B.C.’s Nursing History as Seen Through the Eyes of Helen Randal
NOTICE TO REGISTRANTS

Decisions of the Board of Directors on matters of standards, policies and practice guidelines are published in Nursing BC. Publication of information on this page, including the articles referenced, is one of RNABC's official methods of notification to registrants. Nursing BC is forwarded to every nurse registered with RNABC and it is each registrant's responsibility to be aware of the information, including content and referenced articles, contained on this page.

RNABC RECOGNITION AWARDS
The call for nominations for RNABC recognition awards is on page 14. The deadline for nominations is 1600 hours, Friday, October 28, 2005.

HEALTH PROFESSIONS ACT FOR REGISTERED NURSES AND NURSE PRACTITIONERS
The Health Professions Act for registered nurses and nurse practitioners is expected to be implemented in mid-August 2005. RNABC will become the College of Registered Nurses of British Columbia (CRNABC) and will be empowered to superintend the practice of registered nurses, licensed graduate nurses and nurse practitioners according to the Act, the Regulations and the Bylaws of the College. Information on the impact the change in legislation will have on the regulation of RNABC registrants and on the practice of registrants will continue to be provided through Nursing BC and the College's website. RNABC is also planning to provide education sessions to registrants throughout the province.

PROFESSIONAL CONDUCT
On March 9, 2004 the chair of the Professional Conduct Committee accepted an agreement between RNABC and Susan Ann Bearisto (aka Miller) (B.C. registration no. 531210) of Vancouver, BC that includes undertakings by the registrant that are equivalent to a voluntary suspension of practicing registration.

On May 6, 2004 the chair of the Professional Conduct Committee accepted an agreement between RNABC and Carmelita Bondad Bainto (aka Laureta) (B.C. registration no. 728557) of Vancouver, BC that includes undertakings by the registrant that are equivalent to a voluntary suspension of practicing registration.

On November 9, 2004, the chair of the Professional Conduct Committee approved an agreement between RNABC and Greg Scott Neufeldt (B.C. registration no. 781675) of Victoria, BC with undertakings by the registrant that are equivalent to a suspension of practicing registration.

On December 15, 2004 the chair of the Professional Conduct Committee approved an agreement between RNABC and Shelley Anne Marie O'Brien (aka Korecki) (B.C. registration no. 511366) of Kelowna, BC that includes undertakings by the registrant that are equivalent to a voluntary suspension of practicing registration.
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A TIME TO REFLECT, CELEBRATE AND MOVE FORWARD

Actor Nicola Cavendish portrays Helen Rendel, co-founder and first registrar of RNABC, during a presentation on the evolution of nursing in B.C. at this year's RNABC Annual Meeting. RNABC's 2005 Annual Meeting April 18-19 in Vancouver provided registrants with an opportunity to celebrate registered nurses' past, present and future. A DVD of the presentation is available, see page 23.

(Cover photo by Don MacKinnon)

8 GIRLS' NIGHT OUT
Partnering with teachers and others in the community, a group of public health nurses in Creston developed an interactive approach to promoting sexual health education to local high school girls.

15 2005 RNABC AWARD RECIPIENTS
This year's RNABC awards were presented to 13 registered nurses who have made outstanding contributions to the advancement of nursing and health care in B.C.

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www.rnabc.bc.ca
It's Been a Privilege

Over the past two years, you have granted me the privilege of leading and serving you as president, and for that, I thank you. What a challenge it has been!

This year's Annual Meeting (April 18-19, 2005) meeting marked two endings. First, it was the last time I had the privilege to speak at an annual meeting as President of RNABC.

Secondly, although we speculated that last year's Annual Meeting might be the final one under the RNABC moniker, this year we came with the same message, but with considerably more conviction. We anticipate that in mid-August 2005, RNABC will become the College of Registered Nurses of British Columbia.

As the college, annual meetings will continue, though formats and agendas will of course change. These alterations come as only one more stage in our evolution.

As I approach the final few months of my term as an officer of your professional regulatory body, I find myself reflecting on the past two years.

Without question we have accomplished some forward movement over the last two years. Sometimes it's difficult to appreciate advancement because it is often too slow to even measure incrementally. Progress is often only recognized once we've arrived. But I have always believed that the important thing is to stay on course and keep your eyes on the target. The journey is a part of the process.

Probably no better example of dogged tenacity in this year's journey is the accomplishments we have made with the scope of practice for registered nurses and nurse practitioners. We have maintained an ongoing dialogue with the Ministry of Health Services on this matter.

We needed to ensure that what is ultimately created with the new scope of practice is something that is both meaningful and workable for the registered nurses and nurse practitioners of this province. We also needed to feel confident that our scope of practice reflects clear responsibility and accountability that is fundamental to safe client care.

As health care providers, the safety and well-being of our patients and clients is our foremost priority. As knowledge workers, the evidence-based decisions we make daily are key to providing this quality care. As registered nurses, we are committed to the delivery of safe, competent and ethical care in the public interest.

As my term as RNABC President nears an end, I would like to take this opportunity to sincerely thank your Board of Directors for their support and assistance over the last two years. They are a remarkable group of registered nurses and public representatives. Each shows a very real sense of commitment and understanding of the issues related to our mandate. To every one of them, my very personal thanks.

I would also like to take this opportunity to thank the staff of RNABC, Executive Director Laurel Brunke and everyone who works in the organization for the truly remarkable accomplishments we have made over the year.

I believe I speak for the entire Board when I say that the staff has accomplished exemplary work to prepare us for the changes ahead while maintaining their everyday commitment to advancing the quality of registered nursing in the public interest.

Finally, I want to thank you, the registered nurses of British Columbia for the incredible work that you do every day in delivering excellent care to the people of this province. Thank you for your efforts, and thank you for caring. It's been a wonderful privilege to travel around B.C. to meet registered nurses in their workplaces and students at their colleges and universities.

It's been an honour to serve you and RNABC as its President on this two year voyage in the quest for excellence in nursing.

E-MAIL HOWARD SEARLE AT
president@rnabc.bc.ca
Avoid Getting Tipped
I just finished reviewing the April issue of Nursing BC and was intrigued and impressed by the clean drinks project undertaken by the Langara College nursing students. However, I was very disappointed not to be able to read "the five guidelines to avoid getting tipped and signs and symptoms of date rape drug ingestion" that were mentioned in the article. The author missed the opportunity to inform thousands of nurses about this. Congratulations to those Langara College nursing students for a great initiative.

Shannon Elliott RN, MS (nursing)
North Vancouver, BC

The five guidelines to avoid getting tipped are:
1. Watch your drink; never leave your drink unattended; order directly from the server/bartender.
2. Drink watches for friends; and don't drink it if you doubt it.

The signs and symptoms of date rape ingestion can be found on the Students for Clean Drinks website www.studentnurses.at.com (click "prevention") – ed.

A Fitting Farewell to Chapters
The Castlegar, Nelson and Trail RNABC chapters decided to do something positive for nurses in these communities to celebrate the evolution from RNABC to the College of Registered Nurses of B.C. In previous years, the local chapters had focused on national nursing week to hold a celebration event and recognize nurses in the area. Since the chapters would be dissolved before nursing week this year, it was decided that the three chapters should partner in organizing an event for nurses from the communities. The commitment to move ahead on this planning occurred at the RNABC Annual Meeting in 2004. It came to fruition on April 11, 2005 in the form of an ethics education celebration attended by more than 60 nurses.

The Trail Chapter had been trying to plan an ethics education event for some time and the three chapters agreed this would be the theme for the celebration. Many of the chapter members had heard about the ethics research being conducted in the Lower Mainland with the University of Victoria and wanted to know more. It was decided that the event should include a daylong education session, followed by a celebration dinner and presentation of RNABC awards to our local nurses.

Dr. Janet Storch agreed to come and share her wisdom with the group. All three chapters contributed financially to the event, provided door prizes and organized the recognition ceremony for their
nurses. The Interior Health Professional Practice Office co-sponsored the event. Practice leaders and the health authority’s chief nursing officer attended the celebration.

The diversity of participants was tremendous. They included third year nursing students, Selkirk College faculty, nurses from acute care, community, public health, residential care. Two social workers also joined the event and brought the interprofessional perspective to the day.

The evaluations express the appreciation of the participants for the opportunity to learn from Dr. Storch, to discuss the issues with their peers and to gain skills in dealing with moral distress. Also noted in the evaluations was the desire to have more education and more opportunities to discuss how to positively affect the moral climate of nurses’ workplaces. Everyone who completed an evaluation noted the relevance of the topic to their work.

Numerous opportunities were available for networking with nurses from other communities and other areas of practice. Dinner was followed by the presentation of RNABC recognition plaques to eight outstanding registered nurses from the communities. A wonderful close to an inspiring day and a fine way to bid farewell to our RNABC chapters.

Linda Sawchenko, RN, MSHA
Trail, BC

Eating Our Young

I have been working full-time as an RN since 1979 and for the past 18 years as an RN in a multidisciplinary ICU. I have also had the pleasure of teaching the clinical part of the critical care course for students of both BCIT in British Columbia and Mount Royal College in Alberta.

Mentoring and teaching new staff has always been a pleasure for me. However, the negative attitudes of some of the seasoned RNs has been such a huge obstacle to overcome at times.
In the past, RNs entering the ICU after taking a specialty course had the benefit of at least two years of clinical experience in nursing before taking the course. Now, with nurse shortages, we no longer have that luxury. We are taking brand new graduates from RN courses, preceptor them in the last part of their course and channeling them into the specialty courses while they work in the ICU. I have found these bright young staff members to be a breath of fresh air in our ICU. However, they are encountering much negativity from some of the older, seasoned staff with comments such as “you do not belong here” or “you should have some background in nursing before coming to ICU.” I must admit that, in the past, I felt that it would benefit RNs to have some background in nursing before attempting an ICU career. However, we no longer have that luxury and, in the interest of our patients, we must change our thinking.

The new RNs who come to the ICU must be mentored as much as possible so that they can be the best they can be. This is our new reality! Negative attitudes do nothing to promote excellence in nursing. We must not “eat our young.” They are part of our future. They will be caring for us in their dotage. Please stop and think about how overwhelmed you felt as a brand new grad on a med/surg ward. Then imagine how you would have felt if you had been thrust into an ICU environment at that stage of your career. For these new RNs, everything is brand new, not only the ICU skills. Please give them a chance.

We have two new grad RNs in our ICU who are doing extremely well. It makes me very sad when I hear comments such as “they have no business here.” These new nurses have so much to teach us. With mentoring and a positive attitude toward them, they will be a vital part of our ICU.

I realize that teaching is not for everyone, but my motto has always been “teach them well and then I will have an excellent co-worker in the future.” To all of you seasoned RNs out there in all areas of nursing, please think about it—experts in nursing are not hatched from a university nursing program. They need us—our expertise, our patience, our support, and our mentoring. Please do not eat our young!

Lalani Vanderheide, RN
Kamloops, BC

MMM . . .
I’m not sure what it reflects, but it was interesting to note that the seven positions out of the seven positions available for RNABC’s Board of Directors were all elected by acclamation. Pause for thought.

Cheryl Sutton, RN
Comox, BC

Informatics Anyone?

A new group of nurses have formed to create the B.C. chapter of the Canadian Nursing Informatics Association (CNIA). CNIA is a national association for anyone interested in nursing informatics. The goals of this association are stated on the website www.cnia.ca

Currently, the B.C. group meets via teleconference every two months. The purpose of our meetings is to discuss the many issues that currently challenge those individuals working in the areas of clinical informatics and telehealth medicine. The group presently consists of members mostly from the Lower Mainland and Vancouver Island. We feel confident, however, that many new voices could be added from across the province and I would like to extend an invitation to anyone interested in informatics to please join us. Please e-mail me at elisad12@shaw.ca for upcoming details and meeting times.

The first national CNIA conference, Nurses & Informatics: Transforming Health Care, is scheduled to be held in Toronto Sept. 14-16, 2005. Full details on the conference can be found on the CNIA website. We would love to see you there.

Elisa Djurickovic, RN
Victoria, BC

Letters to the editor should pertain to the professional interests of nurses or to articles published in Nursing BC, and should be consistent with the goals of the profession. Letters should be no more than 300 words. Letters may be edited for brevity or clarity. Letters must be signed and include your contact information. Email letters to nursingbc@rnabc.bc.ca or mail to Editor, Nursing BC, 2855 Arbutus St., Vancouver, BC V6J 3Y8 or fax 604-738-2272.

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Girls’ Night Out

Partnering with teachers and others in the community, a group of public health nurses in Creston developed an interactive approach to promoting sexual health education to local high school girls.

BY HELEN GRIFFITHS, RN

On a windy day in Creston, if you know just where to look, you can see tiers of Tibetan-like prayer flags fluttering atop one of the town’s taller buildings. Alison Masters knows where to look. She is a public health nurse at the East Kootenay Health Unit. For her, the flags represent the voices of grade 8 girls rising over the town. She was there when the girls wrote messages they wanted to share with the world on the brightly coloured squares of fabric.

The flags are an encouraging symbol for Masters and her colleagues who work with youth in the community of Creston. She says, “As girls move through the school years, they often lose their voice and become silent.” She describes a tendency for girls to drop their sense of self and to over-emphasize the opinions of others. It can lead to unhealthy behaviour that increases the risk of unwanted pregnancy, sexually transmitted disease (STD), eating disorders, substance abuse and/or depression.

A few years ago, Masters and public health nurse colleague Mary Jean Searle felt they were missing the mark in health promotion for this age group. They had been doing 80-minute presentations to grades 8 through 11 on birth control, pregnancy and STDs. The students were interested, but there was little interaction and the public health nurses felt they were somehow not meeting students’ needs. “We felt that there had to be a better way of doing it,” says Masters. “Students already had a lot of the information. It was more about, ‘What do you do with the information?’ and ‘How do you make decisions for yourself?’”

An Alternative Approach
As they talked with others about alternative approaches to sexual health education, a teacher suggested, “Wouldn’t it be cool to take these girls out on a retreat?” The idea came from Diane MacDonald who teaches the high school career and personal planning class. Masters describes her as, “one of those teachers kids really connect with.”

Masters and Searle decided to take her idea and run with it. They applied for and received grant money from STD/AIDS Control. That left them with just six weeks of planning time before the good weather would change, thus making a camp-like retreat a tough sell with the students.

Masters, Searle and MacDonald quickly brought youth alcohol and drug counselor Julie Miller on board and together they formed a planning group. There was no ready-made blueprint for planning a sexual health education retreat. However, the group members knew how to look for relevant information. Masters and Searle demonstrated meeting Standard 2: Specialized Body of Knowledge in the RNABC Standards for Registered Nursing Practice in British Columbia. They applied Indicator 1: Knows how and where to find needed information to support the provision of safe, appropriate and ethical client care and Indicator 3: Interprets and uses current evidence from research and other credible sources to make practice decisions.

A literature search led to a manual entitled Girls in the 90s (Friedman, 1999). The book is a guide for teachers leading group discussions with girls in grades 6 and 7 on issues related to healthy eating, body image, self-esteem and coping with stress. While the content is aimed at a younger age group and was designed for a series of discussions rather than an overnight retreat, it helped the public health nurses to solidify a philosophical approach.

Masters describes the approach this way: “If girls value themselves, if they are connected to each other, have accurate, comprehensive information and feel safe to speak up, they are likely to make good decisions.”

This approach was in keeping with other literature that demonstrated that youth responded better to a broad base of information and a range of options rather than to one approach, such as abstinence.

Another source of information used in planning the retreat was the students themselves. An anonymous pre-survey asking girls what they find confusing and worrisome in their lives showed concerns regarding weight and body image to be the most predominant theme.

With this in mind, along with the expe-
“If girls value themselves, if they are connected to each other, have accurate, comprehensive information and feel safe to speak up, they are likely to make good decisions.”

- Alison Masters, RN

Planning the Retreat
Activities were planned that were collaborative, active, reflective, creative, expressive, informative and just plain fun. They organized a collage-making event related to body image. They set themes for skits such as “it’s my body,” “you’re feeling that way too?” and “we’re all one.” They scheduled to play a game called “Sexual Jeopardy” in which teams choose from questions in categories such as STDs, pregnancy and birth control. And they arranged for the prayer flags on which the girls would be invited to write their heartfelt messages to the world.

Another activity they prepared was a game called “Fishbowl” where six to eight participants (including a facilitator) sit in the centre of a large circle to brainstorm on an assigned question, such as “How many of your classmates are sexually active?” or “What percentage of B.C. teens have had sex by the age of 17?” or “How do you know when you are ready to have sex?” Meanwhile people on the outside of the circle listen.

“It’s a good exercise,” says Masters, “because they get exposure to different opinions and learn that what is normal has a really broad range. That’s important because a lot of teen activity is based on what they think everyone else is doing.”

For dinner on the first night of the retreat, the girls were invited to dress “outrageously.” Organizers presumed costumes would reflect a great deal of “primping and preening,” but at the retreat they were surprised to see a creative display of diversity and self-expression.

What about food? A local grocery store provided a shopping discount and the planning group is fortunate that high school teacher Diane MacDonald has a passion for catering as well as teaching. MacDonald took the lead on meal planning and preparation. The idea was to surprise the students with food that was teen-friendly but prepared with a sense of care and flair they might not expect. Masters and her group wanted the girls to feel well looked after. They succeeded with snacks, such as nachos and s'mores (a Graham wafer, marshmallow, chocolate concoction), a three-course sit down dinner, a dessert table piled high with cakes brimming with variations on whipped cream, lemon and cherries, and finally strawberries dipped in chocolate for a bedtime snack.

“The kids were blown away that someone would prepare food like that for them,” says Masters. “And their appetites were wonderfully healthy.”

Raising the Profile
With meals looked after and the agenda set, the planning group still needed volunteers to help run the retreat. They targeted female youth leaders in the community and local health care providers to raise their profile with the students.

Says Masters, “We thought, ‘If they’re...

* The RNABC document Standards for Registered Nursing Practice in British Columbia is available online at www.nabc.bc.ca (search “overview of standards”).

RNBC Standards for Registered Nursing Practice in British Columbia*

1. RESPONSIBILITY AND ACCOUNTABILITY:
Maintain standards of nursing practice and professional conduct determined by RNABC and the practice setting.

2. SPECIALIZED BODY OF KNOWLEDGE:
Based on current and best evidence from nursing science and other sciences and humanities.

3. COMPETENT APPLICATION OF KNOWLEDGE:
Make decisions about actual or potential problems and strengths, plans and performs interventions, and evaluates outcomes.

4. CODE OF ETHICS:
Adhere to the ethical standards of the nursing profession.

5. PROVISION OF SERVICE IN THE PUBLIC INTEREST:
Provides nursing services and collaborates with other members of the health care team in providing health care services.

6. SELF-REGULATION:
Assumes primary responsibility for maintaining competence and fitness to practice.
rubbing shoulders with the physicians, the alcohol and drug counselors and the public health nurses, and seeing us as people in the community saying, 'Come and see us,' then they are more likely to come and see us.'

In other words, it's a way of teaching about health care services. For registered nurses, introducing clients to relevant health care providers is part of Standard 5: Provision of Service in the Public Interest, Indicator 6: Assists clients to learn about the health care system and accessing appropriate health care services.

Standard 5 is also about collaborating with other members of the health care team in providing health services. This project came together through the efforts of an interdisciplinary planning team that invited the involvement of key community members. "A big part of this is the partnering and community spirit behind it," says Masters. Support for the project was also provided by the local Lions Club, the Inclusive Community Youth Project, the Creston town council, Creston Credit Union and the Interior Health Authority.

Also significant is who was not invited to participate in the retreat. Organizers wanted to create an atmosphere in which the girls felt safe to express themselves without fear of being judged. To help facilitate this, no guys or parents were invited, and female teachers were only involved in a limited capacity.

Safe and Ethical Care
Considerations of safety are addressed in RNABC’s Standard 1: Responsibility and Accountability, Indicator 4: Takes action to promote the provision of safe, appropriate, and ethical care to clients, and in Standard 4: Code of Ethics, which upholds the value of “safe, competent and ethical care.”

A safety message was also promoted in some of the planned activities. The girls were encouraged to develop a sense of looking out for and supporting one another. For example with the “Puzzle Exercise,” each person receives a puzzle piece in an envelope. With one piece only,
it is impossible to identify the picture. Gradually and in stages, the pieces fit together and a picture is formed.

"The point is that every piece of the puzzle is valuable and if we damage a piece of it we damage the picture for all of us," Masters explains, "You never know where the help is going to come from. Maybe one of the girls is going to have information or a strategy that’s going to help somebody when there’s trouble at a bush party some night."

Six weeks of planning flew by and in the fall of 2003, just days before the retreat was to take place, the organizing group was ready with an agenda, transportation, accommodation, meal plans and adult volunteers “bursting to dress outrageously.” But one critical component was missing. Out of a possible 70 grade 9 girls, only four had signed up and submitted consent forms. With a swift and determined promotion campaign targeted around the girls’ physical education classes, the numbers rose to 35. The retreat was a go.

In fact it was a big success. Judging by the levels of enthusiasm at the retreat as well as by comments written in an evaluation, the girls had fun and learned at the same time. Comments included, “I learned about myself,” “I learned about what other people think and feel” and “I learned it’s better if we stick together.” There were also requests for “more pictures for the Sexual Jeopardy game.”

A similar retreat for grade 8 girls was offered the next spring. This time, 42 girls signed up with no arm-twisting. That was followed by a five-hour evening event for grade 11 girls and a full-day follow-up building on the previous retreats for grades 9 and 10. Once the grade 8 girls have had their retreat this spring, all the classes will have had at least one retreat offered to them.

**Evaluation**

After each retreat, the program is evaluated and adjusted accordingly for the next time. So as requested, more pictures have been introduced to “Sexual Jeopardy,” “Graphic pictures are what they both love and hate about the game,” says Masters.

Peer facilitators have also been introduced after great success in a trial run. “They are so effective,” says Masters. “Something that adults might try to say (that doesn’t sink in), becomes a great point of discussion when the peer facilitators act it out in a skit.”

When registered nurses evaluate their approach and make appropriate changes, they are demonstrating Indicator 7: Evaluates client’s response to interventions and revises the plan as necessary from Standard 3: Competent Application of Knowledge.

The public health nurses have also determined that they need some new resources to go with their birth control kit. During the retreat they invite the girls to look at the various contraceptive devices and ask questions. It’s always a popular activity, but the public health nurses know what will make it even better. A local quilter is making a life-size anatomically correct doll complete with breasts, vagina, cervix and uterus. Masters says, “Those who have seen it laugh and say it’s funny and beautiful at the same time.”

It’s another example of the community spirit that has supported the retreats from the start and has helped Masters and Searle to develop a more relevant health promotion program for high school girls.

“It’s all about quality improvement,” Masters says, “and demonstrating respect and caring for the young girls in our community.”

That takes us back to Standard 5, Provision of Service in the Public Interest, Indicator 4: Advocates and participates in changes to improve client care and nursing practice.

**REFERENCE**

What educational preparation do nurses need for practice in rural and remote Canada?

Working in a small community, I really see that you need a wide range of knowledge. You don’t have to know everything, but you need a general knowledge and you need to know where your resources are so that if you don’t have the answer, you know where to get it.

– Nurse Participant

The educational preparation of registered nurses is a significant factor in the sustainability of rural and remote nursing practice in Canada (from here on, “rural” should be taken to include remote). Our national study The Nature of Nursing Practice in Rural and Remote Canada has examined this issue through four complementary research methods. The focus of this report is to present information about education issues for rural nurses and to identify implications for their educational preparation.

Levels of educational preparation
Both our analysis of the Registered Nurses Database (RNDB) and our survey of 3,933 rural nurses confirmed that the majority of rural nurses have a nursing diploma when they begin their practice. The RNDB analysis shows only 9% of rural nurses in 2000 with a bachelor’s degree at practice entry (see graph on next page), compared with 27% of our survey respondents in 2003. This increase reflects the declining number of diploma programs across Canada. Despite this increase and the often complex demands of their positions, rural nurses continue to have less educational preparation than their urban counterparts.

Within the survey, educational preparation varied by region. For example, the Territories have the highest level of baccalaureate preparation (41%), with Saskatchewan and Manitoba having the lowest (17%). Interestingly, the Territories also have the highest percentage of nurses with graduate preparation in nursing (3%) and non-nursing (3%). Twenty-five per cent of nurses in the Territories work in outpost or nursing stations where advanced practice is required, so it is understandable that Territories nurses have more education.

Rural nurses speak out
The workload often changes quickly; you have to change gears. Even though you might be the ward nurse, you may have to come and help in emergency ... the workload and the acuity and types of patients can be quite varied. And then you can add in a couple of long-term care wanderers.

– Nurse Participant

Rural nursing is unique; it is multi-specialist, generalist practice. Whether they work in acute care or long-term care settings, in home care, in public health, in nursing outpost clinics or in community health centres, rural nurses spoke in the interviews of how they are called upon to respond to the needs of all those in their communities. As a result, rural nursing practice is highly variable and challenging, and nurses have to engage in a wide scope of practice in situations in which there are limited numbers of other nurses and often few support staff or other professionals.

Many of the 152 nurses in our narrative interviews told us that they do not feel well enough prepared for rural practice. Nurses want to come out of their basic nursing programs not only with solid, relevant knowledge and skills, but also with skills at linking with community resources and finding answers on their own because they so often have to work alone. Furthermore, they want to be ready for the realities of living and working in rural communities, including being immersed in a culture that may be different from their own. The need for better preparation is particularly important for the advanced practice roles required in remote areas.

What can be done? Rural nurses suggest that nursing programs include more content specific to rural nursing and more opportunities for students to learn in rural settings. They want education programs to address the reality of rural practice and to be taught by faculty members who themselves have expertise in rural nursing. Rural nurses are pleased to see increased opportunities for nurse practitioner education.

Lack of policy support
Our documentary analysis examined relevant government, education, and health documents to determine the level of policy support for preparing rural nurses as well as the level of policy support for rural nursing practice in general. Despite the complexity of nursing practice in rural Canada noted by both the survey respondents and narrative participants, there was little in the policy and education standards reports that speaks to preparing nurses for working in such settings. For example, we found no government documents that discussed the need to provide educational opportunities for students in rural sites. Further, even though there is discussion about the importance of telehealth as a tool to ensure access to health care in rural communities, there is no indication in the documents reviewed that telehealth is being used in nursing education programs to prepare rural nurses.
Documents from most of the professional nursing associations equate rural with accessibility issues regarding education. This reflects a limited understanding of the impact of rural settings on nursing practice and on nursing education curriculum. Often, education for remote nursing practice is automatically linked with First Nations health issues. However, this fails to acknowledge the many types of remote communities in which nurses practice, such as mining and logging communities. All of the professional nursing associations have entry-level competencies that focus on generic requirements, with no acknowledgement of the uniqueness and complexity of nursing practice in rural communities.

There is, however, documentation of specific nursing programs with a rural focus at certain schools across Canada, such as the University of Northern British Columbia, Laurentian University, and the First Nations University of Canada. Students are provided theoretical content relevant to rural nursing and rural health care and complete clinical rotations in a variety of rural communities. Within these programs, there is a reliance on rural nurses as clinical preceptors.

**Implications**

Teach them how to use resources, how to find answers. Don’t give it to them, don’t feed it to them … because when you’re in the remote areas you’re on your own … you have to find your own way of getting information.

— Nurse Participant

- Targeted funding is needed for university nursing programs that focus on preparing rural nurses, in order to address additional design and implementation costs.
- It is necessary to develop appropriate basic curriculum at education sites that can access rural or remote areas for clinical practice. This will ensure that future rural nurses are more prepared for the realities and complexities of nursing practice in such locales.
- The teaching of theory and the supervision of clinical practice should be done by expert rural nurses, so that the gap between the classroom and the realities of rural community settings can be bridged.
- Extended mentoring and orientation programs that would supplement basic nursing education should be considered.

**References**

Canadian Institute for Health Information (2002). *Supply and Distribution of Registered Nurses in Rural and Small Town Canada, 2000*. Ottawa: Author. This report was prepared by project members: Roger Pitblado, Laurentian University; Jennifer Medves, Queen’s University; Martha MacLeod, University of Northern British Columbia; Norma Stewart, University of Saskatchewan; and Judith Kulig, University of Lethbridge.


The fact sheet and other information on the Nature of Nursing Practice in Rural and Remote Canada research project is available at www.ruralnursing.unbc.ca

*Paid for by the Nursing Directorate, Ministry of Health Services*
Excellence in nursing and health care deserves recognition. RNABC's Recognition Program enables registered nurses to honour colleagues for their outstanding contributions to the profession and for demonstrating excellence in relation to the RNABC Standards for Registered Nursing Practice in British Columbia.

RNABC Awards
- Award of Merit
- Award of Distinction in Nursing
- Award of Excellence in Nursing Administration
- Award of Excellence in Nursing Education
- Award of Excellence in Nursing Practice
- Award of Excellence in Nursing Research
- Award of Advocacy
- Award of Honour
- Honorary Member

Nomination forms and award criteria are found in the RNABC Recognition Program Handbook, available from RNABC's Board of Directors and professional practice groups or from the RNABC office. The handbook can be downloaded from the RNABC website www.rnabc.bc.ca/publications/media/about_rnabc/awards.htm or you can request a handbook by calling 604-736-7331 (ext. 338) or toll-free in British Columbia 1-800-565-6505, or e-mail awards@rnabc.bc.ca

The deadline for nominations is 1600 hours Friday, October 28, 2005.

RNABC Recognition Plaques
Plaques may be awarded to any RNABC registrant deemed worthy of recognition. The plaques are available throughout the year by request of two executive members of a professional practice group or by request of any five RNABC registrants. Plaques are available in three sizes: 5" x 7" ($40); 8" x 10" ($45); and 9" x 12" ($50). Order forms are found in the RNABC Recognition Program Handbook (see above), on the RNABC website www.rnabc.bc.ca (search "recognition plaques"), or can be requested by calling 604-736-7331 (ext. 331) or toll-free in British Columbia 1-800-565-6505, or e-mail plaques@rnabc.bc.ca

Memorial Book
The RNABC Memorial Book is an historical record honouring deceased RNABC registrants who deserve recognition for their contributions to nursing in B.C. It is located in the RNABC Helen Randal Library.

The deadline for nominations for the Memorial Book is November 1, 2005. Submit nominations to:
B.C. History of Nursing Group
PO Box 87282, RPO Sasamat
Vancouver, BC V6R 4P2
2005 RNABC Award Recipients

RNABC award recipients have made outstanding contributions to the advancement of nursing and health care in B.C. They are leaders, mentors, teachers and role models. Through their achievements, they strengthen the nursing profession, and help us all achieve our goal of competent and ethical nursing practice in the public interest. RNABC award recipients consistently demonstrate outstanding performance in relation to the RNABC Standards for Registered Nursing Practice in British Columbia.

SHIRLEY COX, RN, BN, MAOM
Award of Excellence in Nursing Administration

Shirley Cox is the Professional Practice Director and Regional Accreditation Coordinator for the Pacific Region of Correctional Services Canada. Shirley's professionalism and knowledge have been integral to the success of many programs at Correctional Services Canada. She has been instrumental in developing a variety of groundbreaking initiatives. When Correctional Services Canada directed the regions to introduce methadone programs, she developed a comprehensive program for the Pacific Region.

Another example of Shirley's dedication to the profession is her "unwavering" application of her ethical principles. As one of Shirley's colleagues writes, "Her regard for the rights of the person—particularly the right to dignity and fundamental human respect—is foundational to her approach to any of the work which she undertakes." As Correctional Services Canada experiences an aging population, there is a "greater-than-ever need for more sophisticated hospice and palliative care services." In response to these needs, Shirley has been a "driving force behind the development and implementation" of a hospice and palliative care program for terminally ill offenders.

ELEANOR GILDING, RN, BSCN, MA, OHN
Award of Excellence in Nursing Practice

Eleanor Gilding is a Nurse Advisor for the Workers' Compensation Board of British Columbia. She is an expert occupational health nurse who readily shares her knowledge with colleagues. She brings to her work a wealth of experience in various nursing fields, including infection control, occupational health and safety, education, and management. In the words of a colleague, "Eleanor has devoted her professional life to improving the care of people within the workforce." She is an outstanding role model and mentor and is well known for her tireless efforts to promote excellence in occupational health nursing.

Eleanor has made significant contributions in many areas, including work as a member of a provincial multi-organization group established to provide consistency in management of aggressive behaviour in the workplace. She participated on a national committee that developed guidelines for the prevention and control of occupational infections in health care. She designed and implemented an innovative research project that examined ways to manage lifting and transfer of patients and prevent musculoskeletal injuries among staff.
WANDA GORDON, RN, BSN, MA
Award of Distinction in Nursing

During a long and successful career, Wanda Gordon has been a clinician, educator and administrator in both nursing practice and education. Since 1987 she has held a number of positions at the University College of the Fraser Valley (UCFV) and is currently the Director of Health Sciences. In this role she is responsible for the nursing degree program, practical nursing certificate program, home support/resident care attendant certificate and degree program, and the certified dental assistant programs.

Wanda is cited for a number of skills that contribute to her exceptional performance. Colleagues and peers commend her collaborative management style, mentorship ability, conflict management skills, and her problem-solving and decision-making skills. A former colleague writes, “I have learned more about creating a respectful and caring work environment from Wanda than from any other manager I have encountered during my career.”

Wanda has been involved in a variety of innovative initiatives at UCFV, such as a faculty exchange program with China and an undergraduate nurse employment project.

JUDITH MOGAN, RN, BSCN, MA
Award of Excellence in Nursing Education

Judith Mogan is an Assistant Professor Emerita at the University of British Columbia’s School of Nursing. She is a dedicated nurse educator whose ability to guide, support and motivate students is well known. During a teaching career spanning more than 30 years, she has been an effective mentor and an exceptional role model for new teachers and students alike. In the words of a colleague, “She is always looking for positives as well as new possibilities in nursing education.”

The contributions Judith has made are many and varied. Judith is remembered by colleagues at University College of the Cariboo, now called Thompson Rivers University, for the exceptional leadership she provided in the development of the first nursing curriculum at what was then Cariboo College. She is an excellent teacher in clinical settings and in traditional and virtual classrooms. As a course developer and teacher, she has contributed significantly to distance education in nursing at the University of British Columbia. Students acknowledge her excellence as an advisor, tutor and online discussion leader. In the words of a former student, “She continually supported, guided and motivated us with great enthusiasm and patience.”

DOROTHY MORRIS, RN, BSN, MA, CCN(C)
Award of Excellence in Nursing Education

“Call Dorothy. Check with Dorothy. Dorothy will know. These phrases have echoed in the hallways on a daily basis for the past 14 years I have known Dorothy,” writes one of Dorothy Morris’ colleagues. Dorothy Morris is a Clinical Resource Nurse and Clinical Nurse Educator for Critical Care, Cardiac Surgery at Royal Jubilee Hospital in Victoria. She is an expert clinical nurse educator who, in the words of colleagues, “always strives to be the best she can be.” She is committed to quality patient and family care and works diligently to promote excellence in nursing practice.

Dorothy is also a proven leader. She provided outstanding leadership in the development and implementation of the Delirium Watch and Management Protocol to improve outcomes for older adults who experience delirium after cardiac surgery. As one colleague writes, “She has taken problems, such as perioperative delirium, and turned them into great successes.”
NORMA PARKER, RN
Award of Excellence in Nursing Practice

For more than 30 years, Head Nurse Norma Parker has provided compassionate care to all students at St. George's School in Vancouver. She is recognized as a trusted nursing professional who has made an indelible impression on the many students for whom she has cared.

A former full-time boarder at the school recalls, “Norma was taken into trust by almost every schoolboy.” Another former student reflected on his time at St. George’s and says, “she (became) someone who is family to me and someone who has played one of the most important roles in my entire life.”

While Norma earned the trust of the students and staff alike, she is also recognized as an expert whose assessment and clinical decision-making skills are exceptional. In the words of one colleague, “She provided visible leadership on nursing and health issues within the extended St. George’s community. She has shown an ability to be innovative and open to change.” She is respected for many qualities, in particular her depth of knowledge and understanding of sports injuries, her counselling abilities and her interpersonal relationship skills. As one of her nursing colleagues states, “She remains tirelessly committed and dedicated to those whose care is entrusted to her.”

ELAYNE PRESTON, RN, DOHS, COHN(C)
Award of Distinction in Nursing

Throughout her nursing career, Elayne Preston has practised in the area of occupational health and safety. In 1998, she established her own consulting firm, Employee First Health and Safety Consulting. She is recognized for her excellence in clinical practice, education and administration.

Elayne has demonstrated her skills as an independent registered nurse in both health care and industrial settings. She is a nationally certified occupational health nurse and case manager in Canada and the United States. Colleagues and clients alike comment on her “exceptional knowledge base and professional expertise.” She also is an instructor, preceptor, and tutor at the BC Institute of Technology. “Her presentations are thoughtfully planned, interactive and enhanced by Elayne’s special brand of humour,” says a nursing colleague.

She is held in high regard by her clients in health care, hospitality, government and educational institutions. She effectively takes the principles of disability case management for the ill or injured employee and applies them to the RNABC Standards and RNABC Standards for Registered Nursing Practice to develop a case management model for occupational health nursing practice.

MORRIE STEELE, RN, BSN, MS
Award of Distinction in Nursing

Morrie Steele is an instructor in the nursing program at the University College of the Fraser Valley and a former RNABC nursing practice consultant. He is a skilled practitioner whose clinical knowledge and expertise is respected and sought after by his students and his colleagues. As an educator, he is described as guiding students “toward critical insights, human compassion and a conviction that nurses can and do make a difference.” In an administrative position, Morrie has exerted a major influence on the quality of patient care through a variety of initiatives.

One of Morrie’s greatest strengths is his ability to convey his own stories and experiences with conviction and relevance. As one of his colleagues writes, “In sharing his own career story and his perceptions of the changes in the mental health service delivery scene (with students), Morrie absolutely captured their attention. He was able . . . to help them grasp the complexities of policy and political processes related to health care and help them develop sensitivity for the human experience of chronic mental illness within our society.” A colleague says of Morrie Steele, “He has been a life-long learner, an expert clinician, a passionate educator, a protector of the public and a man of incredible integrity and professional pride.”
CAROLYN TAYLER, RN, BN, MSA, CON(C)
Award of Distinction in Nursing

Carolyn Tayler is recognized by colleagues as a “clinical innovator, leader, teacher, and mentor” in oncology, palliative, and hospice care. She is the Director of Planning and Systems Development for End of Life Care for the Fraser Health Authority. In the words of one of her colleagues, “She is a tireless advocate for increased support to patients and families who are living with terminal illness.”

As a clinician, Carolyn is known for her in-depth knowledge of cancer care and palliative care. And while she is recognized for her exemplary clinical knowledge, she is also recognized for her work promoting education and certification for hospice palliative care nursing. As an effective communicator, Carolyn uses her teaching skills in working with colleagues, patients and families as well as in her many presentations and consultations that she conducts across the country. Carolyn is recognized as an outstanding administrator. She is particularly proficient in program planning and development and in facilitating collaboration and coalition building. She has made significant achievements in her current position with the Fraser Health Authority. She played a key leadership role in the opening of the first tertiary hospice palliative care unit and in the opening of two additional community-based hospice residences.

PAULETTE TOMASSON, RN, BSCN, MA
Award of Excellence in Nursing Practice

Paulette Tomasson is a recognized expert in the field of addiction. Her private practice models excellence in mental health nursing. In the words of a colleague, “Experiencing her at work is to see a creative, dynamic and integrated therapist who is truly gifted with an empathic, respectful use of self.” She has dedicated her professional career to improving mental health nursing practice.

Paulette is an outstanding leader who brings depth of experience, knowledge and creativity to her work in the field of addiction and co-dependency. She is the only certified sex addiction therapist in Western Canada and is internationally known in the field of equine assisted therapy. She is committed to her own ongoing professional development and generously shares her learning and wisdom. Clients, families, nursing and medical students all benefit from her teaching. A colleague notes, “She brings a sense of hope and clarity to a field of practice that is often filled with negative stereotypes and a sense of helplessness for nurses.” Paulette is recognized for her determination to create safe environments for individuals to reach optimal mental health.

ETHEL WARBINEK, RN (RETIRED), BSN, MSN
Award of Distinction in Nursing

Ethel Warbinik is a respected Professor Emeritia at the University of British Columbia’s School of Nursing. After a long and successful career marked by excellence as a clinician and nurse educator, Ethel is now devoting her attention to chronicling nursing history in organizations, institutions and provincial health care as well as through the lives of those who are or have been part of it.

Among her historical publications is a co-authored history of RNABC’s Richmond-Delta Chapter from 1967 to 1997. She is accepted as a nursing historian of note nationally through the Canadian Association for the History of Nursing. Ethel has been a strong and enthusiastic supporter of the Vancouver General Hospital and University of British Columbia alumni associations, and is responsible for establishing and maintaining the archives for both. She co-authored Legacy: A History of Nursing Education at the University of British Columbia, 1919-1994. Ethel Warbinik’s teaching skills and knowledge have influenced a generation of nurses and she is now providing leadership in collecting, preserving and disseminating nursing history, collaboratively and on her own.
JEANETTE WATTS, RN, BSN, MPH
Award of Excellence in Nursing Administration

As Nursing Supervisor for the Nuu-chah-nulth Tribal Council, Jeannette Watts is responsible for a nursing team serving residents of more than 20 First Nations communities along the west side of Vancouver Island as well as tribal members in five adjacent municipalities. She is described as "a remarkable human being who is transforming nursing in First Nations communities."

Jeannette is cited for development of a nursing framework and strategic plan that supports culturally appropriate care and nursing practice by incorporating input from nursing staff, elders and community health workers. She has also been a leader in developing an ongoing list of nursing best practices unique to the cultural milieu and needs of the community. Jeannette is skilled in promoting communication and collaboration among First Nations themselves and with non-First Nations agencies to improve the delivery of community health nursing services. The nursing team led by Jeannette has received repeated recognition for professional excellence.

CAROL ANNE WEREMY, RN
Award of Excellence in Nursing Practice
Award of Advocacy

Carol Weremy is a casual clinical nurse at the Rotary Hospice House in Prince George and at the We Care facility in Quesnel. Carol brings extensive knowledge and diverse experience to her nursing practice. She is known, above all, for her expertise in palliative care and her continued commitment to improving the quality of care in this specialty.

Carol is acknowledged as an outstanding clinical decision-maker, educator, mentor and role model. In the words of a co-worker, "I always felt Carol was someone I could go to and she would value me, guide me and support me." Carol seeks knowledge and applies current research to her nursing practice. She works with colleagues in all health disciplines to ensure that patients and families experience care that meets the national palliative care standards. She was instrumental in the design and implementation of pain management and dyspnea protocols that help nurses provide comfort to palliative patients. Her distinguished work and practice excellence has been the key to achieving effective hospital and community palliative care in northern British Columbia.

Carol is a founding member of the Quesnel and District Palliative Care Association. For many years, she has effectively lobbied for palliative care services throughout British Columbia and particularly for the North. In the words of a colleague: "Her diligence and persistence resulted in a high functioning community palliative care team..." Another colleague notes, "Carol has been a driving force in getting palliative care recognized as a special area of nursing in our community." Carol's achievements are particularly noteworthy because most of her advocacy efforts have been undertaken on her own time.

Carol established the Palliative Care Program at G.R. Baker Memorial Hospital. She was instrumental in developing an interdisciplinary palliative care team that provides seamless care to patients and their families in Quesnel and the surrounding region. At every opportunity, she has lobbied to have palliative care funded as a core service. She is a relentless patient and family advocate. One of Carol's colleagues describes her as "...a politely persistent community advocate."
More than 425 registrants attended the 93rd — and likely the last — Annual Meeting of the Registered Nurses Association of British Columbia in April. This year's meeting provided an opportunity for registrants to hear about their rich past from 1912 as the Graduate Nurses Association of British Columbia until today, to celebrate the present by recognizing the outstanding achievements of 13 of their registered nurse colleagues, and to learn about what is on the horizon when registered nursing in B.C. comes under the Health Professions Act.

RNABC President Howard Searle said the 2005 Annual Meeting marked two endings. "First, it is the last time I will have the privilege to speak at an Annual Meeting as president of RNABC. Secondly, although last year we speculated that Annual Meeting might be the last as RNABC, this year we come with the same message, but with considerably more conviction."

It is expected that in mid-August this year, RNABC will become the College of Registered Nurses of British Columbia Searle told voting delegates and observers.

"Annual meetings will continue," he said. "Formats and agendas will change, but as those of us who have been around a while know, these alterations come as only one more stage in our evolution."

To illustrate how nursing regulation in British Columbia has evolved, a special presentation to close this year's Annual Meeting highlighted many of the changes that have taken place in nursing since RNABC was founded in 1912 as the Graduate Nurses Association of British Columbia. On hand to describe some of these changes was Helen Randal, co-
founder and first registrar of the Graduate Nurses Association of B.C. following enactment of the Nurses Act in 1918. Helen Randal was portrayed by well-known Vancouver actor Nicola Cavendish and the presentation was filmed and will be available from RNABC in DVD format (see page 23 for more information).

This year’s Annual Meeting included one late resolution. While no issues were presented during the Issues Forum, participants discussed a number of topics of interest during the Open Forums. These included: valuing older nurses; internationally-educated nurses; the continuing need for a nursing voice in the development of health policies; Captive Insurance Corporation premiums paid for by RNABC; quality practice environments and the ability of registered nurses to meet standards; the impact of skill mix on patient care and safety; access to care; and a proposal to establish a new provincial association for registered nurses.

Greetings from the Canadian Nurses Association were brought this year by CNA President Deborah Tamlyn. She reminded her audience that CNA work on behalf of registered nurses is grounded in two priorities: to advance a publicly funded and not-for-profit health system focused on the primary health care model; and to encourage the development of quality professional practice environments for nurses so they can provide safe, ethical and competent care.

Health Professions Act Update
Registrants were anxious to hear about the changes that are coming later this year when the Nurses (Registered) Act is repealed and the Health Professions Act is enacted for registered nurses and nurse practitioners.

RNABC Executive Director Laurel Brunke and Policy Director Jo Wearing provided updates on the Health Professions Act and the scope of practice and proposed Regulation for Registered Nurses and Nurse Practitioners. Registrants wanted to know how specific registered nurse practice will be impacted by the regulations and what future annual meetings of the College will look like as there will no longer be chapters to select voting delegates. A decision was made by the Board of Directors in September 2004 to not continue with the chapter structure under the Health Professions Act and to dissolve chapters at the end of April 2005.

In her presentation, Wearing described reserved actions for general and specialized registered nurse practice. Reserved

Late Resolution Approved at 2005 Annual Meeting

The following late resolution was approved by voting delegates at the 2005 RNABC Annual Meeting April 18-19 in Vancouver. It will be referred to the Board of Directors for consideration.

Canadian Multiculturalism Act

RESOLVED, That RNABC request the Nursing Advisory Committee of British Columbia to study the phenomenon, issues and professional implications of the growing importance of culturally appropriate nursing care and health interpretation as a means to support effective nursing and health care for individuals with limited English proficiency and/or hearing; and

RESOLVED, That RNABC acknowledges the growing importance of culturally competent nursing knowledge and practice by: promoting the need for ongoing education and skills update for RNs working in all care delivery areas related to the care of an increasingly culturally diverse population as well as reviewing the adequacy of competencies regarding cultural care in the RNABC Competencies Required of a New Graduate; and

RESOLVED, That RNABC consider submission of issues raised in this resolution to the Canadian Nurses Association’s Annual Meeting.
Nurses from Maternal Child Services at Prince George Regional Hospital invite you to attend the largest nursing conferences in Northern British Columbia. We are inviting speakers from Canada and the United States to come & share their knowledge with us.

When:
November 3, 4, & 5, 2005

Where:
Coast Inn of the North

Registration Forms:
To come

Questions Contact:
Martina Irvine at (250) 565-2328
Martina.Irvine@northernhealth.ca

actions are clinical activities that may present a significant risk of harm and are therefore reserved for specified professions only.

As the proposed Regulation had not been approved by government at the time the Annual Meeting was held, Wearing said she could not state definitively how an individual's specific practice would be affected by the regulations. However, most of what registered nurses currently do will not be affected by the changes in legislation as the proposed Regulation reflects the common practice of registered nurses, she said. What will change is that the Health Professions Act and Regulation will clarify the responsibilities and accountabilities of registered nurses in their practice in relation to orders and delegation.

Following government approval of the Regulation for Registered Nurses and Nurse Practitioners, RNABC will embark on an extensive program to educate registered nurses about how the new legislation will impact their practice.

The future format of the Annual Meeting is something RNABC and Board of Directors must still determine, Brunke told registered nurses at this year's Annual Meeting. RNABC's Board of Directors is considering mechanisms for voting, including selection of voting delegates as well as options for the format of the Annual Meeting. Information on the Health Professions Act is available on the RNABC website www.rnabc.bc.ca under "What's New."

Staying the Course
RNABC President Howard Searle urged registrants to be patient as RNABC transitions to the College of Registered Nurses of British Columbia.

"Without question we've accomplished some forward movement over the last two years," he said in his annual address. "Sometimes it's difficult to appreciate advancement because it is often too slow to even measure incrementally. Progress is often only recognized once we've arrived. But I've always believed the important thing is to stay on course and keep your eyes on the target."

Searle said RNABC has been tenacious in working with government on the scope of practice for registered nurses and nurse practitioners.

"We needed to ensure that what is ultimately created with the new scope of practice is something that is both meaningful and workable for the registered nurses and nurse practitioners of this province," he said. "We also needed to feel confident that our scope of practice reflects clear responsibility and accountability that is fundamental to safe client care."

A Strong Organization
"What we stand as an organization must never change, but the strategies we use to get there are always evolving," Executive Director Laurel Brunke said in her annual meeting address to registrants.

"As Executive Director, it is my responsibility to ensure that RNABC achieves the direction and priorities established by the Board so that our mandate of regulating registered nurses in the public interest is always met."

Throughout her address, Brunke described some of the work that RNABC staff do to meet this mandate. This is "just the tip of the iceberg of the work," she said, adding that as RNABC transitions to the College of Registered Nurses of British Columbia, it will be timely to revisit the organization's vision, values and strategic priorities. "Your input as well as input from the public and other stakeholders will be critical to setting the direction for the College," she said. "Just as we have done for almost 100 years, we will, as we transition to the College, continue to be a strong and vibrant organization — one that protects the public through the regulation of registered nursing and supporting registered nurses to achieve excellence in practice."

Collaboration  Information  Accommodation  Rejuvenation
B.C.'s Nursing History as Seen Through the Eyes of Helen Randal

At RNABC's final Annual Meeting before becoming the College of Registered Nurses of British Columbia, a special visit was made by Helen Randal, the first registrar of the association and president from 1917 to 1919.

Miss Randal speaks to the group about their rich past from 1912 as the Graduate Nurses Association of British Columbia until today. This warm and humorous presentation is filled with history and archival images. Helen's visit with the audience ends with her introduction of the new logo for the College of Registered Nurses of British Columbia.

The address delivered by Helen Randal, portrayed by Canadian actor Nicola Cavendish, will be available mid-May 2005 in DVD format, exclusively to registrants, for $6 (includes taxes, shipping and handling).

To order a special DVD, complete and return the publications order form or order online at www.rnabc.bc.ca or contact the RNABC publications clerk at 604-736-7331 (ext. 118) or toll-free 1-800-655-6505.

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Please make cheques payable to RNABC. Return this form to:

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2855 Arbutus Street
Vancouver, BC
V6J 3Y8

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604.736.7331 ext 118

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FACSIMILE
604.738.2272
Regulating Registered Nurses in the Public Interest

The following is excerpted from the Executive Director’s 2005 Annual Meeting address.

Since 1912, registered nurses have accepted the privilege of self-regulation as the means to assure the public of safe, competent care. We have always taken this responsibility seriously and we will continue to do so after RNABC becomes the College of Registered Nurses of British Columbia, because if we do not, we could lose this privilege.

What RNABC – soon to be the College – stands for as an organization must never change, but the strategies used to get there are always evolving. As Executive Director, it is my responsibility to ensure that RNABC achieves the direction and priorities established by the Board so that our mandate of regulating registered nurses in the public interest is always met.

Every year at the Annual Meeting, I share with you the work done by staff to achieve the Board’s strategic priorities, which in 2004 were:

- Self-regulation of nursing is maintained in the public interest.
- The public receives safe and ethical care from competent registered nurses.
- Practice environments retain registered nurses and enable them to practise in accordance with the RNABC Standards for Registered Nursing Practice in British Columbia.

Achieving these requires dedication and commitment from all our staff – and a talented staff it is. As I tell you about some of the work we’ve done, I’m going to introduce you to the staff who do it.

The contribution of each is critical to achieving our mandate.

Executive Office

The Executive Office is small but mighty; there are just three of us. Our primary role in the Executive Office is to support the Board in its work. Last year we coordinated six board meetings as well as several committee meetings. Arrangements were made for the President to speak with registered nurses around the province.

As well, we organized and prepared the President and board members for participation in events and visits throughout the province (e.g., Health Canada Healthy Workplace consultation, round table on public health issues with the federal Minister of State, schools of nursing, BCMA, BCNU, chapter meetings).

Throughout 2004 the Board put considerable time and energy into developing bylaws for the College of Registered Nurses of British Columbia (CRNBC). This is important work to meet the strategic priority that registered nurses continue to be self-regulating. Input from registrants through e-mail, paper and web-based surveys that the Executive Office coordinated was critical in assisting the Board’s decision-making regarding the CRNBC governance structure. Ongoing direction was given by the Board to ensure that the strategic priority focusing on the public receiving safe and ethical care from registered nurses is achieved. In 2004, much of this focused on the scope of practice and Proposed Regulation for Registered Nurses and Nurse Practitioners.

Working Collaboratively

Through the Executive Office, we work with other organizations important to registered nurses. This includes the other two nursing colleges in British Columbia, health regulatory organizations in B.C., government, schools of nursing, BCNU and provincial, territorial and national nursing organizations.

At the Canadian Nurses Association (CNA), you are represented by the President. Our relationship with CNA is important for two reasons. First, CNA does work to support RNABC’s regulatory role. Examples include: development and maintenance of the Canadian Registered Nurse and Nurse Practitioner Examinations; the Code of Ethics; the framework for advanced nursing practice; and exploration of a national centre for assessment of international applicants. The second, and equally important reason, is the work CNA does to advocate for registered nurses and healthy public policy. Our relationship with CNA will continue to be important as we become the College.

The other main focus of work in the Executive Office is providing leadership to staff to achieve the priorities set by the Board.

Finance & Corporate Services

Staff in Finance and Corporate Services are the people behind the scenes who do the printing and mailing, staff the switchboard, look after the heating system, pay the bills, make sure the computers work, etc., all of the things that we can’t do without.

Human Resources and IT

Last year we restructured the RNABC staff.
organization and reduced the number of clerical staff and deleted one professional staff position. This allowed us to add staff in the IT area, which we urgently needed. A new technology business plan was finalized and has allowed us to move forward with activities such as online registration renewal. With huge effort from the IT and registration staff, online renewal was piloted in 2004 and this year 44% of students and 15% of registered nurses renewed online. Hits on our website are up 19% over 2003, making our IT staff’s work more important than ever. New spam software has improved staff productivity as we’ve almost eliminated the over 80% of e-mails that were spam.

Office Services
Staff in office services were cross-trained so that each of them now rotates through the switchboard, catering, mailroom and print room functions. Why does that matter? When you are making more than 1.6 million photocopies a year, managing over 110,000 phone calls, spending almost $100,000 on postage, it’s busy and staff need to be able to pinch hit for each other to keep the operation running. The bonus is that staff have more variety in their work, thus increasing job satisfaction—part of what we do to help ensure a quality work environment.

Accounting
Finance and Corporate Services also handles all the money. Restructuring provided the opportunity to add a new assistant controller—a recommendation from our audit firm. This change and software enhancements have improved the accuracy and efficiency of our systems—an important consideration when you’re doing several thousand financial transactions a year.

Other work in the division in 2004 included overseeing the repainting and recarpenting in the meeting room and library areas and facilitating the recruitment of new staff to RNABC.

Practice Support
One of those new staff joined the Practice Support Division. Many of you will be familiar with some of these staff as this division includes our five nursing practice consultants and 11 regional nursing practice advisors. Through these staff, assistance is provided daily to registered nurses to meet the Standards for Registered Nursing Practice. In 2004, we assisted with more than 3,400 practice issues over the phone (that’s one for every 10 registrants) and did over 1,200 on-site consultations involving almost 12,000 registered nurses—that’s more than 40% of the practicing registered nurses in this province and goes a long way towards meeting the Board’s strategic priority that focuses on registrants meeting the Standards.

Workplace/Student Rep Programs
Support is also provided to registrants through the Student Representative Program and Workplace Representative Program. Today we have over 166 student reps in the 16 nursing education programs in BC. The Workplace Representative Program has over 500 reps in 273 agencies.

The regional nursing practice advisors support both programs, which focus on developing students and registered nurses as resources to their colleagues in understanding and using the Standards. This year marks the 20th anniversary of RNABC’s Workplace Representative Program. It’s come a long way from its beginning as a pilot project in four agencies.

Practice at the System Level
Staff in the Practice Support Division also participate in work that focuses beyond the individual registered nurse (e.g., OR Tech Project Steering Committee, B.C. First Line Nurse Leadership Project, BCMA Maternity Enhancement Project). Our participation is critical as questions such as the use of licensed practical nurses in the operating room are explored.

Putting Policy into Practice
Other work by practice consultants included developing resources to support you to put policy into practice (e.g., Ethics and Job Action Bulletin, Tools to Assist Band Employers to Enhance Professional Practice Environments, Practice Expectations: Registered Nurses and Licensed Practical Nurses).

Education Approval
Joyce Black, our education consultant, also works in the Practice Support Division and is responsible for supporting the work to approve all 16 B.C. schools of nursing. This work is fundamental to the Board’s strategic priority that the public receives safe and ethical care. In 2004, reviews were done for four programs, including the first two nurse practitioner programs. However, this doesn’t come anywhere close to reflecting the nature and extent of the review work involved and the requests that the Education Approval Committee (EAC) must respond to. The EAC program reviews are impacted greatly by ongoing changes in nursing education. Three changes of note are: collaborative programs that offer nursing education at several sites; the transition of diploma programs to baccalaureate offerings; and the development of nurse practitioner education programs in the province.

Approval of a nursing education program requires that new graduates can meet the entry-level competencies. As we embarked on our usual five year review of these competencies, it struck us that the competencies should not be different across the country. Through RNABC’s leadership, all but three provinces are now participating in the first ever project to establish common competencies at the provincial and territorial level for entry to practice.

Ensuring that new registrants meet the entry-level competencies requirements is just one piece of ensuring that the public receives safe and ethical care.

Policy Division
Providing registered nurses with direction for practice is another important piece of the puzzle and that is much of the focus of the Policy Division’s work. Of course the Standards form the basis for practice, but there are many areas in which registered nurses require guidance.

Some of the nursing practice guidelines and policy statements developed by the policy staff and approved by the Board in 2004...
included topics such as duty to provide care, telehealth, confidentiality, patient safety, assignment and nurse-patient ratios.

Recognizing that the environment in which registered nurses practice has a profound impact on their ability to meet Standards, policy statements that are focused at the organizational level were updated. Two examples are the policy statements Nursing Staff Mix for Safe and Appropriate Care and Nursing Leadership and Quality Care. Finally, in B.C., we have a chief nurse in each health authority as recommended in RNABC's policy statement. Still at the organizational level, RNABC staff participated in the work being done to incorporate workplace indicators into the Canadian Council for Health Services Accreditation standards.

Scope of Practice
Much of the work of the Policy Division in 2004 focused on scope of practice in preparation for registered nursing coming under the Health Professions Act. Contact was made with almost 800 registered nurses through focus groups and other means to obtain feedback on the proposed Regulation. The result of these consultations and the staff's work with government will, we believe, result in a Regulation that truly reflect the practice of registered nurses today.

Nurse Practitioners
Much more was also done to prepare for the regulation of nurse practitioners when we transition to the College (e.g., developing a regulatory framework, standards for prescribing, standards for nurse practitioner/physician consultation, continuing competence and quality assurance requirements). The introduction of nurse practitioners in B.C. is long overdue. This is another arena in which B.C. is leading the way with the requirement for master's level preparation for nurse practitioners and the first objective structured clinical examination for nurse practitioner registration in North America.

Much of RNABC’s policy work is done with other organizations. In 2004, key principles for nurses working together were approved by the Boards of RNABC, the College of Licensed Practical Nurses of B.C. and the College of Registered Psychiatric Nurses of B.C.

Nursing Education
Another area of joint endeavour is in nursing education. RNABC together with the Health Care Leaders Association of B.C. and the Nursing Education Council of B.C. have continued the work to ensure that the transition to all baccalaureate nursing programs stays on track. An invitational workshop sponsored by the three groups in December brought together nurse leaders, educators and regulators from across Canada to focus on the topic of Educating Registered Nurses Today for Tomorrow.

Those nurses of tomorrow are our students today and in 2004 RNABC policy staff carried out a survey of new graduates first registered in B.C. in 2003. The proportion of new graduate registered nurses employed in full-time positions declined from 63% in 2001 to 43% in 2003. The chief nursing officers are working to address this and we are hopeful that the results will be better in this year's survey as we know that new grads need full-time jobs to consolidate their practice. The good news is that 90% of survey respondents said that the orientation they received in their workplace prepared them at least satisfactorily, although some of them expressed concerns about the lack of support they received following orientation. Student placements continue to be a critical issue and RNABC is participating in a variety of venues to address problem-solving on this.

Annual Meeting
The weeks leading up to annual meetings can be busy as staff strive to coordinate room bookings for side events such as the awards ceremony, ensure that your annual meeting registration and packages are in order, respond to queries from delegates, write the script and so forth. In fact, the work for the next annual meeting begins soon after the current meeting ends.

We've had many great annual meetings. Yes they may change over time as we transition to the College, but they've always been evolving. A significant change during my tenure as Executive Director has been the participation of students in the Annual Meeting. They've added a new and rich dimension.

Resource Development and Communications
Library Services
Students have added to RNABC in other ways. They certainly keep the staff in the Helen Randal Library on their toes, but they're not the biggest library users. Eighty per cent of reference questions come from staff nurses throughout the province. In 2004, there was a 4% increase in borrowers and a 6.5% increase in books, videos and articles sent out from the library. The collection keeps growing and in 2004 we added 80 new texts for nurse practitioner and geriatric practice.

We also now provide contracted services to registered nurses in the Northwest Territories and Nunavut, the staff of the College of Registered Nurses of Manitoba and registrants of the College of Licensed Practical Nurses of B.C. That's because we have the best nursing library collection in Canada.

Continuing Education
The continuing education staff together with the practice support staff had an unbelievably busy year in 2004 providing over 128 workshops for 1,800 plus participants.

The top two topics were continuing competence and nurse-client relationships. In addition, staff did 45 workshops with the College of Licensed Practical Nurses for over 700 participants on Working Together: Practice Expectations for RNs and LPNs.

Other workshop topics included: assigning and delegating care; strategies for resolving practice problems; substance abuse and misuse; and dealing with angry people in the workplace.

The online dyspepsia workshop was repeated in 2004 because of high demand, and a new online tutorial Taking Charge of
Your Practice: Tools for Resolving Professional Practice Problems was launched. Teleconferences were also popular with over 700 participants in 13 teleconferences. The most popular was ethics in action which was repeated five times.

Other teleconference topics included: workplace violence; questioning a physician’s order, pain management; and whistleblowing.

Finally, 22 workshops on developing strategies for quality practice environments were provided to over 600 nurses across six health authorities. Participants commented on tangible benefits of these workshops, such as gaining new knowledge and developing action plans, as well as intangible benefits, such as renewal of their commitment to nursing and to improving the nursing practice environment.

Communications
Communications staff coordinated a number of initiatives to make sure you get the information you need when you need it. The RNABC website was redesigned and a new search engine added. The current issue of Nursing BC is now available on the website. An e-mail newsletter was started for CEOs, CNOs and senior human resource staff in the health authorities to update them on regulatory, legislative and practice issues.

Communications staff also coordinate the awards program and events such as the annual awards ceremony, which allow us to celebrate excellence in nursing. More than 150 recognition plaques were distributed in 2004 to registered nurses throughout the province nominated by their colleagues. What you don’t see, though, is the work the communications staff do to create all the documents we publish and make sure they are easily understood by all. In 2004, some of these staff worked with board members, other staff and registrants to create the new visual identity for the College of Registered Nurses of B.C. — an identity that respects our past and looks to our future.

Regulatory Services
Regulatory Services is RNABC’s largest division. The nurse shortage presents challenges for everyone including RNABC. Our challenge is to register nurses as quickly as we can while ensuring that we register only those nurses who are competent to practice. For some applicants this can seem like a lifetime as we wait for documents and they complete English language tests and refresher courses. In 2004, we managed a 12% increase in interim permits and 6.5% increase in new registrants with no increase in staff.

Many of our applicants are from other countries and in 2004 RNABC staff participated in a variety of activities related to the internationally-educated nurse. These included the Health Canada/CNA Internationally Educated Task Force as well as a project to develop an English language test to better assess the English fluency needed in a health context. Another forum was a round table on foreign credentialing with Hedy Fry, federal Minister of State.

Staff offer regular information sessions for international applicants to answer their questions regarding registration. This is better use of staff time than dealing with individual phone calls and provides a great networking opportunity for these nurses.

Examinations
In 2005, the registration examination will change to include short answer questions. The addition of these questions and the use of a key features approach will further enhance the exam’s ability to assess clinical decision-making, problem-solving and critical thinking skills. RNABC staff facilitated writers last year to pilot test these new questions. RNABC registrants have also participated in the development of the new exam questions designed to better assess competencies such as advocacy and communication.

Professional Conduct Review
It is challenges with these competencies that often result in registrants coming into the professional conduct review process. In 2004, we received 264 complaints about registrants with 82 of them ending up in the formal complaint system. This isn’t bad when you consider we have over 35,000 registrants. However, complaints have been increasing in recent years. Of particular concern is the increase in the number of complaints related to inappropriate relationships with patients. A review of our patient relations program is now underway to determine what steps need to be taken to address this.

Making a complaint about a registered nurse is never easy and in 2004 we continued our education sessions with nurse leaders to help them to understand the professional conduct review process. Evaluations of the Professional Conduct Review Program were positive with over 92% of survey respondents stating that the process is timely and good and the resources provided helpful.

Protection of the Public
What I’ve described is just the tip of the iceberg of the work done to meet RNABC’s mandate. It is work that none of us can achieve without the support of others, including registered nurses from throughout the province.

So we’ve come full circle — from the work of the Board in setting the direction and establishing the priorities, to the work of the staff to achieve the Board’s direction. All of this focuses on our mandate to protect the public through the regulation of registered nurses.

As I said in the beginning what we stand for must never change. What will change is how we achieve it. Soon we will become the College of Registered Nurses of British Columbia and it is timely to revisit the vision, values and strategic priorities for our regulatory body. Your input as well as input from the public and other stakeholders will be critical to setting the direction for the College. Just as we have done for almost 100 years, we will, as we transition to the College, continue to be a strong and vibrant organization — one that protects the public through the regulation of registered nursing and supporting registered nurses to achieve excellence in practice.
UPCOMING EVENTS

Patient Safety: A Call to Action
June 29, 2005, 0900-1600 hours, Vancouver, BC
A recent survey found that most registered nurses believe the environment in which they provide care is presenting increasing risk to their patients (Nicklin & McVey, 2002). Can the discrepancy between what registered nurses value and their work environment be resolved? Answer this call to action! Come to this conference and: identify the challenges in providing safe nursing care; learn about patient safety initiatives at the national, provincial and local levels; and collaborate with your colleagues in health care to meet the challenges associated with providing safe patient care.

Transforming Toxic Environments
June 30, 2005, 0900-1600 hours, Prince George, BC
Registered nurses face a variety of potentially painful experiences, ranging from abusive clients to uncivil co-workers to the demands of an increasing workload with fewer resources. The cumulative effects of these negative experiences can create “toxic environments.” This workshop will help you to recognize toxicity in the workplace, learn how to protect yourself and others from its effects, identify how to prevent toxicity and work towards building healthy and safe work environments.

Coming this fall to Vancouver

Conflict Management: Building Skills for Success
The possibility for conflict exists everywhere. Conflicts arise out of everyday differences of opinion, disagreements and the interplay of different ideas, needs, drives, wishes, lifestyles, values, beliefs, interests and personalities of people. Conflict is normal and natural. When handled well, conflict can be managed and often resolved with potentially very creative results. These four-hour workshops will expose you to understandings and skills that can help you to successfully manage disputes. Whatever your job position, the ability to effectively manage differences is a critical factor in both personal and professional success.

Session 1: Awareness of Self October 5, 2005
Session 2: Communication Skills October 19, 2005
Session 3: Negotiation Skills November 9, 2005
Session 4: Anger Management November 23, 2005

Strategic Learning Development Series

Coming this fall to Nanaimo and the Lower Mainland

Interactive Online Courses
Leading Small Groups in Challenging Times
Leading effective groups requires an awareness of group dynamics and group process and well developed leadership and facilitation skills. In this course you will be introduced to the knowledge and skills required to lead an effective working group. If you are a frontline registered nurse working with an established group, leading a new project or embarking on a new leadership role, this course is for you.

Strategies for Resolving Professional Practice Problems: A Case of Excessive Behaviour
Registered nurses working in long term care in the Fraser Health Authority and the Vancouver Island Health Authority have worked together to create tools and guidelines for working with agitated clients who behave “excessively.” Their efforts have resulted in a decrease in excessive client behaviour, more job satisfaction for registered nurse staff and cost savings. In this online course their experiences will provide examples that make the process for resolving professional practice problems come alive.

For a description and/or to register for any of these sessions:
• Visit the RNABC website www.rnabc.bc.ca Click “Registered Nurses” then “Education/Publications” and follow the links.
• Call 604-736-7331 (ext. 331) or toll-free in B.C. 1-800-665-6605 or e-mail conted@rnabc.bc.ca

Our Fall Continuing Education Brochure with complete listings will be available in July – online at www.rnabc.bc.ca
Nurses in Small Business

I want to start a small home nursing care business. Does RNABC offer any information to registered nurses who are wanting to become self-employed?

RNABC resources can assist you to understand how self-employed registered nurses are accountable for practising in accordance with current legislation, the Standards for Registered Nursing Practice in British Columbia, RNABC practice guidelines and policies, and the Canadian Nurses Association Code of Ethics for Registered Nurses.

Print resources include the Nurse to Nurse book The Self-employed Registered Nurse (pub. 123). It includes information on various topics related to being a self-employed registered nurse, such as scope of practice, qualification considerations and liability insurance, among other topics.

Other print resources include:
- Liability Insurance for Registered Nurses (pub. 10);
- Overview of Legislation Relevant to Nursing Practice (pub. 328);
- Standards for Registered Nursing Practice in British Columbia (pub. 128);
- The Practice of Nursing (Fact Sheet - pub. 294);
- The Self-employed Registered Nurse (Nursing Practice Guideline - pub. 413);
- Use of Title (Nursing Practice Guideline - pub. 343).

Print resources are available from the RNABC website www.rnabc.bc.ca (click “Publications/Resources”) or from the RNABC Helen Randal Library at 604-736-7331 (ext. 118) or 1-800-565-6505.

RNABC’s Helen Randal Library also has books on this topic. You can search the library catalogue online at www.rnabc.bc.ca and then order the book(s) online or over the phone. The book(s) will be sent to you along with a prepaid mailing envelope so you can return the book(s) to RNABC.

You can also call or e-mail one of RNABC’s Nursing Practice Consultants. While they cannot provide you with specific business advice, they can discuss your plans in relation to the Standards of Registered Nursing Practice in British Columbia and direct you to relevant RNABC guidelines, policy statements and other resources within and outside RNABC. See the back cover of this magazine for contact information.

RNABC’s Nurses in Private Practice Professional Practice Group is a good network for registered nurses who are considering self-employment. For more information about this group visit the RNABC website www.rnabc.bc.ca (search “professional practice groups”).

CPR Certification

Is having a current CPR certificate a requirement to be a registered nurse in British Columbia?

RNABC’s Standards for Registered Nursing Practice in British Columbia require registered nurses to be competent in their roles. If you are expected to provide CPR in your role as a registered nurse, then formal CPR certification is a way to obtain the knowledge, skill and judgment to do so competently. If you are not expected to provide CPR in your role, then competence in CPR is not required.

Many employers require their registered nurses to have current CPR certification.

My employer requires me to be re-certified in CPR. Am I responsible for getting this on my own?

As a registered nurse who is required to have current CPR for your work, you are responsible for getting re-certified as part of your professional responsibility to maintain the right knowledge, skill and judgment to carry out your role (Standard 6, Indicator 3).

Some employers may support staff to re-certify – in part or in full – as per their policies regarding inservices, education leave and other supports.

If you would like further information on this or any other registered nursing practice issues, contact an RNABC nursing practice consultant or regional nursing practice advisor. See the back cover of Nursing BC for contact information.
Board Policies Reviewed

As part of the preparation for RNABC to become the College of Registered Nurses of B.C. later this year, the Board of Directors is in the process of reviewing policies that will require approval of the Board of the new College.

**Education Approval Program**
The proposed bylaws for the new College prepared by RNABC and submitted to government for approval would provide for the Education Approval Committee to review nursing education programs and courses required by applicants for initial registration as a registered nurse in B.C. or to become eligible for registration to re-enter nursing practice. If the proposed bylaws are approved, the committee would also review and recommend to the Board approval of entry-level nurse practitioner education programs and courses required by applicants from outside B.C. who are seeking registration as a registered nurse or nurse practitioner. At its March 2005 meeting, the RNABC Board of Directors approved policies for the Education Approval Program conducted through the Education Approval Committee.

**Financial**
Most revisions to the financial policies were minor or of a housekeeping nature. A significant change, however, is for individuals seeking reimbursement for costs incurred by them in the course of participating in RNABC business. Effective Sept. 1, 2005, "Any claims not received by December 31 of the year in which the expense was incurred or 90 days (120 days for salary replacement) after the date incurred, whichever is later, will not be reimbursed."

An administrative fee will still be levied against expense claims received more than 30 days (60 days for salary replacement) after the expense was incurred.

The Board also directed the Finance Committee to consider the development of a policy that would direct investment advisors to ensure that RNABC assets continue to be invested only in industries that are considered ethically and socially responsible (e.g., not in tobacco or pornography industries.)

**Communication**
A communication policy is required to state the Board's position on communication with the public and registrants, and to clarify the parameters of spokespersons and individuals representing the organization. Revisions to the communication policy were made to clarify the purpose of communications and provide direction to staff for developing communication programs and processes to support the mandate and mission of the organization. The revised policy identifies the President (or delegate) as the primary spokesperson with the news media on all matters related to board policy. The Executive Director (or delegate) is identified in the policy as the primary spokesperson with media on matters relating to implementation of board policy, operations and programs. This is a change from the old policy in which the President was identified as the only spokesperson.

**Other Policies**
Several board policies reviewed required primarily housekeeping changes. These policies relate to: code of conduct for board and committee members; observers at board meetings; RNABC representatives to external committees; board members as voting delegates to the Annual Meeting; recognition of board members; Nursing BC; policy statements; and nursing practice guidelines.
CLASSIFIEDS

Weekly Rental – Silva Bay, Gabriola Island, waterfront 4-bedroom home on 1 wooded acre; 2 bathrooms; stone fireplace; fully equipped kitchen; 1,500 sq. foot deck; 70 ft. private wharf. Excellent for family get togethers. Lots of islands to explore, salmon to catch, seals and eagles to watch. 1 bedroom studio also available. Reduced rates May, June & September. Phone 604-948-0070 or e-mail dhoy@richmond.sd38.bc.ca

7th Annual Pediatric Emergency Nursing Update – November 17, 2005 Vancouver, BC. BC Children’s Emergency Education Committee invites you to this full day of lectures and workshops. This day will benefit Emergency and Pediatric Nurses from around the province. This year we are featuring an overview of viral illnesses affecting the pediatric population. Other topics will include trauma stabilization and transport of the pediatric patient, creating a child friendly ER, pediatric nursing skills, and case studies. For a pamphlet or to register contact: Minnette Manson @ 604-875-3419 or visit our website www.bc.cw.ca and follow the links to “Pediatric Update.”

CANADIAN GROUP PSYCHOTHERAPY ASSOCIATION CONFERENCE Building Bridges: Collaboration from Coast to Coast, November 2-5, 2005 Marriott Pinnacle Hotel, Vancouver, BC. www.cgpa-conference.info E-mail: conference@cgpa-vs.org or contact: Alice Chan 604-682-2344 (ext. 62388).

PALLIATIVE CARE CONFERENCE – Harmony, Health & Healing, Prince George, BC on September 29 & 30, 2005. Sponsored by Northern Health. Keynote Speakers: Dr. Harvey Chochinov, Dr. Romayne Gallagher, Dr. Nancy Reeves and Jerry Rothstein. Watch for program and registration details by early June on the Northern Health website www.northernhealth.ca

CAREERS

Outpost Clinics – Short-term postings. Choose from a variety of exciting assignments 2-12 weeks in duration. Above average earnings, fully paid airfare and accommodations. Previous experience in outpost nursing, PALS & BTLS preferred. Emergency, trauma and critical care experience also considered. Add some variety and a challenge to your nursing career. Call to discuss opportunities available. Drake Medox Health Services, Tel 604-682-2801, Mon.-Fri., 8:30 am to 5:00 pm, Fax 604-682-8026, e-mail info@drakemedox.com

On-call/Casual RNs needed to support individuals with disabilities in a group home setting in North Vancouver. Interested applicants should forward resume and cover letter to carlat@nsamh.org or fax 604-984-9882.

imagine
THE POSSIBILITIES!

FRASER HEALTH is committed to developing a flourishing progressive work environment where excellence, innovation in practice, and research are valued, and where lifelong learning is encouraged. We are recognized leaders in integrated health care, research into Population Health and exploration of more effective ways of delivering health services.

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We invite you to explore the possibilities of partnering with our 22,000 highly-skilled employees and 2,000 physicians in providing care for our more than 1.4 million residents.

We currently have the following leadership opportunities available:

- CLINICAL NURSE EDUCATOR (6 positions)
  - RPT.50 Renal, Royal Columbian Hospital, New Westminster
  - RFT Residential Services, White Rock, South Surrey, Delta
  - RFT Residential Services, Fraser North
  - RFT Residential Services, Abbotsford/Mission
  - RFT Perioperative, Peace Arch Hospital, White Rock
  - RFT Public Health, Surrey
- CARE LEADER, ICU
  - RFT Peace Arch Hospital, White Rock
- CASE MANAGER (2 positions)
  - RFT Delta
  - RPT Burnaby Home Health
- CLINICAL INFORMATION SPECIALIST NURSE (3 positions)
  - 2 BCNU/1 HSA
- CLINICAL RESOURCE NURSE (2 positions)
  - RFT Hospice Palliative Care, New Westminster
  - RFT Hospice Palliative Care, Chilliwack
- COORDINATOR (4 positions)
  - RFT Inpatient Unit, Burnaby Mental Health
  - RFT Renal Care, BCH, SMH/Tri Cities/Newton/Abbotsford Dialysis
  - RFT Geriatric Program, Maple Ridge/Pitt Meadows
  - RFT Residential Care, Langley Memorial Hospital
- INFECTION CONTROL PRACTITIONER
  - RFT Royal Columbian Hospital, New Westminster
- PATIENT CARE COORDINATOR
  - RPT .50 Hospice Palliative Care, Mission Memorial Health
- SHIFT COORDINATOR
  - RPT Langley Memorial Hospital

Additionally, we have full-time, part-time and casual Registered Nurse positions available in the following areas: Critical Care/Intensive Care/CCU, Emergency, Operating Room, Maternity, Community Nursing, Medical, Surgical, Medical/Surgical Float, Neurology, Subacute, and Palliative.

Please visit our Career Opportunities website at www.fraserhealth.ca for a detailed listing of these and other opportunities. You can create or update an online application for a diversity of positions.

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RNs - ALOHA FROM HONOLULU!
Small Exclusive Honolulu Elder Care facility seeks RNs & LPNs as live-in house mngs. Supervise CNA staff & care for 8 residents. 2-yr commitment req’d. Shifts are 3-days on/3-days off. Excellent bntf pkg includes full medical, use of private studio apt, company car & signing bonus. Send resume to: Manoa Senior Care, 220 S. King St., Ste. 2150, Honolulu, HI 96813 or fax 808-531-8865. For more info about position & to view the house manager video presentation, visit us at: www.manoasenior-care.com

Live life on your own terms while making a difference for others – We are seeking positive, open-minded, motivated individuals with PACU or surgical O.R. experience for part-time or casual positions. Qualified applicants will have recent nursing experience and be eligible for registration with RNABC. Please call Valley Surgery Centre at 604-585-3005 or send your resume by fax to 604-585-3007 or by email to valleysurgery@telus.net

Join our Cardiac Rehab Team and Gain Valuable Community Experience – Nurses with cardiac critical care background required by YMCA Healthy Heart Program to help supervise exercise classes held M, W, F in New West., Surrey, Bby, and M, W, Th in Coq. Call 604-521-5801.

The Ministry of Children & Family Development requires medically trained caregivers in Vancouver, Richmond and on the North Shore to provide temporary care for medically fragile infants. Special rates apply. 604-775-2169

NATURAL HEALTH ENTHUSIAST
Help to bridge the gap between medicine & natural health care as a part or full-time rep for a clinically proven, safe, Canadian nutritional product that is based on a discovery considered by some to be the biggest medical breakthrough since penicillin. Call Connie at: 250-758-0694 and lets talk, or at healthdiscoveries@telus.net

District Nursing Officer
Veterans Affairs Canada (VAC)
VANCOUVER, BC

Persons residing in Canada and Canadian citizens residing abroad.

Are you looking for an exciting, challenging opportunity to work within a client-centered, multidisciplinary team? Do you want to take advantage of a Monday-to-Friday work week? Then consider this dynamic position offering a very attractive salary and comprehensive benefits package, including paid sick and vacation leave, as well as pension, health and dental plans.

The role entails providing professional health services and consultation to clients, staff, and outside agencies on a variety of health, social, and rehabilitation issues in both community and institutional settings. You will contribute specialized clinical knowledge to develop comprehensive care plans, identify interventions, and advocate for clients in promoting their well-being and independence. In addition, you may participate in the recruitment and orientation of contract and direct fee for-service health professionals, and plan and implement education/training sessions for internal and external parties.

In addition to above responsibilities, the District Nursing Officer is responsible for conducting Nursing Assessments. As well, you will review and analyze assessments and other clinical data provided by external community and health agencies and professionals in order to determine client needs and authorize and/or recommend departmental health care benefits and services. You will also identify and investigate care and service concerns for clients in long-term care institutions.

Your annual salary will range between $58,388 and $66,370 (under review). Please quote reference number DVA-DNO1NV-2005 and indicate where you saw this job posting.

Candidates must have a Bachelor’s degree in Nursing from a recognized university, and are eligible for a practicing membership with the Registered Nursing Association of British Columbia. You must have broad, recent and relevant nursing experience in the comprehensive assessment and care of adult and older adults with physical and mental health problems. Experience in the use of a personal computer and software in a Windows environment including word processing, electronic mail and the Internet is also required. Preference will be given to applicants with experience in community/public health nursing.

Successful candidates will have to undergo and obtain an enhanced reliability security check and be willing to undertake some job-related travel. A valid driver’s license, or personal mobility to the degree normally associated with the possession of a valid driver’s license within the limits of Treasury Board Policy, is essential.

We invite applications from qualified individuals who wish to be considered for two current permanent, full-time (37.5 hours/week) opportunities in the Vancouver District Office. Candidates from outside the Federal Public Service will be required to pay for their own associated travel costs and relocation expenses. An eligibility list may be established as a result of this competition and may be used to staff similar positions.

Language requirements: Proficiency in English is essential for this position.

For information on this position and how to apply, visit us on-line at http://jobs.gc.ca, or call the Information number at 1-800-645-5605 or TTY at 1-800-532-9397. For more information about VAC, visit our website at http://www.vac-acc.gc.ca.

We thank all candidates who apply and advise that only those selected for further consideration in the process will be contacted. Preference will be given to Canadian citizens. As the Public Service of Canada (PSC) is committed to Employment Equity, we also encourage candidates to voluntarily self-identify if they are an Aboriginal person, a member of a visible minority group or a person with a disability. The PSC is also committed to developing inclusive, barrier-free selection processes and work environments. If contacted regarding this competition, please advise of the accommodation measures which must be taken to enable you to be assessed in a fair and equitable manner.

Ces renseignements sont disponibles en français.
Agent ou agente de soins infirmiers de district

Anciens Combattants Canada (ACC)

VANCOUVER (C.-B.)

Les personnes résidant au Canada ainsi que les citoyennes canadiennes et les citoyens canadiens résidant à l'étranger.

Êtes-vous à la recherche d'une occasion intéressante et stimulante de travailler au sein d'une équipe multidisciplinaire axée sur le service à la clientèle? Souhaitez-vous une semaine de travail du lundi au vendredi? Si c'est le cas, alors songez à postuler à cet emploi dynamique assorti d'un salaire intéressant de même que d'un ensemble complet d'avantages sociaux, dont des congés de maladie payés et des vacances, un régime de pension, une assurance santé et une assurance dentaire.

Vous serez chargé(e) de fournir des services professionnels de soins de santé et de consultation à des clients et clientes, des employés et employées et des organismes de l'extérieur sur des questions liées à la santé et à la réadaptation de même que sur des questions sociales, au sein de la collectivité et en établissement.

Vous mettrez aussi votre savoir clinique spécialisé à profit pour concevoir des plans de soins intégrés, identifier les possibilités d'interventions et défendre les intérêts des clients et clientes, en faisant la promotion de leur bien-être et de leur indépendance. Vous pourrez aussi être appelé(e) à participer au recrutement des professionnels et professionelles de la santé à contrat et ceux et celles qui sont payés(es) à l'acte, à leur orientation et à planifier et à mettre en œuvre des séances d'éducation et de formation à l'intention d'intervenants et intervenantes de l'intérieur et de l'extérieur.

Outre les responsabilités ci-dessus, vous devrez, en votre qualité d'agent ou d'agente de soins infirmiers de district, vous occuper des évaluations des infirmières et des infirmiers. De plus, vous passerez en revue et analyserez les évaluations et les autres données cliniques fournies par des organismes communautaires, des organismes de soins de santé et des professionnels et professionnelles de la santé de l'extérieur afin de déterminer les besoins des clients et clientes et d'autoriser et (ou) recommander l'aide médicale et les services du Ministère à leur prodiguer. Vous relèverez également les préoccupations touchant les soins et les services chez les clients et clientes placé(e)s au sein d'établissements de soins prolongés et vous mènerez des enquêtes à cet égard.

Le salaire annuel s'échelonnera entre $58 388 et $66 370 (en instance de révision). Prière de mentionner le numéro de référence DVA-DNOINV-2005 et où vous avez vu ce poste affiché.

Les candidats ou candidates doivent posséder un baccalauréat en soins infirmiers d'une université reconnue et être admissible au titre de membre actif de l'Association des infirmières de la province de la Colombie Britannique. De plus, vous devez avoir une vaste expérience, pertinente et récente, en évaluation de soins aux adultes et personnes âgées avec des problèmes de santé physiques et mentaux. L'expérience dans l'utilisation d'un ordinateur personnel et diverses applications dans un environnement Windows (traitement de texte, courrier électronique et Internet) est requise. La préférence sera accordée aux candidats et candidates possédant une expérience en soins de santé communautaires et publics.

Les candidats ou candidates retenus devront être prêts à se soumettre à une vérification approfondie de la fiabilité pour l'obtention de la cote pertinente et être disposés à voyager par ailleurs. Vous devrez aussi détenir un permis de conduire en règle ou être en mesure de vous déplacer aussi aisément que le permet la possession d'un permis de conduire en règle, dans les limites établies par la Politique sur les voyages du Conseil du Trésor.

Nous acceptons la candidature de personnes qualifiées qui souhaitent se présenter à l'un des deux emplois permanents à temps plein (37,5 h/semaine) qui sont vacants au bureau du district de Vancouver. Les candidats et candidates de l'extérieur de la fonction publique fédérale devront assumer leurs frais de déplacement pour participer à ce concours ainsi que les frais de réinstallation advenant une éventuelle nomination. Il est possible qu'au terme du présent concours, une liste d'admissibilité soit établie et utilisée pour combler des postes similaires.

Exigences linguistiques : La maîtrise de l'anglais est essentielle pour ce poste.


Nous remercions ceux et celles qui auront soumis une demande, mais nous ne contacterons que les personnes choisies pour la prochaine étape de sélection. La préférence sera accordée aux citoyennes canadiennes et citoyens canadiens. La fonction publique du Canada (FPC) souscrit au programme d'équité en matière d'emploi et encourage les candidats et candidates à volontairement s'identifier s'ils sont des autochtones, des membres des groupes des minorités visibles ou des personnes handicapées. La FPC s'est engagée à instaurer des processus de sélection et un milieu de travail inclusifs et exempts d'obstacles. Si l'on communique avec vous dans le cadre de ce concours, veuillez faire part de vos besoins pour lesquels des mesures d'adaptation doivent être prises pour vous permettre une évaluation just e et équitable.

This information is available in English.
Our Specialty Care Reaches Every Corner of BC
Your Nursing Career Can Too

Oncology Nurses Vancouver, Surrey, Kelowna & Victoria

At the BC Cancer Agency, we are offering a stimulating environment for oncology nursing that integrates clinical expertise with innovative research to provide the kind of care that makes a tremendous difference in the lives of those living with cancer. As an Oncology Nurse, you will be a highly valued and respected member of our cancer care team. With your exceptional communication skills and ability to apply your relevant and extensive clinical knowledge in practice, you are well equipped to provide your patients with the highest standard of care. On a daily basis, you will work collaboratively with other members of the health care team, and support your patients with the latest, evidence-based treatment options. In addition, you will have the opportunity to participate in a variety of research projects and clinical trials.

To assist us in providing some of the best cancer care in the world, you must be a graduate of an accredited school of nursing who ideally possesses a Bachelor of Nursing degree. Your strong educational background is accompanied by RNABC registration, a current CPR (Level C) certification, and the proven ability to set priorities and organize patient care. We welcome nurses with specialties in other areas who have an interest in oncology nursing and will guide your transition within our thorough orientation and education programs.

In return for your dedication and impressive skills, you will be provided with ongoing support for your professional development, including extensive continuing education and certification programs.

To discover more about our opportunities, please visit our website at www.phsa.ca.

Choose the Opportunity... Nursing in Beautiful BC

Choose The Lifestyle
Beautiful BC's Northern Health offers lifestyle options that match your interests whatever they are. There are advanced education facilities, including the University of Northern British Columbia, and an extensive community college system. Our communities offer some of the most affordable housing in the province. Exciting recreational opportunities are right at your doorstep, everything to support that balanced life style.

Current Opportunities Include
Preventative Public Health Manager, Fort St. John, BC
Home and Community Care Manager, Quesnel, BC
Director of Patient Care, Terrace, BC

Also Available: ER, ICU, OR, Home Care, Community Health, Mental Health, Public Health, and General Duty Nurse positions are available in a number of communities.

For additional information please visit our website or call our toll free number.

Consider These Facts
- In-house specialty training programs
- Opportunities for mentorship and preceptship
- Among the lowest housing prices in BC
- Excellent benefits package

Discover BC's Hidden Treasures
Masset, Queen Charlotte, Dease Lake, Stewart, Prince Rupert, Kitimat, Terrace, Hazelton, Smithers, Houston, Burns Lake, Fraser Lake, Vanderhoof, Fort St. James, Fort Nelson, Fort St. John, Hudson's Hope, Dawson Creek, Chetwynd, Tumbler Ridge, Mackenzie, Prince George, Quesnel, McBride, Valemount.

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Call Toll Free: 1.877.905.1155 | www.northernhealth.ca
Come to Vancouver Coastal Health

where

innovative thinking
results in

great people-oriented programs

VCH provides quality health services ranging from primary to specialized quaternary care to more than a million people in the cities of Vancouver, Richmond, North Vancouver, West Vancouver and the scenic communities up the coast to Bella Bella. This translates into an exceptionally wide range of career opportunities.

The following new initiatives and innovative programs that we offer demonstrate just some of the ways in which we are making VCH such a great organization to work in:

• **Undergrad Nurse Employment Program**: take an opportunity to gain hands-on experience and consolidate your skills. Earn dollars while still in school and make an investment for the future by applying your seniority to RN employment at VCH.

• **New Graduate Resource Team**: work in different nursing units and experience day-to-day operations at VCH. Receive up to eight weeks of education, clinical training and mentorship on med/surg units plus six months of additional support.

• **New Graduate Work Share Program with Phased Retirees**: take a half-time position with a senior nurse and receive full health and dental benefits; assume the full-time role when your nursing partner retires.

• **Program Innovations**: We are looking ahead at continued service expansion in areas such as mental health, additional operating rooms and critical care beds, as well as greater collaboration with our research divisions such as the Centre of Excellence for Surgical Education & Innovation. And this is just the beginning!

Get a fresh start at VCH.

To view all our opportunities and apply online, visit our website at www.vch.ca/careers/careers.htm. Or call VCH Recruitment at (local): 604.875.5152; (toll-free): 1-800-565-1727.

Vancouver Coastal Health
Promoting wellness. Ensuring care.

www.vch.ca
Exercise your leadership in a collaborative setting

Director, Clinical Operations
Systemic Therapy Program - 2 positions

- Vancouver Centre
- Fraser Valley & Abbotsford Centres

These exciting leadership opportunities will showcase your high level of management expertise to ensure seamless patient care processes by leading a multi-disciplinary care team comprised of pharmacy, nursing and clerical staff for ambulatory clinics, inpatient and chemotherapy services.

You will thrive in this role if you are an accomplished nurse leader equipped with a BSc in Nursing and 5 years’ experience in the co-ordination of patient care services, and have demonstrable skill as a leader, coach and change agent. Oncology experience would be advantageous.

Registration with the RNABC is a must; a Master’s degree or equivalent leadership level experience will enhance your application. Leverage your impressive leadership skills in these outstanding opportunities. For complete job and application details as well as hiring criteria, please visit www.phs.ca, click on the Careers tab and scroll to BC Cancer Agency under PHSA Agencies. First consideration will be given to qualified internal PHSA candidates.

www.phs.ca
www.bccancer.bc.ca

Looking for a new challenge?
Keen to gain expertise in an innovative nursing area?

The BC NurseLine in Vancouver...

...is looking for Registered Nurses interested in joining our growing organization, to work with our dedicated team of nurses who use their expertise daily in the new field of TeleNursing. Through one-to-one teleconferences, our nurses assist and empower callers to prevent and better manage their personal health concerns by providing reliable health information and advice. Nurses provide this service through the use of triage software and their sound nursing judgement and expertise. A wide variety of issues and concerns are addressed; and critical, timely information is provided on public health concerns such as SARS and West Nile.

The BC NurseLine is a confidential province-wide 24/7 TeleNursing service operated by the Ministry of Health Services for BC residents. The call centre operates within approved call centre and nursing standards, policies, triage protocols and databases.

Two weeks of classroom training is provided, supplemented by one week of preceptorship with an experienced TeleNurse. Dedicated Shift Leaders are in place to provide 24/7 support and assistance, while Team Managers work individually with staff to develop overall performance goals. Continuing educational and career advancement opportunities and an ergonomic workplace housed within a safe, secure and comfortable office environment are just some of the other benefits.

You are encouraged to apply if you are an active RNABC member with a degree/diploma in Nursing and at least 3 years’ recent nursing experience in acute care, community health or public health. Computer literacy and basic keyboarding skills are also required.

Please forward a résumé to: E-Comm, Human Resources, 3301 East Pender Street, Vancouver, BC V5K 5J3. Alternatively, apply online at www.ecomm.bc.ca or email: human.resources@ecomm.bc.ca or fax: 604.215.5105.

$55,000 - $75,000 CAD annually approx.
- Free flight
- NMC Fees paid
- Visa Fees paid
- On-site accommodation from $400 to $680 CAD a month - no bills!

We are recruiting cardiothoracic nurses for the prestigious Royal Brompton & Harefield NHS Trust. These two world famous specialist hospitals form the largest Cardiothoracic Centre in the UK and are at the leading edge nationally and internationally of the treatment and care of people with heart and lung disease.

The Royal Brompton Hospital is in the heart of fashionable Chelsea, famous for its wealth of lively restaurants and bars as well as fabulous shops. Harefield Hospital, situated on the edge of London, surrounded by fields with unspoilt countryside close by, yet with easy access to the city centre. Both hospitals share a single nursing strategy, which dovetails with England’s national strategy for nursing ‘Making a Difference.’

Nursing care in these hospitals is amongst the very best in the field - it is both modern and flexible in outlook and wholly committed to innovation in professional development for nurses.

We are looking for experienced nurses for all aspects of this exciting speciality: cardiothoracic surgery, cardiology, intensive care, operating theatres and anaesthetics.

Opportunities for education and training are excellent. Learning is multi-disciplinary, funded assisted with paid study leave - specialist degree programmes are strongly encouraged and supported with high funding allowances.

Children’s Nurses

We'd love to hear from you if you have a qualification or experience in paediatric nursing, have worked with children suffering from heart and lung disease, or have cared for children in a high dependency hospital environment.

At Translocation we take care of everything for you – we'll collect you from the airport and drive you to your accommodation right by the hospital – either in vibrant central London or peaceful Harefield.

Call Charlotte Hall toll free 1800 848 1561 or e-mail charlotte.hall@translocation.co.uk

www.translocation.co.uk

Live well, work well — at Providence Health Care in Vancouver

Providence Health Care (PHC) is Canada’s largest Catholic health care organization, and has a diverse employee complement that prides itself on sharing a vision for excellence and a commitment to providing values-based services and patient care. A leader in many areas, Providence Health Care has a highly skilled team of nurses who providing compassionate care.

We are seeking Registered Nurses with post basic training or equivalent education/experience in the following areas:

- OR
- Hemodialysis
- ER
- ICU
- Cardiac Surgery ICU
- CCU
- Maternity
- Palliative Care (including CNS roles)

Other opportunities at Providence include:

Nurse Educator - OR

Reporting to the Operations Leader and receiving work direction from the Chief of Professional Practice and Nursing, this position provides clinical support to the nursing staff by developing, implementing and evaluating educational programs. Requirements include Baccalaureate Degree in Nursing, registration with the Registered Nurses Association of British Columbia, Basic Cardiac Life Support Course and two years recent related experience in area of specialty.

Email resumé to: jobs@providencehealth.bc.ca

Fax or mail to:
Human Resources,
Providence Health Care
1081 Burrard St., Vancouver BC V6Z 1Y6
Fax: 604-806-8144

How you want to be treated.

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Holy Family Hospital | Mount Saint Joseph Hospital | St. Paul's Hospital | St. Vincent's Hospitals: Brock Fahrni Pavilion, Langara | Youville Residence
New Strategies & Techniques
Interviewing in Mental Health

DAY ONE:
Uncovering Dangerous Secrets:
Suicide, Violence, & Difficult Personality Disorders
Object Relations Theory:
Does it Have a Role in Critical Interview Tasks?
- Engaging the Client, Uncovering Serious Personality Pathology
- Determining Possible Treatment Modalities
Rapidly and S sensitively Using Axis II Diagnoses
- Flexible Strategies to use With the Little Time You Have Available
- Differential Diagnosis
Five Innovative Techniques for Increasing Validity
- Using the Behavioural Incident, Shame Attenuation, Gente Assumption, Symptom Amplification, and Denial of the Specific
Using these Techniques to Uncover:
- Physical Abuse, Drug Abuse, and Antisocial Behaviour
Eliciting Suicidal Indication Using the CASE Approach
- Chronological Assessment of Suicidal Events

** Techniques will be clearly demonstrated through the use of video examples from actual client interviews **

With
Dr. SHAWN CHRISTOPHER SHEA, M.D.

Dr. Shawn Christopher Shea is a nationally acclaimed workshop leader and educational innovator in the field of the initial interview. He has been a recipient of an Outstanding Course Award presented by the American Psychiatric Association for his presentations at their annual meetings. Dr. Shea is the Director of the Training Institute for Suicide Assessment and Adjunct Professor of Psychiatry at Dartmouth Medical School. He is the author of the best selling text Psychiatric Interviewing: the Art of Understanding (chosen in 1999 by the Medical Library Association as one of the 16 most important books in the field of psychiatry) and The Practical Art of Suicide Assessment. Dr. Shea is also the author of the recently published Happier Life: Unexpected Answers to Practical Questions in Current Times.

WHO SHOULD ATTEND?
- Nurses, Psychiatrists, Clinical Psychologists, Psychiatric Social Workers and Counselors, and allied staff who work in mental health and psychiatric settings
- Staff who work in adult or juvenile forensic and/or correctional settings
- Intake and Front Line Staff: Managers and Educators

Registration Form (Fax to 1.866.566.6028)
Yes! Please register me for the Interviewing in Mental Health workshop in:

Vancouver  Sept. 26 & 27, 2005  Executive Hotel Burnaby
- Both Days  - Day 1 only (Sept. 26th)  - Day 2 only (Sept. 27th)

Name: ___________________________  Specialty: ___________________________
Organization: ___________________________
City: _________________________  Prov: _______  Postal: _______
Home Phone: (_____) _______  Fax: (_____) _______
E-Mail: ___________________________

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DAY TWO:
The Delicate Art of the Initial Interview Traps, Roadblocks, Strategies, and Solutions
Is Time the Enemy? What You Can Achieve in 60 Minutes
- Why Frustration Analysis is Not Popular: How to Effectively Structure Interviews and Sensitively Engage the Client
- Flexibly and Creatively Tailoring the Assessment to the Unique Needs of Each Client
Structuring the Four Different Quarters of the 60 Minute Interview
- Effectively Determining a DSM-IV-TR Differential Diagnoses in Tight Time Constraints
- Gathering Information on: Present Illness, Psychiatric Symptoms, Past Psych History, Social and Family History, Medical History, and Mental Status
Strategic Interviewing
- Videotaped Demonstration and Discussion of a Full Diagnostic Interview
How to Write a Sound Clinical Document
- Clinical and Forensic Tips

WEB: ☑ www.nursinglinks.ca
CALL: ☑ 1-866-738-4823 (Toll-Free)
FAX: ☑ 1-866-566-6028 (Toll-Free)
E-MAIL: ☑ registration@nursinglinks.ca
MAIL: ☑ #22, 2526 Battleford Ave. SW, Calgary, AB T3E 7J4

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

Executive Links Inc. reserves the right to cancel a conference if liability is incurred in the event of a conference failure. Executive Links Inc. reserves the right to change program dates, meeting places, 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

www.nursinglinks.ca - Online Registration & Information

Both Days  Single Day
☐ $235.00 + GST = $254.66  ☐ $125.00 + GST = $138.80  On or before Aug. 8, 2005
☐ $255.00 + GST = $276.06  ☐ $135.00 + GST = $148.73  On or before Sept. 4, 2005
☐ $275.00 + GST = $297.46  ☐ $145.00 + GST = $159.43  After Sept. 4, 2005

GST Registration # 86410998

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Title: ___________________________
Fax: (_____) _______
Phone: (_____) _______

JUNE 2005

38 Nursing BC
Pediatric Assessment & Care
VANCOUVER, OCT. 3rd, 2005 • VICTORIA, OCT. 4th, 2005
0815 to 1615 hrs

With
JAN FREDRICKSON, RN, MN, CPNP

Topics:
It's a Small World Afterall...
- Anatomical and Physiological Differences between Children and Adults
- Head to Toe Assessment of the Child; Vital Signs

Medication Administration in Children
- Tips for Starting IV’s; Medication Routes
- Calculation of Maintenance Fluids and Medication Dosages; Safety Issues

Getting Interactive: How to Approach Children and Their Families
- Preparation for Procedures
- Family Issues; Dealing With the Death of a Child

Overview of Selected Illnesses and Injuries
- Respiratory: Asthma and RSV
- Neurological: Seizures and Meningitis
- Gastrointestinal: Vomiting, Diarrhea, and Dehydration
- Pediatric Trauma
- Child Abuse
- Fetal Alcohol Syndrome and Fetal Alcohol Effect

Tots, Spots, and Polka Dots: A Primer to Pediatric Dermatology
- A Pictorial Guide to Rashes and Their Treatments

Red Flags: Signs & Symptoms of Serious Illness or Injury
- Quickly assessing for the Most Serious Conditions

Pearls: Pediatric Codes and Advanced Life Support
- Causes of Arrest in Children; Pediatric Code Carts; Documentation
- Early Identification of Respiratory Failure and Shock

J an Fredrickson is a well known pediatric nurse educator and certified Pediatric Nurse Practitioner. Currently on the faculty of the UCLA School of Nursing, Jan also serves as consultant to the pediatric ICU and is pediatric liaison nurse for the ER at Northridge Hospital Medical Centre in Northridge, California. Jan’s expertise was sought when she was one of six nurses chosen nationally to develop the Emergency Nursing Pediatric Course for the American Emergency Nurses Association. Jan’s pediatric nursing articles have been published in the Journal of Emergency Nursing and Pediatric Emergency Nursing.

Registration Form (Fax to 1.866.566.6028)

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

<table>
<thead>
<tr>
<th>City</th>
<th>Conference Date</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vancouver</td>
<td>October 3, 2005</td>
<td>Executive Hotel Burnaby</td>
</tr>
<tr>
<td>Victoria</td>
<td>October 4, 2005</td>
<td>Holiday Inn Victoria</td>
</tr>
</tbody>
</table>

Name: __________________________
Title: __________________________
Organization: ____________________
Home Address:
City: __________________ Prov: __________ Posal: __________
Home Phone: (_______) Fax: (_______)
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Please send me e-mail notices of upcoming conferences.

SAVE $20 on your registration fee when you register and pay prior to August 22nd, and $10 prior to September 12th! (Price includes lunch)

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

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

CANCELLATIONS
Refunds will be given for written cancellations received 30 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.

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Conference Fees:

$129.00 + $9.00 GST = $138.00
$139.00 + $9.73 GST = $148.73
$149.00 + $10.83 GST = $159.83

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

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Card Number: __________________________ Exp: /
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Cheque or money order payable to Executive Links enclosed
No postdated cheques please
My employer has approved funding. Please invoice:
Attention: __________________________ Title: __________________________
Fax: (_______) Phone: (_______)
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RNABC's Practice Support Service

Practice support is available to you from Regional Nursing Practice Advisors in offices throughout B.C., or from Nursing Practice Consultants in the Vancouver office of RNABC. These registered nurses work on a confidential basis to assist you to resolve professional practice problems and workplace issues affecting your ability to meet the Standards for Registered Nursing Practice. Consultations are provided through telephone, individual appointments and on-site visits.

Consultation and education are also available on issues associated with fitness to practise, such as addiction and mental health, or conflicts that may affect practice.

RNABC Nursing Practice Consultants

Call
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or toll-free in
British Columbia
1-800-555-5505

Mary Adlersberg
(ext. 305)
Dawn Blais
(ext. 306)

Lynne Gray
(ext. 303)
Carina Herman
(ext. 308)
Barb Willson
(ext. 307)

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VACANT

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