practical nurse in good standing with the CLPNM is entitled to voice and vote.

3. Every graduate and student practical nurse is entitled to voice at Annual or Special meetings of the CLPNM.

4. Every Associate member [non-practising, senior] is entitled to voice at Annual or Special meetings of the CLPNM.

5. Public representatives are entitled to voice at the Annual or Special meetings of the CLPNM.

6. At the meeting, members will be required to present current photo identification as evidence of entitlement to vote.

7. Voting members shall be issued a voting card, in a colour designated by the President.

8. The eligible voting members present at the meeting shall determine the manner of voting. A vote may be taken by ballot or by show of hands.

9. The meeting Chair shall appoint three [3] Scrutineers, who shall tabulate the vote for and against in the show of hands, or in the event of a ballot vote shall distribute, collect and count the ballots and report the results in writing to the chair.

10. In the event of a tie vote, either by show of hands or ballot vote, the Chair of the meeting shall cast the deciding vote.

11. A quorum for any annual general meeting or special general meeting of the CLPNM shall be the number of members on the register of active practising licensed practical nurses who attend the meeting.

12. At any time if a member exits the meeting room for the day, the member must turn their voting card over to one of the Scrutineers designated by the Chair. Members shall not enter or exit the meeting room when there is a motion on the floor.

13. Any member or Board member wishing to speak shall go to a microphone, address the Chair, give their name and district, and shall indicate whether they are speaking in the affirmative or negative on the motion.

14. All motions and amendments shall be in writing on motion paper, signed by the maker and seconded, and shall be sent to the Chair after they have placed it before the membership.

15. Only voting members have the right to make a motion and shall have the right to speak to the motion first.

16. Members and Board members shall speak only once to any given question until all members wishing to speak have done so.

17. Debate is limited to two [2] minutes for each member and ten [10] minutes for each question. The Chair shall alternate between microphones.

18. A timekeeper shall be designated for each microphone and shall signal with a yellow card when two minutes has passed, and shall signal with a red card when allotted time has expired.

19. Time for debate may be extended by a two-thirds [2/3] vote of the members.

20. A call to close debate [move the previous question] requires a two-thirds [2/3] vote of the members.
ANNUAL GENERAL MEETING AGENDA

Date: Monday, June 2, 2014
Time: 1430hrs
Location: Mennonite Heritage Village, Steinbach, MB

Registration (begins at 1400hrs)

Announcements

Call to Order (1430hrs)

Credentials Report

Approval of Agenda

Introductions

President’s Welcome

Appointment of Scrutineers

Annual Report & Current College Activities

Adoption of Proposed Code of Ethics

Election Results – Presentation of Board of Directors

Open Forum

Adjournment
Legal Issues in Nursing

With
CRHIS ROKOSH, RN, PNC(C)
LEGAL NURSE CONSULTANT

Nursing Litigation and Canada’s Legal Landscape
• Definitions & Statistics
• The History of Litigation
• Clinical Areas Most Likely to be Sued
• Trends and Issues in Nursing Litigation

The Stages of a Lawsuit; From the Date of the Adverse Event to the Trial
• How an Adverse Event Becomes a Lawsuit
• If You are Sued, What Happens to You and Your Job?
• What Parts of the Lawsuit Will You Be Involved In?

The Four Factors Required to Prove Nursing Negligence; Duty, Breach, Injury, Causation
• Establishing the Nurses Duty
• Determining the Breach in the Standard of Care
• Identifying the Injury
• Establishing Causation

The Top Five Nursing Negligence Issues with Case Studies
• Nursing Assessment
• Communication
• Medication Errors
• Use of Medical Equipment
• Infection Control

Nursing Documentation that will Defend You in the Event of Litigation
• What the Experts say About Nursing Documentation
• What the Courts say that Your Documentation Must Show
• Examples of Bad, Good, and Better Documentation

Chris Rokosh is a Legal Nurse Consultant and Certified Perinatal Nurse with over 34 years of experience. She is President and CEO of CanLNC Incorporated, Canada’s first Legal Nurse Consulting firm. CanLNC provides medical/legal education to health care professionals and nursing and medical expertise to lawyers involved in medical malpractice and class action litigation. CanLNC has grown to include a base staff of 9 and hundreds of nursing and medical consultants, 150 of which are working on any given day. Chris is an invited lecturer at universities and conferences across Canada and the US. The Legal Nurse Consulting course she developed has been accepted as credit towards a Bachelor of Science in Nursing at universities across Canada. In 2016 she was named one of Canada’s top 100 entrepreneurs and has been nominated for the Royal Bank Women of Influence award.

Registration Form (Fax to 1.866.566.6028)
Yes! Please register me for the Legal Issues in Nursing workshop in:

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CONFERENCE FEES:

☐ $159.00 + $7.95 GST = $166.95 Early Rate (on or before April 21, 2014)
☐ $169.00 + $8.45 GST = $177.45 Middle Rate (on or before May 12, 2014)
☐ $179.00 + $8.95 GST = $187.95 Regular Rate (after May 12, 2014)

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