

News Bulletin

Vol. 21 No. 3 Summer 2019

Legacy Edition

SASKATCHEWAN



ASSOCIATION

President's Message

"As nurses, we can facilitate conversations and create environments to be respectful and focus on a future of justice for all."

Defining Your Nursing Legacy

A powerful legacy can be crafted around the simplest actions. Think about what our predecessors have done and how they have affected our profession.

Truth & Reconciliation

In order to look forward, we must honour the past. The SRNA has humbly made efforts to ensure Truth and Reconciliation is well represented in our everyday practices.

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

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President's Message



SRNA President: Warren Koch, RN

Welcome to the legacy edition of the News Bulletin.

As your new SRNA Council President, I am incredibly proud to introduce this special edition of your News Bulletin. At the 2019 Conference & Annual Meeting, we were challenged to think about the impact nurses have and the legacies we leave through our daily demonstration of character, conviction and compassion. We were asked to look introspectively at what we can do, should do and will do to shape our individual and collective nursing legacy.

After reflecting on my legacy and how I got involved in nursing leadership, I realize it is because I enjoy asking difficult questions of authority and love being provocative when I find incongruencies in position. I love advocating for what I believe is right, just and fair. It is something that gives me purpose to life, and I look forward to bringing that into my SRNA Council presidency.

An integral part of my legacy continues to be incorporating Truth and Reconciliation principles into my work and practice. The obvious contrasts in quality of life and disparities in health outcomes are still apparent in our current health care system and acknowledging the truth that these disparities exist is a first step. The SRNA has taken steps towards Truth and Reconciliation, but I do know it will take a whole lot of people working and a whole lot of talking about how to move forward. As nurses, we can facilitate conversations and create environments to be respectful and focus on a future of justice for all. We do not have all the answers but talking openly and candidly about barriers, challenges and potential solutions is a step forward.

Finally, in my search of stable, sure, evidence-informed footing to help carry the patient load, I have often looked to our foundational pillars for support—the regulatory pillar, the association pillar and the union pillar. The distinct pillars are equal and complementary, and together they hold up the house of nursing. I look forward to further distinguishing our legacies within this framework and creating a collaborative approach to registered nursing of which we are proud.

We must be humble and open to constructive criticism, while being courageous and courteous in providing feedback to our colleagues. Supporting each other is important. Through future-focused conversations, we can create a legacy that will advance our ever-changing profession. Each and every one of us can make a difference.

I wish you all happiness and healthiness.

Defining Your Nursing Legacy



SRNA members gathered in Saskatoon for the annual meeting and conference to engage in dialogue on the future of registered nursing. This introspective and forward-looking focus provided a unique opportunity to connect with fellow nurses and the public, inspiring leadership, collaboration, communication and education in practice.



The speakers and sessions at the 2019 conference inspired us to look at our journey and the ways we touch people's lives. We looked at opportunities in our profession, including advancing scope of practice, Truth and Reconciliation and leadership, and worked through ways to bring about change in an impactful way. Attendees were motivated to think about the individual legacies they wanted to leave and the impact that legacy will have on the future of registered nursing in Saskatchewan.

A powerful legacy can be crafted around the simplest actions. Think about what our predecessors have done and how they have affected our profession. Think about the mentorship Jeannette Taylor, the first nurse to complete nursing training in Regina in 1904, provided to those that followed in her footsteps. Think about the decisions first SRNA President, Jean E. Browne, made in 1917 to advance our profession. Think about the impact the move from hospital to classroom learning had on nursing education. Think about those first teams who implemented the principles of primary health care in practice. Think about the work, risks, leaps of faith and chances that RNs before us accomplished in the name of nursing and advancing our profession. In practice, education, regulation, mentorship and leadership, each of us in small or big ways can affect our profession.

Does your legacy include education or providing mentorship to new nurses? Does it involve adopting cutting-edge research into your practice? Will you commit to the Truth and Reconciliation Calls to Action in your workplace? The foundation of a lasting legacy is a sense of knowing what is important to you and what will bring about real, tangible progress and change. Thoughtful, meaningful and intentional actions are the basis to guiding future generations and building a legacy that lasts. What's your legacy?

The SRNA's legacy lies in our adaptability, inclusivity and responsiveness. By implementing right-touch regulation principles, advancing scope of practice, promoting active leadership, adopting inclusive and collaborative practice, and recognizing our past with a clear picture of our future, we are collectively building a legacy in registered nursing for now and the future. We acknowledge that the smallest action can spark a ripple effect for major change.



Meet Your Council



Leah Thorp, RN

“Take every opportunity to see the person and family behind the reason they are accessing health care services. The stories of our lives are interwoven and each step on our paths intersect to this beautiful thing we call life.”

Leah Thorp, RN

At the 2019 Annual Meeting in Saskatoon, the SRNA Council welcomed its newest elected member, Leah Thorp, RN, from Regina. She has been a proud registered nurse for 18 years, but her admiration for the profession began long before that. As a teenager thinking about her future and next steps, Leah knew she wanted to care for people. Her aunt and great aunt were both registered nurses, and she saw the joy caring for people brought to her family.

“When I started focusing on all the strengths nurses have, such as compassionate care of people and communities while applying expert knowledge and skill, I saw all the possibilities in this profession. I knew this was the exact career for me.”

Now well into her career, Leah has a passion for education, leadership and mentorship. “As RNs, we strive for improvements to our system with caring practices for our patients and families at the center, and this begins with leadership,” says Leah. She believes nursing leadership and mentorship can be seen at all levels of nursing professional practice—in clinical care, administration, research and in everyday interactions. Being a part of the SRNA Council has provided Leah a platform to give back to the profession while continuing to learn and challenge herself. “The role and responsibility of being on SRNA Council will help me to promote safe competent nursing practice and expand advocacy from a nursing perspective.” She adds that this opportunity will help her tap into her nursing leadership, ensuring RNs continue to be an important and necessary part of an interprofessional team.

Meet Your Council



"Keep learning, take advantage of opportunities that present themselves to enhance your growth as a person and a professional, and always focus on the patient (individual, family, community) no matter what role you have (direct care, administration, education, research)."

Francoise (Frankie) Verville RN(NP)

Francoise (Frankie) Verville, RN(NP)

As a dedicated member of the registered nursing profession for almost 32 years, Francoise (Frankie) Verville has dedicated her career to be an advocate of, and for, the nursing profession. Starting out her health care career after high school as a care aide, Frankie was encouraged to pursue nursing by the RNs she worked with and has since advocated for the importance of mentorship in the profession. She is passionate about nursing education with a strong desire to ensure individuals who choose nursing as a career are provided with knowledgeable and energetic teachers and mentors. Frankie believes, "that nurses are instrumental in the provision of health care but additionally, will continue to be key figures in not only health care provision but health care restructuring."

Frankie has graciously stepped up to fill the member-at-large position for the 2019-2020 term. Being involved with SRNA Council has been something she says she has always wanted to do. She has been involved with professional practice groups and advocacy groups at both the RN and RN(NP) level. "These experiences have provided me with a greater depth of understanding of the profession and the ability to vocalize the important role nursing has in maintaining and improving the health of Canadians. Working with the SRNA Council will allow me to deepen my knowledge of the role the Association has in terms of professional regulation."

Ask a Practice Advisor: Fitness to Practice

As an RN, what are my responsibilities when a colleague seeks support about fitness to practice?

As a self-regulated profession, we are responsible to ensure we are fit to practice. As such, there are times when we are asked to offer advice to our colleagues and peers. In these situations, we use our nursing skills to support one another, ensuring safety of the public is at the forefront.

How do you support your colleague while adhering to your SRNA Standards and Foundation Competencies and the CNA *Code of Ethics*? A key starting point is self-reflection and supporting self-assessment of fitness to practice. Nurses must be “attentive to signs that a colleague is unable, for whatever reason, to perform their duties. In such a case, nurses will take the necessary steps to protect the safety of persons receiving care” (Canadian Nurses Association, 2017, p. 17).

Here are some points of consideration to guide your discussion and decision-making in keeping with professional RN practice:

Confidentiality: Maintain a high level of confidentiality throughout the situation.

Work together: Support the individual to review the *Standards & Foundation Competencies for the Practice of Registered Nurses, 2013*, and the *Code of Ethics for Registered Nurses, 2017* for practice and fitness to practice requirements. It is our responsibility to assess our ability to practice safely and competently to protect those in our care.

Information gathering: Review and consider all the relevant information to the current situation and separate the personal from the professional issues.

Assess the risks: Note the potential consequences for the different courses of action and the potential risks of not taking action (to self, to clients, to the public and to the organization).

Consult: Consider seeking consultation from a trusted colleague, an SRNA practice advisor or others who are able to assist in resolving the problem.

Employer involvement: Support the colleague to seek information from the employer about potential for accommodations and available employer assistance programs (EAP).

Liability assessment: Consider accessing the Canadian Nurses Protective Society (CNPS) to discuss liability and legal aspects of the situation. This service is included with SRNA practicing member annual fees and is a great resource.

Competence assurance: Although low-level resolution is preferred, it is always an option to engage in conversation with SRNA Complaints and Investigations staff regarding unresolved concerns. Nurses who engage in responsible reporting of incompetent, unsafe or unethical care are supported by their colleagues and professional association.

Reference

Code of Ethics for Registered Nurses. (2017). Ottawa: Canadian Nurses Association (CNA).

Fitness to Practice

All the qualities and capabilities of an individual relevant to their practice as a nurse, including but not limited to freedom from any cognitive, physical, psychological or emotional condition and dependence on alcohol or drugs that impairs their ability to practise nursing.

Canadian Nurses Association, 2017

Revolving Conversations: What You Had to Say



In an effort to increase collaboration at the 2019 Conference, we introduced Revolving Conversations. These conversations provided an opportunity for conference participants to contribute to key conversations on important topics in registered nursing—the Continuing Competence Program (CCP), RN prescribing, leadership and right-touch regulation. In each group, a question was presented and then four participants in a small circle began the conversation. We encouraged participation, allowing everyone involved an opportunity to join the circle and contribute. Participants also had an opportunity to join any of the four conversations throughout the hour.

We captured, in detail, what all attendees contributed.

Continuing Competence



What are the best aspects of the SRNA's Continuing Competence Program (CCP)? This revolving conversation provided an opportunity to offer insight and provide feedback on the current program and offer suggestions for improvements.

Here are some of the recommendations attendees provided:

- I find that time management can be an issue, so I incorporate my continuing competence into practice daily. I have a binder in my locker with in-services, courses, etc. and updates on an ongoing basis.
- I would prefer a program like LPNs and physicians where you have to physically go to a workshop/seminar/conference and earn credits/points.
- Initially when out of school as a grad nurse, I struggled with the CCP. I was unclear on the required responsibilities. I recommend a more concrete process to guide us through the stages. Perhaps incorporate into preceptorship for clear direction/guidance.
- I recommend treating your learning plan like a care plan—assess and adjust.
- I suggest having more prompters on the peer feedback form. Take the time to sit with the peer to provide the feedback and discuss constructive opportunities for improvement. Objective feedback is important.
- I recommend providing yourself some flexibility with timelines to balance work and home-life responsibilities. Workshops, journals, write procedures, etc. are adaptable ways to meet your objectives on a varying timeline.
- Each year, I focus on something different for my learning plan—a different skill, aspect of my practice, etc.
- It would be great for the SRNA to send out an email link to the CCP information and provide helpful hints throughout the year as a reminder.
- It is ok to indicate that you did not meet a specific goal on your learning plan, as long as you are consistently meeting a majority of your goals. Some may be brought forward to the following year.
- It would be great to have a progress bar or checklist to know how far we have to go.
- I recently learned that a peer review can be done by a non-RN as long as the individual understands the requirements of my responsibility, works closely with me and has witnessed the requirements to meet competency.

Participants were asked to share their thoughts about RNs having the authority to prescribe. What are the possibilities within our legislation? A robust discussion about the future prospects of RN prescribing in various practice settings in Saskatchewan took place.

Here is some of the feedback attendees provided:

- RN Speciality Practices and RN(AAP)s is a great start, but we need more information about these designations. There is an opportunity for more education.
- We should move RN(AAP) south. Why would we not do this?
- We need to look at regulation across the country.
- I think this is a great opportunity for collaborative practice. This will free up doctors to do diagnostic tests.
- What will be the level of prescribing? We need to be careful as to how we do it, and have supports in place. RNs in different environments needs separate education. Perhaps we look at basic prescribing.
- We need to look at the patient perspective and what is happening in regulation across the country.
- We need foundational knowledge and resources. We should gather experts all together and create a resource network.
- I believe there will be a fear of taking on more work and responsibility. It will be important to position it appropriately and provide greater understanding. It will be a bit more work to get in place but will create less work when RNSP is in place.
- I think this a great opportunity for nursing.
- Operationalizing this will not be easy. I think we will need to incorporate this into our education programs.
- We can do this. Look at the LPN model.
- Who will facilitate this process to make sure that we are being consistent? How are we going to manage consistency? We have to have a mechanism to share the work.

RN Prescribing



Leadership 2020



Participants were asked to share their thoughts on what it means to be a leader, what is every day leadership, how leadership can be demonstrated and what roles each RN has in leadership. A robust discussion about the future of leadership in registered nursing took place.

Here is some of the feedback attendees provided:

- Leadership is a choice every day, not a state of being.
- It means choosing to promote excellence in the area you are in and helping others to do the same.
- Being self-aware of strengths and weaknesses.
- Recognizing your contributions and being empowered to lead.
- Being aware of the workplace environment and how you are contributing (positively or negatively).
- Collaboration—putting aside differences to provide the best care for patients.
- Healthy conversations about differences, perspectives and values.
- Reflecting on why we are nurses—for our patients.
- Speaking up when things aren't going well and offer solutions.
- Respecting different perspectives and engaging in conversations for understanding.
- Engagement within the Association would increase if nurses saw more advocacy for nursing.
- Direct care nurses are the best advocates for patients or families.
- Instill hope and foster a climate of trust.
- Building a group or committee to work on change together.
- Showing your expertise, knowledge and natural leadership within the RN profession.
- Model the way—portray what you want to see.
- Mentoring others to be part of the solution.
- Lift others while you climb.
- Always be open to learning.

Championed by the Professional Standards Authority (PSA), right-touch regulation means understanding the problem before jumping to the solution. It makes sure the level of regulation is proportionate to the level of risk to the public. It is rooted in the principles of consistency, transparency, accountability and agility. This revolving conversation offered participants opportunities for dialogue around the principles of right-touch regulation.

Here are some of the questions and feedback attendees provided:

- Do members know it is a privilege to be profession-led and that it can be taken away? Other professions in Canada are experiencing loss of regulating their own profession.
- Regulation work is complex work and it is important to remember that regulators must understand the root problem.
- SRNA members need more education about regulation.
- There is confusion between the union role and regulatory role—need to clarify the difference between the SRNA and SUN.
- It's important for all of our members to understand that right-touch regulation's focus is on protection of the public.
- SRNA needs to develop an elevator pitch on right-touch regulation, as well as an elevator pitch about "the role of the regulator".
- There is something to learn from other professions. Other professions do not always have three types of one group. For example, teachers do not have this whereas nursing has RNs, RPNs and LPNs.
- RN leaders and managers need to advocate for excellence in the profession and they must have knowledge about regulation including licensing.
- If the regulatory body better understands the root problems that impact members, they could better apply the right amount of force to regulate.
- The world is more complex and the issues that regulatory bodies are facing are more complex. The volume of issues is increasing and coming faster.
- Sometimes in the past there has been hesitancy to tackle problems—waiting for authority and not making decisions in the moment. Regulatory bodies must be more responsive and nimbler.
- Undergraduate programs need to offer more education in their curriculum on nursing regulation.
- It would be appreciated to have more transparency from the SRNA on its position on regulation.

Right-Touch Regulation



RN Specialty Practices

Registered Nurse Specialty Practices (RNSPs) is a framework that is followed to deliver health care needs to a specific population with a specific need. RNSPs are those practices that go beyond entry-level competencies of the RN, and then are approved and owned by the employer. “This allows for a very strong collaborative working relationship that empowers each team member to excel and provide the best care and the patient is the recipient of this amazing collaboration,” says Rena Sutherland, an RN(NP) practicing in Northern Saskatchewan, and champion of RNSPs. She explains that RNSPs exist to allow for care to be provided in an effective, efficient and patient-centred way.

Community and individual health concerns vary among communities and the challenges they present. Primary care in rural and remote locations often requires nurses to provide ongoing assessment of these challenges. Sutherland confirms, “RNSPs can certainly allow for care to be provided where resources or access is limited, but they are not limited to just these areas.” RSNPs are available to all RNs in Saskatchewan and can be implemented through client-specific orders or as a clinical protocol for a group of patients with a specific need, such as supporting a culturally-sensitive approach to individuals with tobacco use disorder.



Dre Erwin, an RN(AAP) practicing in Northern Saskatchewan, knows first-hand the importance of using an RNSP Clinical Protocol. One of the challenges he faces is accessibility with the focus on health prevention and promotion. As primary care clinicians, his team is often working towards not only assessing, diagnosing and evaluating common ailments, but working towards preventative strategies in the communities where they live and work. Smoking education and cessation is an ongoing initiative within the community. “As a remote community, we often find inadequacies and lack of resources for good health promotion,” says Erwin. “Aside from often a lack of knowledge about these risk factors, people in these communities are at a disadvantage because of the lack of accessibility to health care services one would often expect in larger urban centers.”

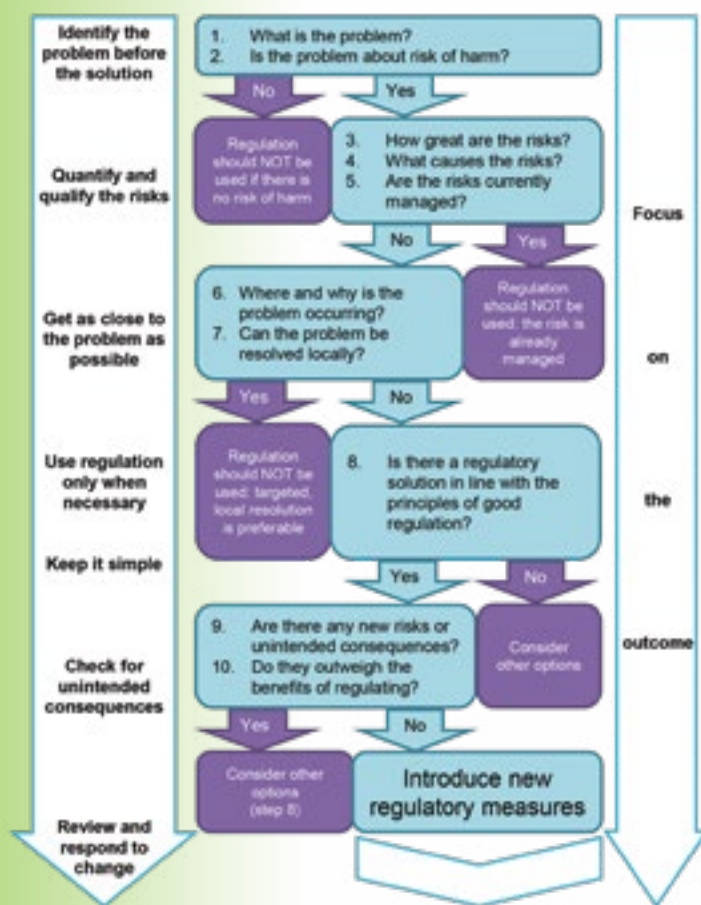
An RN Clinical Protocol was designed in collaboration with physicians, and community partners for RN(AAP)s in Pinehouse and Sandy Bay to support culturally-sensitive and timely provision of behavioural and pharmacological treatment and support for individuals with tobacco use disorder. It describes the process and competencies and provides the authority for RN(AAP)s to provide treatment to clients within this specific practice setting.

There are many opportunities for RNSPs to fill the gaps within the health care system and ultimately provide consistent patient care for all people of Saskatchewan, as demonstrated by the work of Erwin and his team in Northern Saskatchewan. RNSPs apply to all areas of nursing and all RNs are encouraged to evaluate their practices and identify the needs of the patient population in whom they serve. “The opportunities are endless for RNs practicing within RSNPs,” says Sutherland.

Right-Touch Regulation

Right-touch regulation is based on a proper evaluation of risk, is proportionate and outcome focused; it creates a framework in which professionalism can flourish and organisations can be excellent.

Professional Standards Authority, 2015



The Right-touch Regulation Decision Tree, 2015

Professional regulation exists not to promote or protect the interests of professional groups but to foster patient safety and protect the public. The interests of our clients and patients are at the heart of what the SRNA does each day. Right-touch regulation, developed by the Better Regulation Executive and adapted by the Professional Standards Authority (PSA), is an approach taken for professional regulation aimed at improving regulation of health care professionals. It sees regulation as only one of many tools for ensuring safety and quality and defines regulation through six principles. Regulation should aim to be:

- Proportionate
- Consistent
- Targeted
- Transparent
- Accountable
- Agile

There are eight elements that sit at the heart of using right-touch regulation. These elements contain commitments to use evidence to identify and understand problems, and to draw on the roles and responsibilities to deliver the best solution:

- Identify the problem before the solution
- Quantify and qualify the risks
- Get as close to the problem as possible
- Focus on the outcome
- Use regulation only when necessary
- Keep it simple
- Check for unintended consequences
- Review and respond to change

The SRNA aims to be nimble, agile and adaptable to change and if something is not working, review it and change it. By working with the PSA, the SRNA has embraced the philosophy of right-touch regulation and moving towards educating staff and committees on the principles of right-touch regulation to ensure that the principles are applied to all aspects of work at the SRNA. We are focused on protecting the public while reviewing and responding to change and using the appropriate amount of regulation.

Professional Standards Authority Review

In 2018, the SRNA set out to improve its complaints, investigations and discipline functions and increase transparency with the membership and the public. The performance of this area was assessed against the Professional Standards Authority's (PSA) Standards of Good Regulation and against other regulators to identify where the SRNA is performing well and to highlight any areas for improvement. The PSA examined the SRNA's approach to, and compliance with, the 10 standards covering the complaints, investigations and discipline function. The review occurred in three phases: background research and scoping, included understanding the regulatory context in Saskatchewan, as well as detailed understanding of the SRNA legislation; an onsite audit in December 2018, included observing an SRNA Investigation Committee meeting and interviewing stakeholders and staff; and completing the audit and drafting the report.

The PSA determined that the SRNA met four of the 10 standards. Although they assessed the SRNA as not fully meeting six of the standards, it was emphasized that the SRNA has identified the need to improve our performance of the complaints, investigations and discipline function and that engaging with this review is a positive step in the process of improvement. "There is no doubt that the SRNA is committed to patient safety and we hope our comments and reflections about its complaints, investigations and discipline work are useful in the SRNA's continuing efforts to improve this aspect of its role," says Simon Wicklund, head of legal for the PSA.

The report emphasized the SRNA's willingness to seek improvement by undergoing this review and acknowledges the active cooperation received. "A key theme that has arisen from the report and the audit, in both findings and recommendations, is the importance of transparency," says Wicklund. "We did not find the SRNA is failing to protect the public. On the contrary, staff, committee and council members we talked to all have good instincts and are well intentioned. And we observed practical changes that were made recently that are a step in the right direction."

Going forward, the SRNA Council and staff will develop an action plan outlining how to implement the PSA's recommendations. In a continued effort to demonstrate accountability and ensure transparency throughout the organization, with members and with the public, a plan with tangible goals will be implemented and communicated.

The Professional Standards Authority (PSA) is the oversight body for the nine health and social care regulators in the United Kingdom (UK) and is responsible for reviewing the complaints and investigations functions of these national regulators, in addition to their other regulatory functions. It shares good practice and knowledge, conducts research and introduces new ideas. The PSA is the champion of right-touch regulation and extends its understanding of regulation to promote safety in the interest of the public. This commitment to impartial and fair review is paramount to the SRNA's success in adopting these principles and recommendations.

SRNA Actions Currently Underway

The SRNA is developing a formal action plan addressing the unmet standards and recommendations in response to the Professional Standards Authority Review. In the meantime, the SRNA has already undertaken implementing strategies addressing specific recommendations. The table below identifies the first few strategies that are already underway.

Legal opinion on implementation	Complete
Standard metrics reporting tool	Complete
Establish implementation strategies	In Progress
Review and improve the risk assessment triage process	In Progress
External literature review	In Progress
Monthly triage and risk assessment of all current and active cases	Complete
Identify education needs of the SRNA investigation team and the Investigation Committee	In Progress
Secure three additional investigators	Complete
Evidence-based process map to guide decision making and foster consistent decisions	Not Started
Quality assurance processes for correspondence	Complete
Identify and document new policies, work standards and processes	In Progress
Policy expert to support recommendation implementation	Complete
Weekly monitoring meeting with the Registrar	Complete
Data file management process	In Progress

The Standards of Good Regulation (adapted)

Complaints, Investigations and Discipline
Anybody can raise a concern, including the regulator, about a member.
Information about complaints is shared with other organisations within the relevant legal frameworks.
The regulator will investigate a complaint, determine if there is a case to answer and take appropriate action including the imposition of sanctions. Where necessary the regulator will direct the person to another relevant organisation.
All complaints are reviewed on receipt and serious cases are prioritised.
The complaints process is transparent, fair, proportionate and focused on public protection.
Complaints are dealt with as quickly as possible, taking into account the complexity and type of case and the conduct of both sides. Delays do not result in harm or potential harm to patients.
All parties to a complaint are kept updated on the progress of their case and supported to participate effectively in the process.
All decisions at every stage of the process are well reasoned, consistent, protect the public and maintain confidence in the profession.
All final decisions, apart from matters relating to the health of a nurse, are published in accordance with the legislation and communicated to relevant stakeholders.
Information about complaints is securely retained.

What's Your Legacy?

**"I am a proud
RN(NP), and my
legacy is I am a
caring expert."**

**Lesley Shoemaker,
RN(NP)**



**"My legacy that I want
to leave for nursing is
that I want people to
remember a very nice,
smiling face in a time
when they really needed
it—a helping hand, a
smiling face or maybe
even a song to sing!"**

Fred Entz, RN



**"My legacy is that
I have remained
adaptable to change
over the years."**

Alma Dirpaul, RN



**"My legacy is to
open the eyes of
all of those that
we work with to
the potential of
those that we
meet and greet."**

**Dr. Pammla
Petrucka, RN**

**"My legacy includes
radical inclusion,
creating safer spaces
and challenging
the inequitable
systems that exist
in our society."**

**Jayden Herbert,
RN Student**



"My legacy is to create a happier, healthier world one person at a time."

Dr. Sara Belton, RN



"My legacy is that I am someone who works well with others and that I embrace the team as a whole. And work to make the patient's journey the best that it can be."

Anne-Marie DeWeert, RN

"I would like to think my legacy is being an inspiration. Whether it's other RNs, LPNs, RPNs and CCAs or nursing students, I hope to inspire them to be the best nurses they can be and to be passionate about the career path they have chosen."

Janice Walker, RN



Truth and Reconciliation

The SRNA has humbly made efforts to share the truth of the past and move towards reconciliation through everyday practices. The 2019 conference offered an opportunity to expand learning about the truth to our participants through a blanket exercise. SRNA elder, Jeanne Sutherland, shared blessings at the start of each day and the first recipient of the SRNA Award of Excellence for Truth and Reconciliation was honoured.

The SRNA also hosted Tania Lafontaine of the Saskatchewan Health Authority (SHA) on Education Day. Lafontaine discussed the SHA's Statement of Commitment and took conference attendees through all the collaborative work actively being done to fulfill the Truth and Reconciliation Commission (TRC) Calls to Action within the SHA. She went over all actions, big and small, that the SHA is taking in response to the Calls to Action. Some of this work includes:

- Incorporating the Land Acknowledgement protocol
- Working with Traditional Knowledge Keepers
- Ensuring a representative workforce
- Collecting meaningful patient information
- Ensuring meaningful relationships are established
- First Nation and Métis Health Services
- Establishing partnerships
- Incorporating visual representation, such as murals and art
- Ensuring First Nation and Métis Patient Family Advisors
- Becoming an ally and encouraging continuous learning

Any act is progress towards healing, so we encourage you to think about ways to incorporate any of the 94 Calls to Action into your own life and work. Together we can work towards culturally safe and equitable health care for all.

“Reconciliation is about maintaining and forging relationships. There are no shortcuts.”

Justice Murray Sinclair, Chief
Commissioner of the Truth and
Reconciliation Commission of Canada

SRNA Awards of Excellence Winners



Effie Feeny Award for Excellence in Nursing Research: Dr. Tracie Risling

Since receiving her doctorate in 2014, Dr. Tracie Risling has led research teams that have secured nearly \$700,000 in funding through nine successful grants from agencies such as the Saskatchewan Health Research Foundation, Jim Pattison Children's Hospital Foundation, eHealth Saskatchewan, the Canadian Institutes of Health Research, and Crohn's & Colitis Canada. She is noted for her outstanding contributions to nursing research, her leadership role in establishing a nationally-recognized program of research focused on health informatics and support for adolescents with chronic diseases, and her passion for patient empowerment and collaboration.

Risling has a tremendous ability to develop meaningful and fulfilling partnerships with patients, community members, decision makers, health professionals, researchers and students. She is a skilled and passionate research supervisor and is currently working with five graduate students—three in the Master of Nursing (MN) program and two in the PhD program, and she mentors other nursing students and colleagues alike.

Risling's contribution to the peer-reviewed scientific literature includes a total of eight peer-reviewed publications, three book chapters, six published abstracts and one technical report. She is a recognized leader in the field of health informatics, patient-centered technology and eHealth. The group who nominated Risling described as a "mover and shaker" who is contributing to changes in the health care system and improving the lives of the patients and clients.



Elizabeth Van Valkenburg Award for Excellence in Nursing Education: Patti Manson

Patti Manson has worked in Saskatchewan as a clinical RN in pediatrics, the coronary care unit (CCU) and a rural hospital. She has worked in nursing information systems and has been a supervisor, an SRNA committee coordinator, wellness nurse, public health and maternal visiting nurse. Manson's experiences enhance her excellence as nurse educator, where she shares her nursing knowledge, wisdom and creativeness with students and colleagues.

Manson demonstrates leadership in her teaching and curriculum coordinator roles in the Saskatchewan Collaborative Bachelor of Science in Nursing program where she inspires learning by leading with courage, conviction and compassion. Manson is actively engaged in research where she is studying factors affecting nursing students' success and Saskatchewan nurse graduates' experiences with writing NCLEX-RN exams. Manson collaboratively designed, planned and delivered NCLEX-RN® Student Preparation Workshops twice annually for graduating nursing students, and frequently presents at nursing conferences.

Manson also teaches complex end-of-life care concepts using high fidelity simulation, using podcasts to teach health challenges to second-year students, and collaborating with Indigenous elders to develop teaching resources about natural medicines found on the prairies. She implemented innovative teaching solutions to support nurse educator colleagues' teaching in classrooms, clinical settings and laboratory situations. Manson planned, introduced, implemented and evaluated an innovative, learner-centered peer teaching/learning strategy for after-degree nursing students.

Students describe Manson as creative, collaborative, and an excellent nurse educator.



Granger Campbell Award for Excellence in Clinical Practice: Danielle Stevenson

Danielle Stevenson received her Bachelor of Communication Disorders from Minot, North Dakota in 2002 and her BSN from the University of Manitoba in 2004. She worked as an RN at the Bone Marrow Transplant Unit in Winnipeg, the Stem Cell Transplant unit at Saskatoon's Royal University Hospital, the oncology unit at the Regina Pasqua Hospital and the chemotherapy area of the Allan Blair Cancer Centre in Regina. All of these experiences led to her interest in total parenteral nutrition (TPN) as many of the patients she cared for required TPN. Stevenson started with the Home TPN Program in 2009.

Stevenson is the only home TPN nurse in Saskatchewan. She works to support patients in acute and community care who suffer from diseases resulting in intestinal failure. She works collaboratively with gastrointestinal and vascular specialists, infectious diseases, enterostomal therapists, nutritionists, pharmacy, general practitioners and other specialists. She is a member of the National Home TPN Registry, the Canadian Nutrition Society and the local Central Venous Line Committee. She is participating in a pharmaceutical research study for the treatment of adults with short bowel syndrome.

Stevenson's compassion and support have allowed TPN patients to improve their quality of life. She has been described by many of her patients as their lifeline. Her nominators describe her as a dedicated, determined, caring, knowledgeable, competent and fearless advocate for her patients. She genuinely practices as a holistic registered nurse every day.



Jean Browne Award for Excellence in Nursing Practice Leadership: Moni Snell

Moni Snell has been involved in the care of high-risk newborns for many years and helps other centers both urban and rural through teaching the Neonatal Resuscitation Program and the S.T.A.B.L.E. Program* to improve outcomes for infants at risk. She was also instrumental in the addition of neonatal registered nurses (nurse practitioner)s in Regina. For the past 10 years, Snell has worked tirelessly with the SRNA and colleagues in Saskatoon to define and advance the role of neonatal RN(NP)s in Saskatchewan. She continues to work in this valuable role where her expertise and excellence are visible every day.

Snell has spent almost 40 years giving to the NICU and the neonatal community in Saskatchewan, Canada and the US. She is a member of numerous committees working on improving the care for the fragile babies and families in the Neonatal Intensive Care Unit (NICU). Her dedication has set the groundwork for the future of NICUs. She has spent countless hours learning, reading, teaching, listening and getting involved in anything that will improve care for ill newborns, promote family centered care in the NICU and provide the best practices for "saving babies lives".

*S.T.A.B.L.E. stands for the six assessment and care modules in the program: sugar, temperature, airway, blood pressure, lab work, and emotional support.



Ruth Hicks Award for Student Leadership: Jayden Meville

Jayden Meville is an influential fourth-year Saskatchewan Collaborative Bachelor of Science in Nursing (SCBScN) student. She is committed to fostering positive and professional relationships with her peers and faculty. She is held in high regard for her hard work, mentorship and dedication to the SCBScN program.

Meville has made a significant contribution and demonstrated leadership not only at the local level, but also nationally. She was a Saskatoon Nursing Student Society (SNSS) council member since her first year and ultimately was elected to the president's role. Nationally, Meville was also elected to the Canadian Nursing Students' Association (CNSA) as the chair of the Diversity Committee. This past year she was elected as president of the CNSA, which speaks to Meville's leadership abilities and the quality of Saskatchewan nursing students. Meville has spearheaded a national proposed curriculum development for LGBTQ+ disparities and presented to the Canadian Association Schools of Nursing, the CNSA and at the Global Association of Student and Novice Nurses conferences.

Her nominators stated that as faculty in the SCBScN, they have observed her leadership skills, dedication to nursing students, consistent focus on professionalism and improving the health of the people of Saskatchewan and beyond. They say that Meville is strongly committed to the profession of nursing and certainly has the potential to make an ongoing significant contribution.



The Award for Excellence in Truth and Reconciliation: Dr. Deanna Bickford

Dr. Deanna Bickford is a registered nurse scholar who has demonstrated a commitment to Indigenous knowledge in pursuit of achieving Truth and Reconciliation. Throughout her academic and professional career, she has focused on bringing her students, colleagues and partners together to reveal health care opportunities and issues and co-create the solutions using a positive and appreciative stance.

For nearly a decade, Bickford has worked with youth, elders and local leaders at Standing Buffalo First Nations to facilitate dialogues, build capacities and re-introduce traditional strategies for knowledge sharing. It is her inter-generation, inter-cultural approach that has yielded the richness in her teachings. Her emphasis on 'two-eyed seeing,' which essentially bridges Indigenous and non-Indigenous ways of knowing, embeds cultural safety and cultural humility in her research, teaching, practice and leadership efforts. She has published and presented extensively locally and globally, thereby contributing to nursing and global health knowledge. Her nominators say that her capacities as a teacher, learner, researcher, registered nurse, mentor and leader continue to evolve and engage others in this important effort.

In an effort to make the Awards of Excellence extra special for the awards recipients, we sat down with each award winners nominators to prepare surprise congratulatory videos. We encourage you to view the videos for each award winner that were presented at the Awards of Excellence ceremony on May 1, 2019. They can be viewed on YouTube under SRNA Dialogue.

Mentoring the Future: Keeping Patients Safe

Written by Sarah Leippi, a fourth-year BSN Student at the University of Saskatchewan, Regina Campus.

Learning in the clinical setting is one of the most important opportunities in a nursing student's development; however, students feel vulnerable, overwhelmed and often experience anxiety during this time. The clinical learning environment is very different than learning theory in the classroom. Clinical experiences expose students to new ways of learning, thinking and communicating and allow students to build skills to provide safe nursing care. Supporting students is important and essential. Mentorship has been proven to be valuable and a highly effective way to support nursing students while they learn in the clinical setting.

The University of Saskatchewan, College of Nursing, Regina Campus facilitates a mentorship program that supports nursing students and helps to mitigate negative feelings and doubts that nursing students frequently report. The program provides guidance and direction to nursing students in all years of the program by connecting senior nursing students with junior nursing students. The mentorship program has been successful in improving the self-confidence of students and also supporting safe practice thereby fostering patient safety. Over the years, patient safety research has identified that mentorship is supportive, and does promote safe nursing care. Adopting mentorship more rigorously in the workplace to accommodate the transition from school to professional nursing practice would increase the likelihood of success for students, newly graduated nurses and also the patient.

The Canadian Nurses Association identifies that it is the responsibility of an RN to share knowledge and provide feedback, mentorship, and guidance for the professional development of nursing students, novice nurses and other health care team members. The future of registered nursing in Saskatchewan involves team work and collaboration through mentorship. Mentorship can support patient safety and create an environment of trust and growth in the best interest of patients.

"Support the strong, give courage to the timid, remind the indifferent, and warn the opposed."

Whitney M. Young Jr

Mentorship Matters

The SRNA's mission is that RNs and RN(NP)s are leaders in contributing to a healthy population, and the past, present and future of nursing in Saskatchewan lies in leadership capabilities—not only at the management level but in all roles. RNs in all domains of practice and at all levels of experience and expertise are encouraged to maximize their leadership potential. Striving for excellence in registered nursing is a shared responsibility, which is why mentorship is so critical.

As part of our three-year strategic plan, the SRNA has begun to create a plan to work with our nursing students and new RNs to develop a mentorship strategy to support their introduction to professional practice.

As a part of this strategy, The Online Community of Practice has been expanded to include a mentorship process for Saskatchewan nurses. This initiative will include both practicing RNs as well as new graduates through two different streams of mentoring—online and offline. The practicing RN stream will involve mentors being available to answer questions or provide advice based on their expertise via the Online Community of Practice. The process for new graduate mentoring will entail an offline connection with nurses who want to be mentors to new graduates with new graduates who wish to be mentored.

As this plan is developed, we encourage you to integrate mentorship and collaboration into your practice each day. Thoughtful, meaningful and intentional actions are the basis to a legacy that lasts. For this reason it is important to think about how relationships and opportunities to teach will impact health care and future generations. Collaboration and mentorship does not only benefit everyone who works in health care, it benefits patients as well.

"In order to be a mentor, and an effective one, one must care. You must care. You don't have to know how many square miles are in Idaho, you don't need to know what is the chemical makeup of chemistry, or of blood or water. Know what you know and care about the person, care about what you know and care about the person you're sharing with. [...] Teach them by showing, by caring that they know these things. [...] A mentor helps the person to interpret the world."

Maya Angelou

Sign up to be a mentor or mentee on SRNA's Online Community of Practice at srna.timedright.com.

From Northern Saskatchewan to Uganda, Africa: A Student Perspective

Born and raised in Northern Saskatchewan, Shania Petit felt extremely grateful to be able to complete her studies at Northlands College in La Ronge, Saskatchewan. She felt it was important to learn where she lived and be surrounded by her support system. Now, as a recent graduate from the University of Saskatchewan's Bachelor of Science in Nursing Program, this proud Métis woman wanted to give back to another community. Shania embarked on a trip to Uganda, Africa. The following is a reflection on her time working as a nurse in a developing country and a snapshot of how this "rippling effect" has changed the course of her nursing legacy.

"Never underestimate the valuable and important difference you make in every life you touch. For the impact you make today has a powerful rippling effect on every tomorrow."

Anonymous

It has always been my dream to travel and experience nursing in other parts of the world before settling down to work in Northern Saskatchewan. I believe nurses can be utilized to improve patient and population health all over the world. In my third year of nursing, I completed a two-week placement in Norway that confirmed my passion for global health and travel and led me to apply for the Queen Elizabeth Scholarship (QES), a three-month inter-professional community-based health care program in Uganda, Africa. Upon completing my final practicum in my last year of nursing school, I successfully secured the scholarship and joined the other scholarship recipients on the journey to Uganda.

I worked in both a rural health center in the small district of Rugazi, as well as a bigger hospital in the city of Mbarara, both public government-funded institutions. The working conditions were not optimal. The units were overcrowded, under-resourced and under-staffed. The two-tier private and public medical system in Uganda was evident. I did not have the opportunity to tour a private hospital, however, I heard many stories from locals about the disparities. Private hospitals are known to have the resources, staff and means to provide high-quality care, similar to care received in Canada, but that is not the case for public government-funded health care in Uganda.

There was a higher ratio of doctors compared to nursing staff at the hospital, therefore, I spent the majority of my time shadowing doctors and performing nursing duties. The patients we cared for were very ill and were treated for conditions not seen every day in Canada, including malaria, malnourishment and sickle cell anemia, as well as a measles. I made it my mission to help as much as I could to offset the already very high-volume patient load. It was heart breaking and often times I felt helpless. I learned to make do with what little resources were available. This was truly eye-opening experiencing nursing in a developing country. I remember leaving the hospital feeling so defeated some days because of factors that were out of my control, such as the lack of clean drinking water, sanitation and electricity. Things we view as necessities now hold somewhat less value to me. Nonetheless, the country itself and people we're wonderful.

This experience has given me a whole new perspective, and will no doubt positively impact my future nursing practice. Global health is a passion and I know my legacy lies in pursuing nursing in other parts of the world. I highly encourage anyone who is even slightly interested in travel to go for it! When you step out of your comfort zone, the possibilities are endless. environment of trust and growth in the best interest of patients.

New & Notable

The NEW Membership Database

Over the past year, we have made a number of advancements to improve relational and right-touch regulatory processes. This includes work on a new regulatory database launching in the fall of 2019 prior to opening the annual renewal period. This new database will greatly improve the way the SRNA interacts with applicants and members. More importantly, it will improve how our members can access and manage their own information. This new database will allow members to manage their own Continuing Competence Program online and will improve the online renewal process.

Tune into additional SRNA communications for more information over the next few months.

Join the SRNA's Community of Practice

To provide SRNA members with even more resources and further enhance our registered nursing community, we developed a digital community for Saskatchewan RNs. The Online Community of Practice is a fully moderated online forum where questions can be asked, and discussion can take place with colleagues and peers.

We are proud to announce that, based on this work, the SRNA Community of Practice development team attended the Canadian Nursing Informatics Association's (CNIA) conference in Fredericton in mid-June. We took attendees through the journey of how we launched this community and involved members at every step.

To join the Community of Practice visit [https://www.srna.org/nursing-practice/nursing-community/\[search: community\]](https://www.srna.org/nursing-practice/nursing-community/[search: community])

The opioids crisis is here.

"ON THE FRONTLINES"
— A NEW DOCUMENTARY

Opioids kill 11 Canadians every day. Saskatchewan has the third highest opioid hospitalization rate.

WATCH:
MAKING THE DIFFERENCE.CA/ADDICTIONS



How to...

Deal With Difficult People

...without becoming one yourself!

With

SASKATOON, September 23, 2019 • Travelodge Hotel

0830 to 1600 hrs.

STACEY HOLLOWAY, BScN

Topics:

Why Are People Difficult...

Or What They Didn't Teach Us In Nursing School

- 'Difficult' or just 'Different'?
- 'Innocent' or 'Intentional'?
- Demonstrated Behaviours versus Personal Traits
- Pay-offs for Dysfunctional Behaviours
- 'Upset' versus 'Difficult'

Understanding Difficult Behaviours

- Difficult People Defined
- Who is Difficult for you to Deal With?
- Specific Challenging Behaviour Patterns
- Do's and Don'ts for Managing 'Difficult' Interactions

Self-Management

- The Triple 'F' Response
- How to Turn Exasperation into Empathy
- A Four-part Process for Dealing With Difficult People
- A Distanced View of Close Things
- A Helpful Self-Management Strategy - Coping Self-Talk
- Tips for Overcoming Negative Aspects in Yourself

Name The Game

- Know Your Hot Buttons; Make the Covert Overt

Turn Conflicts Into Cooperation

- Helpful Tips for Managing Conflict and Anger
- Acknowledge, Don't Argue; Side-stepping Debates
- Helpful Communication Techniques for Responding to Difficult People
- The Five 'F' Formula

When Difficult People Don't Change

- Organization Strategies
- Continuum of Intervention in Conflict; When to Call in Help

Stacey Holloway is a skilled interventionist in the fields of Human Relations and Organizational Development. Stacey focuses her talents and energy on organizational development - particularly, change education, change strategy consulting, and change leadership development. A graduate of UBC and Senior Trainer at the BC Justice Institute in the Centre for Conflict Resolution, she is an in-demand speaker. Stacey has conducted seminars for thousands across Canada and the United States. Her active, participatory seminars are charged with energy, humour, and creativity.

Registration Form (Fax to 1.866.566.6028)

Yes! Please register me for the **Difficult People** workshop in:

City	Date	Venue
<input type="checkbox"/> Saskatoon	September 23, 2019	Travelodge Hotel 106 Circle Drive

Name: _____
Title: _____ Specialty: _____
Organization: _____
Home Address: _____
City: _____ Prov: _____ Postal: _____
Home Phone: () _____ Fax: () _____
E-Mail: _____

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

EXECUTIVELINKS

Why is it that some people at work can be sensible and calm one minute and totally irrational the next? Why is it that some people will fight you every step of the way – you ask them to go right and they go left? Why do people do things to make their jobs so much harder than they need to be? And, what can you do when they try to do them to you? What is it about manipulative people – those who are pushy and aggressive, who take offense easily, who whine – that makes them so powerful? If work is work, why do we take things so personally? Is there anything you can do to deal with these and other types of difficult behaviour in today's workplace? No one enjoys dealing with difficult people, yet it is an everyday part of life. This one day workshop and the ideas presented can help you skillfully disarm disagreeable people so your personal and professional relationships are less stressful and more enjoyable.

WHO SHOULD ATTEND?






- * Nurses, Educators, Managers
- * Staff in Healthcare and Social Services Settings

**** This is NOT a Violence in the Workplace Workshop ****

HOW TO REGISTER

Save \$20 on your registration when you register and pay prior to August 12th, and \$10 prior to September 9th!

REGISTRATION IS NOT COMPLETE WITHOUT PAYMENT

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



FURTHER INFORMATION

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

CANCELLATIONS

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

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

Conference Fees:

- ☐ \$179.⁰⁰ + \$8.95 GST = \$187.95 Early Rate (on or before August 12, 2019)
- ☐ \$189.⁰⁰ + \$9.45 GST = \$198.45 Middle Rate (on or before September 9, 2019)
- ☐ \$199.⁰⁰ + \$9.95 GST = \$208.95 Regular Rate (after September 9, 2019)

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

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

Cardholder's Name: _____

Card Number: _____ Exp: ____ / ____

Signature: _____

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

☐ My employer has approved funding. Please invoice:

Attention: _____ Title: _____

Fax: () _____ Phone: () _____

EXECUTIVELINKS

A Clinical Look at...

Supplements & Alternative Therapies

SASKATOON, October 28, 2019

Travelodge Hotel

0830 to 1600 hrs.

BARB BANCROFT, RN, MSN, PNP

Your Patient or Client Asks You: Should I Just Take a Multivitamin? Or be Selective in My Vitamin Replacement?

- The Clinical Uses of B Vitamins: B1 to Prevent Alcohol-Induced "Opathies"
- B6 to Supplement INH and Other Drugs to Prevent Peripheral Neuropathies
- Does B7 Slow the Progression of MS? What Crucial Lab Tests B7 Skews
- Effectiveness of B12 for the Prevention of Anemia, Cognitive Decline, and Neuropathy
- Does Vitamin C Really Boost the Immune System?
- What are the Clinical Implications of Vitamin D Toxicity and Deficiency?
- What are the Clinical Manifestation of Magnesium and Zinc Deficiency?
- How to Advise Patients & Clients to Naturally Replace these Minerals?

The World of "Pre" Biotics and Probiotics

- Relationship of Pre and Probiotics to Maintaining the "2nd Brain": the Microbiome
- Are There Antibiotic-Resistant Probiotics? Which Ones Should Your Patients Take?
- Do Probiotics Promote Weight Loss? Which Organisms Should be Included?

Can Supplements Interfere with Drugs and Lab Tests? Which Drugs and Which Lab Tests are Important to Monitor?

Clinical Effects of Selected Supplements, Nutraceuticals, Herbal Products, & Therapies

- Anti-Inflammatories and Anti-Oxidants: Omega 3 Fatty Acids; Turmeric
- Clinical Uses of Melatonin have Been for Sleep...Can it Help Treat Sundowning?
- Should CoQ10 be Used when Patients are Taking a Statin Drug?
- Milk Thistle for Liver Health; Menstrual & Menopausal Symptoms Including Hot Flashes and Urinary Tract Infections
- Honey for Wound Care & Cough: What Does the Evidence Support?
- Using Light Therapy for Seasonal Affective Disorder: Does Time of Day Matter?
- Does St John's Wort Help Depression & Insomnia?

Ginseng, Glucosamine, Garlic, Grapeseed, Gingko, & Ginger

- How Can the "G's" be Used in Clinical Practice?
- What are the Benefits and the Risks? Drug Interactions?
- Is There Evidence that Glucosamine has to be Used with Chondroitin for Joints?
- Should We All be Taking Vitamin K for Our Bones?

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

Registration Form (Fax to 1.866.566.6028)

Yes! Please register me for the **Supplements** workshop in:

City	Date	Venue
<input type="checkbox"/> Saskatoon	October 28, 2019	Travelodge Hotel 106 Circle Drive

Name: _____
Title: _____ Specialty: _____
Organization: _____
Home Address: _____
City: _____ Prov: _____ Postal: _____
Home Phone: () _____ Fax: () _____
E-Mail: _____
☐ Please send me e-mail notices of upcoming conferences.

EXECUTIVELINKS

★ Brand New Workshop !! ★

The use of dietary supplements, such as vitamins, minerals or herbs, and alternative therapies has become a routine part of the Canadian lifestyle. Nurses and Allied Health Care Professionals are relied on by patients and clients to have accurate information about the uses and effects of these products. But often, these items are marketed as having benefits that are unsubstantiated; do not carry adequate warnings when they interfere with lab tests, and may be misused by the client because they are "natural". Using evidenced-based research, Barb will present the current clinical findings and safety of the numerous OTC products used for various medical and psychological conditions.






WHO SHOULD ATTEND?

- * All Regulated Health Personnel in Direct Care Roles
- * RN's NP's, RPN's LPN's in Acute Care, Critical Care & Special Care Areas
- * Professional Staff in Geriatric, Home, Community and Primary Care settings
- * Dietitians, Physiotherapists, Pharmacy Staff etc.

HOW TO REGISTER

Save \$20 on your registration when you register and pay prior to September 16th, and \$10 prior to October 15th!

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WEB:  www.nursinglinks.ca
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- ☐ \$199.⁰⁰ + \$9.95 GST = \$208.95 Regular Rate (after October 15, 2019)

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

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

Cardholder's Name: _____

Card Number: _____ Exp: ____/____

Signature: _____

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

☐ My employer has approved funding. Please invoice:

Attention: _____ Title: _____

Fax: () _____ Phone: () _____

EXECUTIVELINKS

The Therapeutic Use of... Medical Cannabis

REGINA, November 18, 2019 • Delta Hotel Regina

With

0830 to 1600 hrs.

MARY LYNN (ML) MATHRE, RN, MSN, CARN

Historical Overview of Medical Cannabis

- From Ancient Records to Use in 1900s
- The Marijuana Prohibition; Current Situation

Cannabis the Plant

- General Description and Varieties; Cannabinoids; Terpenes & Flavonoids

Discovery of the Endocannabinoid System (ECS)

- Major Components of the ECS; Function of the ECS

Safety & Pharmacology of Cannabis

- Toxicity; Metabolism
- Potential Risks - Pulmonary, Addiction, Cognition, Pregnancy, Prohibition
- Whole Plant vs. Cannabinoids

Indications for Use

- Range of Therapeutic Effects from Infants to End of Life
- Endocannabinoid Deficiency; Nutrition and Health Maintenance

Dosage & Methods of Administration

- Dosage
- Smoking & Vapourization; Extracts – Oils & Tinctures
- Pills or Capsules; Topicals; Edibles
- Fresh Raw Product

Nursing Implications

- Patient Advocate
- Cannabis & Opioids; Cannabis and Poly-pharmacy
- Roadblocks & Barriers; Patient Education
- The Nurse as Patient

Mary Lynn (ML) Mathre, RN, MSN, CARN has more than 40 years of experience as a nurse and has specialized in addictions nursing since 1987 and cannabis education since 1990. Ms. Mathre is a co-founder and President of Patients Out of Time (inc. 1995), a non-profit organization devoted to educating health care professionals and the public about the therapeutic uses of cannabis (www.medicalcannabis.com). She is the editor of *Cannabis in Medical Practice: A Legal, Historical and Pharmacological Overview of the Therapeutic Use of Marijuana* (1997) and co-editor of *Women and Cannabis: Medicine, Science and Sociology* (2002). Ms. Mathre has authored several chapters and numerous peer-reviewed articles on the topic of medical cannabis, and written resolutions for several organizations in support of patient access to medical marijuana, including the Virginia Nurses Society on Addictions, the Virginia Nurses Association, the National Nurses Society on Addictions, and the American Public Health Association. She has served on the planning committee for Patients Out of Time's accredited biennial *National Clinical Conference on Cannabis Therapeutics* series since it began in 2000, now an annual event since 2015. Ms. Mathre is also a founding member and Past President of the American Cannabis Nurses Association (www.cannabisnurse.org).

Registration Form (Fax to 1.866.566.6028)

Yes! Please register me for the Medical Cannabis workshop in:

City Date Venue

☐ Regina November 18, 2019 Delta Hotel Regina
1919 Saskatchewan Drive

Name: _____

Title: _____ Specialty: _____

Organization: _____

Home Address: _____

City: _____ Prov: _____ Postal: _____

Home Phone: () _____ Fax: () _____

E-Mail: _____

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

EXECUTIVELINKS

★★ Updated with New Content! ★★

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

WHO SHOULD ATTEND?

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

HOW TO REGISTER

Save \$30 on your registration when you register and pay prior to July 22nd, \$20 prior to October 7th, and \$10 prior to November 4th!

REGISTRATION IS NOT COMPLETE WITHOUT PAYMENT

WEB:  www.nursinglinks.ca

CALL:  1.866.738.4823

FAX:  1.866.566.6028

E-MAIL:  registration@nursinglinks.ca

MAIL:  #22, 2526 Battleford Ave. SW, Calgary, AB T3E 7J4



FURTHER INFORMATION

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

CANCELLATIONS

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

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

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

Conference Fees:

EXECUTIVELINKS

- ☐ \$169.⁰⁰ + \$8.45 GST = \$177.45 **Super Early Rate** (on or before July 22, 2019)
- ☐ \$179.⁰⁰ + \$8.95 GST = \$187.95 **Early Rate** (on or before October 7, 2019)
- ☐ \$189.⁰⁰ + \$9.45 GST = \$198.45 **Middle Rate** (on or before November 4, 2019)
- ☐ \$199.⁰⁰ + \$9.95 GST = \$208.95 **Regular Rate** (after November 4, 2019)

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

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

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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: _____ Phone: () _____

Email: _____

Get Involved with Your Professional Association



Are you interested in being involved with the SRNA? We are seeking practicing RNs from diverse areas of practice and geographical locations to represent on three of our committees.

Membership Advisory Committee

The Membership Advisory Committee provides strategies for student and member engagement in SRNA activities. In addition, the Committee recommends member and public representation to SRNA internal and external committees.

Awards Committee

The Awards Committee receives and reviews all nominations based on the criteria established for each of the SRNA Awards of Excellence and makes selections of recipients for all awards.

Nursing Education Program Approval Committee (NEPAC)

As part of its mandate, the SRNA is responsible for the approval of RN and RN(NP) education programs and RN(AAP) courses. The Nursing Education Program Approval Committee (NEPAC) is integral to this process. This committee is in need of an RN from the Saskatoon area with broad experience in leadership, education, and evaluation. Experience working with students and/or graduates an asset.

More Information

The SRNA provides an honorarium and covers expenses for all committee work. For more information about the open committee positions, please contact links@srna.org or Tonya Blakley at 306-359-4216.

Deadline for Application

To apply for a position on one of these committees, please submit a cover letter with your expression of interest stating the specific committee and an accompanying CV to links@srna.org by July 31, 2019.

Return to:
Saskatchewan Registered Nurses Association
2066 Retallack St. Regina, SK S4T 7X5

Publication Agreement #40005137