



August 2006

Nurses' Notes

Newsletter of the Yukon Registered Nurses Association

Message from the President

Paula Bilton, RN

Greetings everyone!

A little bird called me recently to let me know that many members have not met me or know much about my background. *Thank you, Lee.* I would like to take this opportunity to introduce myself.

A native Newfoundlander, I completed RN training at Western Memorial Hospital School of Nursing in Corner Brook, NL, and was completely enchanted

by the practice of nursing; the health care environment; and the culture. The combination both intrigued and challenged me to learn more; to do more; and to continuously seek out and experience new challenges. While I have never been disappointed with my journey, I can't help thinking that my thirst for challenges should have waned by now ☺

In 1973, I joined Health & Welfare Canada and began my northern odyssey in Frobisher Bay, NWT; transferred to Whitehorse in 1974; transferred to the western Arctic in 1976 (Inuvik; Tuktoyaktuk; & Fort Good Hope) prior to taking the 'Clinical Training of Nurses Course' aka the Federal Government sponsored Nurse Practitioner Course at University of Alberta in Edmonton. I then worked in Alberta (Fox Lake Indian Reserve & Fort Chipewyan) prior to returning to Whitehorse in 1979. I worked at Whitehorse General Hospital on Medical/ICU until 1981, then transferred to ER working full-time until 1989.

In 1989, I left the hospital to start 'Nursing Options Ltd' to provide a full range of 24/7 nursing services. While I did achieve my dream of providing excellent services in a timely manner, I was not able to generate enough consistent business in this small jurisdiction to make the operation economically feasible. This type

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of venture can only be successful with the commitment and support of government as well as the entire health care community.

In 1997, I returned to work in ER starting as casual, then worked full-time until January 2000 when I transferred to Information Systems as the Clinical Analyst. I worked until 2001 when I developed health problems following a severe mould exposure, which resulted in almost 2 years of absence from work. In 2003, I returned to work as the Special Projects/Research Nurse with Quality Improvement/Risk Management (WGH) from an off-site office in my home, due to environmental sensitivities and the need for controlled living space.

My affiliation with YRNA is long standing: I was a charter member of the Yukon Nurses Society and served in a variety of positions from Secretary; Chairperson Nursing Practice Committee; Executive Director; and then President from 1992–1994 when

the Yukon Registered Nurses Professions Act was enacted. I was the Yukon representative on the Board of Directors of the Canadian Nurses Protective Society from 2000–2006; and the Yukon representative on the Canadian Association for Nursing Research since 2003.

Last week I attended an international workshop on Multiple Chemical Sensitivity in San Francisco, CA as an invited panellist, and was heartened by the tremendous efforts to validate and treat those disenfranchised due to diseases brought on by our toxic world.

On a personal note, I have been married twenty-five years to my patient and wonderful husband Jack, and have two children, Jake, 23, and Sheena, 18 yrs.

Thank you for allowing me the privilege of representing you as YRNA president for the next two years. I am committed to working with the Board of Directors to advance the objectives of the association on your behalf.

With a territorial election pending, it is essential to find out where the candidates stand on issues. Included in this newsletter will be a sample of questions for you to ask, so that you can determine the level of understanding as well as the commitment of individuals to addressing health issues in a timely manner.

Respectfully submitted,
Paula Bilton, RN

TERRITORIAL ELECTION: Questions for your Candidates

A territorial election will be held within the next couple of months. Health care remains a priority with many Yukoners. YRNA members have asked for a 'heads-up' on issues that are important to us as the changing political landscape unfolds.

The topics that we have prioritized are: primary health care; health promotion and illness prevention; collaborative practice; and the establishment of a multidisciplinary health centre in Whitehorse.

The definition of **primary health care** used by the *Enhancing Interdisciplinary Collaboration in Primary Health Care Initiative* is:

Primary health care involves responding to illness within the broader determinants of health. It also includes coordinating, integrating and expanding systems and services to provide more population health, sickness prevention and health promotion by all disciplines. It encourages the best use of all health providers to maximize the potential of all health resources.

YRNA has been advocating for a move towards a primary health care system for many years. This concept has also been widely endorsed by politicians, health experts and the public, yet we see little progress. Primary health care places more focus on **health promotion and illness prevention** and we know from various public health forums in the past that Yukoners agree with this.

For some time now, there has been a lot of media coverage, as well as member observations, related to the impact on Yukoners who are unable to access health care through a family physician. YRNA has been strongly advocating for a **multidisciplinary health centre** in Whitehorse where patients could receive timely care with direct access to the health professional who can best meet their needs. For example a physiotherapist,

a dietitian, a nurse practitioner or a physician. YRNA has been promoting this approach for some time, not as an answer to the shortage of family physicians, but because we believe that it is a more efficient, sensitive and sensible way to deliver health care. A recent workshop on **collaborative practice** was well attended by representatives of seven different health professions, showing a great deal of support for moving in this direction. Yukoners have also expressed an interest in accessing health care in this way and in fact many Yukoners are used to seeing a nurse as their entry point to the health care system in the communities.

We hope that the following questions will be useful to you as you meet with your candidates during the course of the election campaign.

1. **Where does health care rank on your list of government priorities?**
2. **What do you know about primary health care?**
3. **If elected, what would you do to support and promote the principles of primary health care?**
4. **Does your party support the concept of a multidisciplinary health care centre?**
5. **If so, what would you do to establish such a health centre?**
6. **If elected, what steps would you take to enhance health promotion and illness prevention?**

www.
yrna.ca
Check it out!

The YRNA newsletter is published four times a year. Publication dates are February 28th, May 31st, August 31st and November 30th. Deadline for submissions is the 1st day of the month of publication.

Articles and letters are welcome and should be addressed to the Editor. Inclusion of items in the newsletter does not imply endorsement or approval by the YRNA.

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If you would like to receive e-mail notification of YRNA events (Coffee Talks, etc.) please let YRNA know: yrna@yknet.ca.

UNDERSTANDING COLLABORATIVE PRACTICE: A Report on the Workshop held in May

On Friday, May 12th and Saturday, May 13th, 2006, Linda Jones, RN(EC) and Daniel Way, MD from Ottawa facilitated a workshop on inter-professional collaborative practice in Whitehorse. This workshop came about because a group representing seven different health professions in the Yukon has been meeting to talk about advancing this concept

and felt that in order to do so we need some education and

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more information. With financial support from the Department of Health and Social Services, the "planning group" worked with the facilitators to design the workshop and YRNA took on the task of organizing and administering the practical details. Following is a summary of the very successful event.

A total of 52 professionals registered for the workshop, although some were not able to attend both days. The following professions were represented: registered dietitians, pharmacists, physicians, physiotherapists, occupational therapists, registered nurses and social workers. Registration packages included information handouts, a prerequisite questionnaire and the objectives identified jointly by the planning group and the facilitators. These objectives were to:

- ensure a common understanding of collaboration;
- determine a common vision and purpose for our collaboration;
- understand the separate and shared contributions of each profession;
- begin to identify how we would function as part of a collaborative practice;
- list and prioritize supports and constraints to our vision of collaborative practice;
- begin to develop strategies to proceed with our vision of collaborative practice.

On Friday evening, the workshop facilitators gave a presentation and introduction to the workshop in a session called 'Collaborative Practice: What is it?' using content from a *Structured Collaborative Practice Model*© which they have developed. On the Saturday, the facilitators led the group through a variety of exercises and discussions in order to

meet the workshop objectives. One exercise in particular was extremely appreciated by the participants. A pictograph of a family situation was used for a role clarity exercise. Individual provider responses to this hypothetical clinical scenario highlighted the kind of

issues that each provider is educated to identify and prioritize. The participants gained new appreciation for the unique perspectives and skill sets that each of the seven participating professions contribute to patient care. The benefit of a collaborative approach was clearly demonstrated as the group collectively identified more issues and poten-

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tial solutions than could have been the case if each provider had been working in isolation.

As a result of the day's work, the following results were achieved.

The Vision for collaborative practice in the Yukon will include:

Goal— Improved health for Yukoners and satisfied and professionally fulfilled health care providers. (to be further developed)

Description of care to be delivered:

- Comprehensive, holistic and innovative;
- Client/patient centered and built on a foundation of trust and respect between patient/client and provider; and between providers;
- Encourages self-directed care and empowers the client/patient in managing own health and wellness.

(Continued on page 4)

Through:

- Best use of provider resources, utilizing full scopes of practice in an efficient and effective manner;
- Care based on best practices and measurable health outcomes;
- Direct access to the appropriate health professional: the right provider at the right time in the right place;
- Integrated health care delivery system that links primary health care, community care and institutional care;
- Focus on continuity of care, thereby avoiding gaps and duplication of services.

The workshop identified five **Priority Issues** that will require attention:

Communication Systems – Includes the electronic health record and a common consent form

Collaborative Practice Model Acceptance – each provider and profession educating themselves, each other and the public about roles and scopes of practice

Communication Mechanisms (provider to provider) – focus on interpersonal communication mechanisms for sharing knowledge and information

Direct Access to Appropriate Provider – Includes exploration of issues related to Non-Insured Health and other third party payment models

Political Vision – Calling for long term vision, not dependent on any one party in government; the message that “This is simply the way we do business”

The group laid the groundwork for an **Action Plan** and identified some initial **Strategies** related to each priority issue. Then, during a large group discussion, the participants voiced their commitment to moving this work forward and made some decisions on next steps. Those next steps include, but are not limited to:

1. Establish a steering committee representing all seven professions so far involved to guide future work
2. Advocate for establishment of an inter-professional secretariat to support the planning process and work of the steering committee
3. Disseminate workshop proceeding report widely
4. Consult with Yukon Government and Council of Yukon First Nations
5. Focus on lobbying government
6. Complete development of collective vision statement
7. Complete environmental scan of supports and constraints
8. Complete development of action plans; identifying those who will take the lead in ensuring that the strategy is implemented with realistic timelines
9. Oversee implementation of action plan for collaborative practice
10. Consider any future role for workshop facilitators in ongoing process (Jones, Way Associates)

Written evaluations provided very positive feedback about the workshop and, in addition to the work achieved, participants enjoyed the opportunity to come together with other professionals in this way.

Representatives of the initial working group have met with Brad Cathers, Minister of Health and Social Services, who has expressed great interest in collaborative practice on a number of occasions. Our discussion with him was very positive and he indicated his interest in supporting the ongoing work of this collaborative primary health care initiative.

The working group and the new steering committee hope to meet in August to look at the next steps identified at the workshop and to complete the action plan for moving forward.

New Adult Protection in Yukon

As part of Yukon's health care community, registered nurses may encounter adults who may be at risk of abuse or neglect because of their age, or due to cognitive or physical disability. Hopefully, new Yukon legislation will provide further tools to increase health, independence and security.

After extensive consultations, the Yukon introduced the *Decision Making, Support and Protection to Adults Act* (DMSPA). This comprehensive legislation incorporated three schedules. *The Care Consent Act* and the *Public Guardian and Trustee Act* were enacted immediately whereas the *Adult Protection and Decision Making Act* (APDM) was enacted on September 1, 2005. For additional information on these initiatives please refer to http://www.gov.yk.ca/programs/decision_making/care_consent_act/

The responsibility for the Adult Protection (Part 4 of APDM) was delegated via the term "designated agency", to the Yukon Government social workers in the **Seniors Services'/Adult Protection** and to the government's **Regional Social Workers** in the communities. These designated social workers must respond to all reports of abuse and neglect/self-neglect. They will initiate an inquiry **only in cases where it appears the adult is not capable of obtaining help for his or herself**. The clientele may be seniors/elders or adults over age 19 with a cognitive or physical disability. The disability may be as a result of a recent injury or a long term progressive condition. The designated social worker is not to replace, but rather complement the role other professionals have in protecting or providing services to these clients.

The principle guiding the social workers' intervention defined in Sec. 2 (a) of the legislation is that "*adults are entitled to live in the manner they wish and to accept or refuse support, assistance, or protection as long as they do not harm others and they are capable of making decisions about those matters*". However, at times the adult's ability to make valid decisions is adversely impacted by stress, coercion or a health condition.

The designated social worker must respond in the least intrusive manner and assess risk, create a safety plan and as a last resort, pursue court orders to help protect the client. In addition, the designated social workers work closely with the Yukon Public Guardian and Trustees Office to ensure financial abuse is averted or mitigated.



Health and Social Services

Seniors' Services/Adult Protection
#101-204 Black St.
Box 2703 - H3
Whitehorse, YT Y1A 2C6
Phone: 867-456-3946 Fax: 867-393-6926
adult.protection@gov.yk.ca

Highlights of the legislation include:

- Parts 1 & 2 of APDM provides for Supported Decision Making Agreements and Representation Agreements to assist those who require guidance in certain areas of their life.
- Sec. 58 APDM defines abuse as the deliberate mistreatment that causes physical, financial, mental or emotional harm. This can include intimidation, humiliation, assaults, withholding medication or denial of visitors. The Act also defines neglect and self-neglect (failure to care resulting in serious physical, mental harm or substantial financial loss within a short period of time).
- Sec. 61(3) APDM protects the identity of the person making a report which leads to an inquiry and Sec. 61 (4) prohibits discipline by an employer or regulatory body or other legal action when reports are made in good faith.
- Sec. 62 (1) & 63 APDM the designated social worker MUST act on reports and attempt to interview the adult at risk of abuse or neglect.
- Sec. 64 APDM the designated social worker may apply to the Territorial Court for an order to enter the adult's premises, if denied entry, and/or Sec. 78(2) APDM provides emergency assistance, which can include entering a residence without a court order or warrant and removing the adult to a safe place.
- Sec. 67(1) APDM the designated social worker can obtain information without consent of the adult or their guardian. All services providers must disclose relevant information during an inquiry if requested by the designated social worker.
- Sec. 69 (d) APDM the designated social worker can apply to the Territorial Court for an adult protection order.

If you or your colleagues would like to receive further information regarding this new legislation, or to inquire about our services please contact:

**Seniors' Services/Adult Protection at 456-3946.
Toll free from the communities 1-800-661-0408
(ext 3946). Our office is located at #101-204
Black St. in Whitehorse.**

References:

Legislation at <http://www.gov.yk.ca/legislation/acts/dmpta.pdf>
(145 pages)
Public Guardian & Trustees Office 667-5366 www.publicguardianandtrustee.gov.yk.ca/

[Editor's Note: See also the *Reference Sheet* which is included as an insert in this newsletter.]

The Professional Conduct Review Process: Where is Francine Now? A review of the current scenario . . .

For this newsletter we thought we would give a brief summary of the series to date.

The series presented a scenario in which you, fairly new on a long term care unit, found yourself concerned about the conduct of a fellow RN, Francine. You witnessed incidents which you believed represented verbal and physical abuse of some of the elderly patients on the unit, particularly of some individuals with dementia.

You spoke a few times with Francine, but did not find that she was open to discussing or addressing her behaviour; in fact she stated to you that she knew a great deal about how to deal with "these people". You approached the unit manager on several occasions to report your concern and what you had witnessed. The manager acknowledged that he was aware of Francine's behaviour, but had found that attempts to provide education about appropriate care approaches had not had any impact on Francine. He felt she was unable to see her conduct as problematic. You continued to document your concerns, and over the next few weeks, when working with Francine, witnessed more incidents of concern. You also heard from other staff that they had reported similar incidents in the past, but without impact.

Ultimately, you decided that the situation was unlikely to change or be resolved in the workplace. After receiving advice from YRNA's Executive Director, you proceeded to lay a formal complaint against Francine. As advised by the Executive Director, you wrote a formal letter of complaint and included documentation of specific incidents of concern.

After the Executive Director did a brief initial review, she referred the matter to the YRNA Complaints Committee. The Committee performed an initial assessment and found the complaint to warrant acceptance into the Professional Conduct Review process. At this point, Francine was informed of the receipt of a complaint, and provided with a copy of the complaint letter.

The Complaints Committee soon met a second time

to review the substance of the complaint. In this case, they felt that the material you sent provides sufficient grounds to judge Francine's behaviour to be deserving of censure, which is the criteria set out in policy for further action. Had there been reason to believe that your complaint was frivolous or vexatious, or that the behaviour described did not represent a breach of standards, they could have dismissed it, ending the process at this point.

As you have reported that other staff had also expressed and documented concerns, the Committee asked the YRNA Coordinator of Regulatory Programs to act as Investigation Officer, and perform an initial investigation.

After reviewing and discussing the material collected through interviews with witnesses and other documents, the Complaints Committee decided to offer the "Consensual Complaint Resolution" (CCR) route for addressing the complaint. Your approval was sought and obtained, and Francine was approached. Initially reluctant and still expressing skepticism and denial of any inappropriate conduct, Francine did eventually agree to participate in the consensual process.

A mediator was contracted and she contacted both parties, in this case, Francine and YRNA. The complainant is asked to participate only in unusual circumstances in which resolution of personal feelings and conflict are the desired outcomes. The mediator ensures that each party understands the process and is participating voluntarily, and also that she as mediator is aware of the YRNA process. She then has parties sign an agreement to enter into the process, and sets up a session.

In Francine's case, she came to the meeting with a supporter, and at first seemed open and willing to participate. As the session proceeded, though, she continued to discount all allegations, and deny all wrongdoing.

Throughout the process, she has declined all opportunities to review the material collected through investigation, repeatedly asserting that it is all fabrication

(Continued from page 6)

or misunderstanding. As the substance of the allegations was described during the session, she became increasingly vocal in the denials. When remediation options for education and supervised practice were introduced by the YRNA registrar, Francine refused to consider them. Ultimately, she walked out of the session. After some time, the mediator and registrar were able to persuade Francine to engage in another session to attempt to reach a "Memorandum of Agreement" for review and hopefully ratification by the Complaints Committee. The second session was also unsuccessful at helping Francine to understand the behavioural issues or

agree to a remedial plan. Again, Francine left in the middle of the session. In the following days, she continued to decline any further engagement in the CCR process, though the need to then proceed to a disciplinary hearing was explained.

The Complaints Committee is informed of the failure of CCR, and refers the complaint on to the Discipline Committee.

The next newsletter will bring the last installment in this series of articles illustrating YRNA's Professional Conduct Review process.

Perspectives in Northern Nursing by Michelle Caws, RN



Being 'on call' is either excruciating or . . . *not*.

UND Education Survey: Respondents Needed

The University of North Dakota College of Nursing in Grand Forks, North Dakota has graduated hundreds of master's in nursing professionals and in a few short years will celebrate our 100 year anniversary.

To plan for our healthy educational future, we are planning some changes in our master's in nursing program to possibly add "Advanced Diabetic Management Nurse Practitioner and CNS role", "Community Health Nursing CNS role", and "Geriatric Nurse Practitioner and CNS role", and would very much appreciate advice from you, our stakeholder. We are also planning more distance delivery modes of education, so there are questions related to education delivery.

The purpose of this study is to assess the need for an expansion of the graduate nursing programs at the University of North Dakota College of Nursing. This assessment is aimed to elicit feedback from primarily two groups: 1) Employers who may hire graduates of these programs and 2) Potential students who may wish to enroll in these programs.

The survey will take approximately 15 minutes. All information collected in this survey is confidential and no names will be collected nor identified at any time. IP addresses will not be collected. If you have any questions about participating in this study, please contact Dr. Chandice Covington at chandicecovington@mail.und.edu or (701) 777-4555. You may also request the results of this study. To respond to the survey, go to our web site and click the Graduate Nursing Program Assessment Survey link at:

<http://www.nursing.und.edu/>

Thank you,
Chandice Y. Covington, PhD, RN, FAAN
Dean, College of Nursing
University of North Dakota
Nursing Building Room 369
430 Oxford St., Stop 9025
Grand Forks ND 58202-9025

The Canadian Cancer Society— a trusted source of information and support

A cancer diagnosis can be confusing and stressful for cancer patients and their families and friends. Referring them to a trusted organization for reliable information and support can help.

The Canadian Cancer Society can help answer questions about cancer. We provide credible information about all types of cancer and relevant community resources. Whether someone wants basic facts or more comprehensive information about a specific cancer, the Society will help individuals find the information they need.

Our services are available over the phone and online. Your patients can choose what is right for them. They can call toll-free 1-888-939-3333 for personalized, confidential service from a trained information specialist or visit www.cancer.ca to access up-to-date cancer information online.

Our information specialists are trained professionals with health care backgrounds. They provide evidence-based information- not medical advice or personal opinions. They respond to callers in a caring, supportive manner using clear, understandable terms.

Our information specialists take the time to find the information needed from several key resources: the Canadian Cancer Encyclopedia, a comprehensive database of information on cancer and related topics reviewed by a network of external medical experts; a community services database containing more than 4,000 relevant community resources across Canada; publications approved for distribution (which are sent to callers free of charge); and selected websites. They are also able to access an interpreter service for languages other than English and French.

Information specialists are able to help callers understand what a diagnosis means, what treatment options

are available, the potential side effects, whether clinical trials are available and which community services are available. They can also provide information on cancer prevention and early detection.

Since 1996, our information specialists have responded to more than 700,000 inquiries. In 2005-06, they responded to over 67,000 inquiries. Almost 10,000 of these inquiries were from residents of BC and the Yukon.

Client satisfaction with the service is very high (98% satisfied or very satisfied in 2004) and the most appreciated feature is the "personal touch" provided by the information specialists.

Benefits reported by callers include: better understanding (disease, diagnosis, treatment); ability to find a community service; increased ability to communicate with loved ones and health care professionals; enhanced ability to make decisions, cope better and/or take steps toward cancer prevention.

A recent survey indicated that cancer patients and their informal caregivers report needing to look beyond health care providers and family or friends for information about the medical facts of cancer, community services and opportunities to discuss their concerns, feelings, hopes and fears - yet very few report having contacted a cancer organization. Nine in ten say they would be more likely to contact a cancer organization if they were referred by someone on their health care team. You can help by telling them about the information and support available from the Canadian Cancer Society.

Want to know more? Please contact:
Scott Kent
Manager, Yukon Region
Canadian Cancer Society
BC and Yukon Division
Direct line: 867.668.6440
Fax: 867.668.6442
skent@bc.cancer.ca
www.cancer.ca



The biggest sporting event to ever hit the Yukon will be here in six months! The Canada Winter Games will be held in Whitehorse from February 24 to March 10, 2007. An estimated 3,600 athletes, coaches and managers, 150 support staff and various friends and families of athletes will be here and competitions in 22 sports are scheduled.

A number of planning committees have been working for months to prepare for these Games and Nursing is no exception. Fran Curran and

Sharon Hickey are the co-chairs of the Nursing group and we have been meeting regularly with other members of the Medical Division which is co-chaired by nurses Claire Hills and Michelle Wolsky. We realize that it may be too soon for many nurses to know what kind of time commitment they can make to the Games but we are encouraging all nurses who are interested in volunteering to get their paperwork in. When we get closer to the Games we can work on actual availability.

To register as a Games volunteer go on line to www.2007canadagames.ca. When asked for your preference, select "athlete services--medical provider." You can also drop into Games Headquarters on 1st Avenue (by the White Pass Building) and there is a computer there you can use to register. Once the Canada Games Medical Coordinator (Heather Morgan) receives your volunteer application she will send you the specific application form you need for nursing. You'll then return your nursing application to Heather. If you have any problems or questions, please contact us and we will help you through the registration process.

Because nurses will have direct access to the athletes, a Criminal Records check is required. The RCMP have waived the usual processing fee but you must complete a form and drop it off at an RCMP detachment. This form is available on-line or can also be provided to you as a hard copy. In any event, you will need to take a hard copy to the RCMP. It's taking the RCMP a couple of months to process these and they will get busier as we get closer to the Games. If you'd really like to volunteer, please get the paperwork in as soon as you can. Once your Criminal Records Check is returned from the RCMP, keep a copy for your own records and send the original to Canada Games Headquarters down by the White Pass building.

Approximately 40 Yukon nurses have already signaled their interest in helping out with the Games but only about 12 of those have actually registered as volunteers with the Games. Over the next little while those 28 nurses will be contacted and reminded of or assisted with their registration. It's vital that we know what our local capacity is before we start looking Outside for nurses to help with the Games. This is a once in a lifetime opportunity and the level of interest from YRNA members has been high. If you have any questions, please contact:

Sharon Hickey 667-8294 or 456-2032 (H) tuckystation@northwestel.net

Heather Morgan Canada Games Coordinator, Medical Services
393-5543, heather.morgan@2007canadagames.ca

Claire Hills dh@northwestel.net

2007 Canada Winter Games. See you there!

RETIRED? Health Care Worker?

Lunch at High Country Inn
Thursday, 21 September 2006

*Open to anyone who was involved
in the health care field.*

*This is an opportunity for all of us to
socialize. We have worked together for
years, so let's enjoy retirement together.
It would be great if this could become a
monthly event. There will be
no speeches, executive, or minutes—
just buy your own lunch.*

RSVP helpful, but not essential to:
neduc@northwestel.net

Moving? Please let us know . . .

Name: _____

NEW Address: _____

Postal Code: _____

Phone: _____

Old Address: _____

Send to:

YRNA, 204-4133-4th Avenue, Whitehorse, Yukon Y1A 1H8
Phone: 867-667-4062 Fax: 867-668-5123 e-mail: yrna@yknet.ca

The EXTRA Difference: Leadership Development

Jessica Kerr, Communications Specialist, CNA

The development of leadership positions in nursing is paramount to strengthening the Canadian health system. National reports, such as the Romanow Report (2002) from the Commission on the Future of Health Care and the 2003 First Ministers Health Accord (Government of Canada Privy Council Office), have highlighted the importance of building leadership capacities among health care professionals.

In response to this need in 2004, the Canadian Health Services Research Foundation (CHSRF) launched the program *The Executive Training for Research Application* (EXTRA). EXTRA is an inter-professional two-year competitive fellowship program. The two-fold goal of EXTRA is to enhance the skills of Canadian health-care executives (nurses, physicians, and health administrators) to use existing research in their day-to-day decision-making and thereby increase the use of evidence-based decision making overall.

The accomplishments of EXTRA has led organizations themselves to encourage their leadership ranks to take advantage of the program as one means to attain their own succession planning goals, and to build capacity in their organizations for research literacy and use. The Halifax-based Capital District Health Authority

(CDHA) has supported five EXTRA fellows and has made a commitment to continue to encourage its leadership team to participate in EXTRA. Dr. Judith Kazimirski, Vice-President, Medicine, for CDHA, said, "There is absolutely no question that this health authority has benefited as much from this program as have the participants themselves."

Now in its third year, EXTRA has accepted 76 fellows, one-third of whom were from nursing. The success of the fellowship is a direct result of the advantages that fellows have derived from their participation and work in EXTRA. The fellows describe the benefits of EXTRA in the following:

"My EXTRA experience is improving my future; it is enabling me in my career. [I am able] to influence long-term decisions by working with evidence plus building and enhancing leadership skills. I am acquiring knowledge that will in the long term transcribe into my work." says EXTRA fellow, Karen MacRurry-Sweet, Health Services Director, Heart Health and Emergency at CDHA in Nova Scotia.

"The biggest benefit of EXTRA for me is the satisfaction with my own growth and the potential increase of my own marketability. EXTRA is an opportunity that enables you to market yourself in a different way, given the in-

creased expertise and experience with evidence-based leadership practice. The continued future link with the program and the fact that I can keep these tools for the rest of my career is incredibly attractive to me," says Wendy Fucile, Vice President Clinical Programs and Chief Nursing Officer for Peterborough Regional Health Centre in Ontario.

The future of the health system depends on the initiative of individuals. Programs like EXTRA, offer support to those special individuals. But it is individuals like those involved in EXTRA and other leadership programs that are making the difference. MacRurry-Sweet comments, "we need to encourage nurses who are in senior leadership roles to take on programs like EXTRA. To take on learning that enables them as a nurse decision maker but also as a global decision maker," to be the difference we all want to see.

The 2007 call for applications is October 1, 2006. The deadline for submissions is March 1, 2007.

For more information about the EXTRA program and how to apply please visit:

http://chsr.ca/extra/index_e.php

and

http://www.cna-aiic.ca/CNA/practice/leadership/extra/default_e.aspx.

New Resource Available through Canadian Health Network

Looking for resources to help combat child abuse? Our brochure resource guide **'Child Abuse and Neglect: a guide to recognizing and preventing abusive/violent behaviours towards children and youth'** is now freely available online at: <http://www.vpl.ca/CHN/home.html#brochures>. It contains a selection of annotated electronic resources offered through the Canadian Health Network's (CHN's) Violence Prevention collection. Topics covered include issues surrounding child abuse; preventing child abuse; and providing support for its victims.

This brochure is intended to raise aware-

ness of child abuse and neglect. As a front line health provider, you interact with children and families on a daily basis, and this resource guide can be used as a quick reference when encountering abused children. It can also be shared with parents as an educational tool.

The information featured in this guide was selected from the resources produced by non-profit organizations across Canada and made accessible through the CHN Web site.

From mental health to healthy eating, there's no better source of health informa-

tion. Check out the CHN Web site for all your health promotion and disease and injury prevention needs: <http://www.canadian-health-network.ca>.

Questions? Want print copies of a brochure? If you have any questions please contact:

Inness Campbell, Project Manager
Violence Prevention Affiliate for the
Canadian Health Network
at Vancouver Public Library
Email: innescam@chnwest.ca
phone 604-331-4120
fax 604-331-4119

Are you protected?

Every nurse should have professional liability protection.

The Canadian Nurses Protective Society
is here for you!*

Call for a free consultation.

1-800-267-3390

www.cnps.ca

** Available to eligible Registered Nurses only.*

CALL FOR NOMINATIONS

Do you know a current or former Yukon nurse who rendered distinguished service or valuable assistance to the nursing profession territorially, nationally and/or internationally? YRNA's Honourary Membership category was established as a way to recognize outstanding contributions to the nursing profession by colleagues.

Members are invited to submit Honourary Member nominations to the YRNA Board for consideration prior to December 31st. Presentations will be made at the 2007 Annual General Meeting. Honourary Membership criteria and nomination forms are available at the YRNA office or on the website at www.yrna.ca. Don't delay—do it now!



Registered Nurse Education Funds

The next deadline for applications is September 15th. Application forms and fund guidelines and criteria are available on the YRNA website at www.yrna.ca or by contacting the YRNA office at 867-667-4062.

CNA Certification Program

Specialty certification is a voluntary program allowing you to build on the solid foundation of your Canadian RN registration. CNA Certification is now available in 17 specialty areas. Writing the certification exam will help you stay current by evaluating your specialized knowledge and skills in your specialty area.

CNA Certification is valid for five years. To re-certify, you must meet the hours of experience and either re-write the certification exam or complete a minimum of 100 hours of continuous learning activities in your nursing specialty during the five years of your certification term.

Application deadline for initial Certification candidates is 17 November 2006. Exam date is 14 April 2007. Re-certification candidates must meet an application deadline of 1 December 2006.

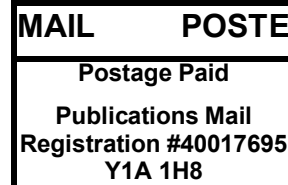
For more information about the CNA Certification program, check the CNA website: www.cna-aiic.ca/.

[NOTE: YRNA members may apply to the Nursing Specialty Education Fund (NSEF) for assistance with Certification exam costs.]



Yukon Registered Nurses Association

204—4133—4th Avenue
Whitehorse, Yukon Y1A 1H8
Phone: 867-667-4062 Fax: 867-668-5123
E-mail: yrna@yknet.ca Web: www.yrna.ca



Coming Events . . .

- Oct 11-13 COMMUNITY HEALTH CENTRE ASSOCIATIONS CONFERENCE. *Community Health Centre: the model for action.* St. John, NB. Contact 506-632-5453; teepea@reg2.health.nb.ca
- Oct 19-21, 2006 ABORIGINAL NURSES ASSOCIATION ANNUAL CONFERENCE. *Holistic Health and Spiritual Wellness in Aboriginal Nursing.* Sudbury, ON. Contact: 613-724-4677; www.anac.on.ca
- Oct 19-21, 2006 Rural & Remote Health: *Taking Action Together.* 7th National Conference of the Canadian Rural health Research Society. Prince George, BC. For more information contact: Phone 306-966-7888; Fax 306-966-8378; E-mail crhrs-scrsr@usask.ca; Web: <http://crhrs-scrsr.usask.ca/princegeorge2006/>
- Nov 6-8, 2006 RESEARCH USE WEEK (Northwest). *A unique opportunity for those who play multiple roles in rural and remote health systems and communities to develop research use skills, tools and strategies and share stories of using evidence in health services management and policy development.* Prince George. Contact: http://www.chsrf.ca/ruweeks_northwest_register_e.php
- Feb 4–6, 2007 NURSING LEADERSHIP CONFERENCE. *Nursing Leadership: Key to Health System Effectiveness.* Co-sponsored by CNA. Ottawa. Deadline for Abstract submissions is September 22nd. Contact: www.cna-aiic.ca
- Mar 21-23, 2007 The Greying Nation: *Transitions of care in later life.* Shaw Conference Centre, Edmonton. for more information contact: Education Services, Glenrose Rehabilitation Hospital, Phone: 877-877-8714; E-mail: GRHEdServices@cha.ab.ca; Web: www.capitalhealth.ca/greyingnation
- Mar 21-24, 2007 CANADIAN CONFERENCE ON MEN'S HEALTH. Victoria, BC. Contact: 250-472-7644; ccmh@dearmondmanagement.com; www.menshealthcanada.ca
- May 3-5, 2007 NATIONAL COMMUNITY HEALTH NURSING CONFERENCE. *Mapping the Future for Better Health: Innovation, Leadership, Integration.* Toronto. Jointly sponsored by CHNAC and CHNIG. Deadline for Abstract submissions is September 28th. Contact: 306-780-8263.