



Winter 2004

# RNANT/NU

## NEWSLETTER

*RNANT/NU regulates Registered Nurses in both the Northwest Territories and Nunavut.*

# Best Wishes for the Festive Season

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### Yellowknife and Hay River nurses meet at CNA Biennial

*(L-R) Madge Applin, Pertice Moffitt, Barb Round, Sylvia King, Karen Rowe and Angela King.*



## RNANT/NU Newsletter



The Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU) is a professional registration body. The Nursing Association was originally established as the Northwest Territories Registered Nurses Association (NWTRNA) in 1976 by the *Nursing Profession Act* of the Territorial legislature. In January 2004, the new NWT *Nursing Profession Act* was proclaimed, renaming the Association as the Registered Nurses Association of the Northwest Territories and Nunavut, (RNANT/NU). Matching legislation in Nunavut provides for the registration of Nunavut nurses by RNANT/NU under identical guidelines. The purpose of the legislation is to register nurses for practice for the benefit and protection of the public.

The RNANT/NU Newsletter is published three times a year. Inclusion of items in the newsletter does not imply endorsement or approval by RNANT/NU. Articles, suggestions and letters are welcomed, and should be directed to the Editor. The publication dates are March 1, July 1 and November 1. Deadlines for submission are Jan 15 for March 1; May 15 for July 1, and Sept. 15 for Nov. 1.

The RNANT/NU office is located behind the Monkey Tree Restaurant, 483 Range Lake Road, P.O. Box 2757, Yellowknife, NT X1A 2R1. Office hours are 0830-1700, Monday to Friday, except statutory holidays. Tel: (867) 873-2745 • Fax: (867) 873-2336. Website: [www.rnantnu.ca](http://www.rnantnu.ca) • Email: [admin@rnantnu.ca](mailto:admin@rnantnu.ca)

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### Newsletter

Editor	Denise Bowen
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## President's Message

**Elizabeth Cook**

It's that time of year again in which we renew our licences to practice as registered nurses (RNs) and nurse practitioners (NPs). We renew our licences, not with a government agency but with our own regulatory body, the Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU). As a result, the public is able to identify a qualified RN or NP. With licensing comes regulation. I've been thinking about self-regulation and the privilege and responsibility associated with it.

Because of the *Nursing Profession Act*, RNs regulate themselves. Since it is the government that makes the laws, then this privilege can be revoked. It is important that the trust of the public be maintained in order for the nursing profession to safeguard the privilege of self-regulation.

Regulation is meant to protect the public from practitioners who are unqualified, incompetent or unethical. Nurses in the NWT and Nunavut are regulated through title control. The use of "registered nurse", "RN", "nurse practitioner", and "NP" is protected by legislation. Individual nurses regulate themselves by maintaining their competence and the RNANT/NU regulates nurses by promoting good practice, preventing poor practice, and intervening with unacceptable practice.<sup>1</sup>

Self-regulation is important. It acknowledges that a profession has the knowledge required to set standards of practice and assess the conduct of its members. The Canadian Nurses Association<sup>2</sup> puts it this way, "Nurses are bound by the ethical values of the profession to base their practice on relevant and current knowledge, and show respect for the well-being, dignity, and autonomy of persons receiving care. As a result, nurses earn and maintain the trust of the public".

It is crucial that we protect the privilege of self-regulation. We can do this in a number of ways. These include: being better informed about self-regulation; using and promoting the use of the *Standards of Practice*<sup>3</sup> and the *Code of Ethics for Registered Nurses*<sup>4</sup> to guide nursing practice; taking advantage of opportunities to develop and maintain competence; and working to create a quality practice environment that supports professional practice.

As you complete the RNANT/NU renewal form and acknowledge that you have completed a Professional Development Plan (PDP), recognize that you are safeguarding the privilege of self-regulation.

### References:

- 1, 2 Canadian Nurses Association. (2001). *Self-regulation: Safeguarding the privilege*. Ottawa, ON: Author.
- 3 Northwest Territories Registered Nurses Association. (2003). *Standards of Practice for Registered Nurses*. Yellowknife, NT: Author.
- 4 Canadian Nurses Association. (2002). *Code of Ethics for Registered Nurses*. Ottawa, ON: Author.

**Elizabeth Cook RN NP, MSN**



## Executive Director's Message

**Barb Round**

***If we don't change direction soon, we'll end up where we're going...***

**Professor Irwin Corey (1914 - )**

This quirky quote caught my attention recently, and made me reflect that I really am looking forward to the end point on several projects. There are so many things going on right now, and all lead to an improved version of the future:

- In-house at the Association we are improving our database system to be able to be more responsive to searches and statistical output, and have recently redesigned and clarified many of our registration forms.
- The Nursing Practice Committee has started its examination of Scope of Practice documents from across Canada before redrafting the RNANT/NU Scope of Practice Guidelines.
- Karen Graham is leading a Nursing Practice Subcommittee which is developing Practice Guidelines for NP's. We hope to have these in place before the New Year.
- NWT Pharmacy Act Regulations are now in place, defining a list of medications which may be prescribed by NP's. Updates to the first, limited list are already underway.
- GNWT has now approved a job description for Primary Health Care-Community Nurse Practitioners. We look forward to the creation of NP positions in the health centres.
- The Board of Directors has approved new policies in Professional Conduct which should help to streamline some processes. As well, discussions with both governments may lead to regulatory changes which would improve access to evidence.
- The Registration Committee is proceeding with audits of Professional Development Plans. Provisions are in place to deal with members who do not meet the mandatory requirement to complete the self-appraisals as part of continuing competence.

And, on the larger stage:

- The Canadian Nurse Practitioner Initiative is moving forward - including recent consultations in Yellowknife and at the NWT Northern Nurses Leadership meetings in Hay River - to help define national standards in education, regulation and practice for Nurse Practitioners.
- many other national initiatives are also shaping the future, including the Ministers' Health Accord, the CNA Nursing Portal Project (watch for info in the next Canadian Nurse magazine), examination of the *Federal Narcotics Control Act* which may lead to prescription privileges for NP's.

So - a large part of me says: "Let's not change direction at all - we have some good outcomes on the horizon."

On the other hand, a small part of me is lobbying for changes in direction on issues like Registration Violations (see article in this issue), and nurses unwilling to participate in the continuing competence requirement of filling out their Professional Development Plan (PDP) annually. We each need to take individual responsibility to uphold our little piece of the profession, so we are all ready to move forward when some of these larger initiatives bear fruit.

Barb Round

## RNABC Library Services to RNANT/NU

During the first nine months of this year RNANT/NU use of RNABC Library Services included:

128 Books and Videos borrowed from RNABC Library.

44 Reference/Research questions answered by RNABC Librarians.

28 Nursing and Allied Health journal literature database search help sessions conducted over the phone or by email.

RNANT/NU member-directed self-help database searches on Nursing & Allied Health journal literature totalled 212.

RNANT/NU directed searches onto the CINAHL database rendered a total 425 journal articles - nearly half available in full-text and ready to download at the desktop.

Much of this year RNABC's librarians have invested time enhancing the "ease of use" aspects of both the RNABC Library Catalogue of books and videos, and the Nursing and Allied Health journal literature databases that we make available to our library users.

This year saw the advent of the "shopping cart" styled order form to enable library users to simply click on the books and videos they wanted to borrow and submit their online requests instantaneously to our Circulation Desk.

We also added hyperlinks to government and nursing reports available through our library catalogue so that registrants could link to these reports and print them.

We integrated online journals into the library catalogue by embedding links to health sciences publishers' databases and essentially provided more full-text nursing articles than ever before.

Although our library user base keeps growing, so does our ability to use the latest technologies to enhance "ease of use" features to the catalogue and to journal literature databases, thus empowering nurses to conduct many of their own searches. This approach also enables library staff to concentrate on distributing materials out to library users, and to respond to more complex research questions that come from those users. Fortunately, our library users are our best source of feedback for coming up with new ways to further enhance "ease of use" access to nursing information and literature.

In 2005, the library will expand access to online journals through the library catalogue, so that library users will be able to search by journal name and link directly to an expanded offering of full-text nursing and Allied Health journal articles.

This is a very exciting time for us as we continue to match state-of-the-art library technology with the delivery of traditional and digital resources to nurses. It's been a pleasure to serve RNANT/NU registrants this year. We look forward to being of service next year.

Joan Andrews, Helen Randell Library, RNABC.

### Website Access:

Click on "Library Services" on the RNANT/NU homepage  
[www.rnantnu.ca](http://www.rnantnu.ca)



## Professional Conduct Committee Report

### The Professional Conduct Committee has dealt with three complaints recently:

- (1) A nurse was found to have a medical condition which could potentially affect that nurse's ability to provide safe patient care. Conditions were placed on the nurse's licence providing that the nurse could not work in solo care provider situations, and that the employer must be informed in writing of the medical condition, with a copy to be forwarded to the Association.
- (2) A nurse was alleged to have unprofessional conduct with respect to the management of several patients. The complaint was dismissed due to lack of evidence, but the Committee expressed concerns about the quality of charting by ALL nurses in the documents reviewed as evidence. Some of the findings of the Inquiry Panel follow:

With regard to whether or not an ultrasound had been ordered for a pregnant patient, the Panel wrote:

*There is no charting to indicate whether any attempt was made to have ultrasound done on this patient by [the registrant] or any other nurse. During this period of time, five nurses, including the complainant, saw the patient.*

On the same patient, the Committee noted:

*None of the nurses who charted on this case did adequate charting. They may have done more complete assessments, but those assessments are not reflected on the file. The due date was inconsistently recorded (i.e. different due dates recorded at different times, but no rationale provided). The due date was changed on the prenatal sheet, Part 2, which would have accompanied the patient when medevaced, however, there is no indication of who changed this information or when.*

With regard to an allegation concerning dispensing of medication, the Committee found:

*Twelve (12) chartings were audited. The medication record indicated that during the period ... at least six nurses saw this patient over nine visits. There were inconsistencies noted on two of three forms that would normally be compared to establish records of care... Exact dosages the client was actually taking were unclear. Numbers of tablets dispensed were recorded, but no indication whether formerly dispensed medications were retrieved when dosages changed, no charting of patient education re: self-administration when partial tablets were required.*

In another allegation concerning dispensing of medication for a different patient, the committee stated:

*[The registrant] and three other nurses dispensed the [medication] during the time in question. The dosage of the tablets dispensed were higher than the prescribed dosage, but if it is assumed that the tablets were to be broken in half, the total drug intake over time is in accordance with the prescription. Charting is poor by all nurses, with no indication of instructions to the patient re: how to self-administer.*

*Because of the poor quality of the documentation, the committee was unable to determine if there were extenuating circumstances (e.g. if charting was rushed because medevac weather window was so brief, patient travel, dispensed dosages determined by availability, etc.).*

The Inquiry Panel accepted the conclusion of the Investigation Committee:

*The committee is concerned about the quality of charting by all nurses in the documentation provided. These documents did not meet generally accepted standards for accuracy, appropriateness and completeness. "Subjective, Objective, Assessment, Plan" (SOAP) charting method was not followed. It is therefore suggested that the Chairs of the Professional Conduct Committee forward a summary of this Report to the employer, with recommendations.*

Recommendations:

- review of charting policies and compliance in the health centre, regular chart audits, both by a regional supervisor, and by nurses onsite, with a goal of improved charting;
  - review of policies and procedures re: dispensing and recording of medications; and
  - review of policies to ensure appropriate surveillance and monitoring intervals are clearly identified.
- (3) In a case concerning alleged misappropriation of narcotics, the complaint was dismissed due to lack of evidence. However, the Committee expressed concerns about the storage and handling of narcotics in that workplace, and recommended to the employer a review of procedures and policies, including:
    - Storing the keys of the narcotic cupboard in a secure place that is accessible only to RNs/LPNs who administer medications.
    - Ensuring that parafilm-wrapped narcotics are counted at least once a week.
    - Consider establishing a policy requiring two RNs/LPN to count and sign for dispensing of larger volumes of narcotic medications, such as when stocking medications or filling prescriptions.
    - Storing all narcotics in containers, which makes it easy to count how many tablets are present, for example dosette containers.
    - Ensuring that documentation occurs immediately following administration of narcotic medications, and that exact times are recorded.
    - Not allowing personal use/borrowing of narcotic medications from the agency by employees.

In both Cases 2 and 3 above, the Committee also made recommendations to the nurses who were subject of the complaints, as poor charting likely contributed to the initiation of the complaints, and did contribute to the degree of difficulty the Committee had interpreting the evidence.



# Registration Violations

## What IS a Violation?

Violation means "working in violation of the Act". The *Nursing Profession Acts* of NWT and Nunavut are very clear that a nurse must be registered in order to work as an RN, and an employer may not employ any person as an RN or NP\* unless they are registered. It is very clearly a shared responsibility between the employer and the nurse.

RNANT/NU has noted an increase in the number of registration violations in the last few years. Registrants worked in violation for a period of from one day to several months. For the most part there was no evidence that there was intent to work without a licence, however, there are still major implications for both the nurse and employer.

## What are the Consequences?

The *Nursing Profession Act* provides for a fine of \$5,000 or 90 days in jail upon summary conviction. Where the Registration Committee feels it is warranted, they may direct the Registrar to report the violation to the RCMP for investigation.

The RNANT/NU Bylaws provide for a penalty fee to the nurse, equal to the annual registration fee.

All RNANT/NU members in good standing are provided liability protection through the Canadian Nurses Protective Society (CNPS). When a nurse is in violation, s/he is not in good standing, and therefore has NO liability protection.

## RNANT/NU Facilitates Registrations

Association staff work very diligently to process registration applications in a timely manner. However, we cannot 'flex' the registration requirements, which are clearly set out in legislation, Bylaws and Policies. All required documents must be received and assessed as appropriate, and applicable fees received, before registration approval can be given.

## Any exceptions?

No, there are no exceptions, if a nurse is not registered, s/he cannot perform RN work. If s/he is not registered as an NP, s/he cannot perform duties in the NP scope of practice.

On occasion, a nurse will arrive at the work site prior to finalization of registration. That individual may be brought in for orientation - that is, to read policy and other manuals, be given a tour, familiarize him/herself with paperwork, etc., BUT may NOT perform ANY patient care or other duties that are the responsibility of an RN (e.g. taking orders, processing orders, patient referrals, directing the work of other nurses, dispensing medications, etc.) until RN registration is in place and verified.

\* NP provisions are identical to RN provisions. However, it is important to note that an NP with incomplete paperwork may be registered as an RN and may work in that capacity until NP registration is approved.

## "If it ain't been charted, it ain't been done."

"Okay, so 9-1's dressing change is done, 9-2's staples have to be removed, 10-1's admission paperwork has got to be finished, 10-2 needs set up, 10-3's bed has to be set up for return from post-op. I'll do my charting when I've done that." Something happens and you don't get to your charting and you're saying to yourself it's okay because you've got your own short-hand notes, and you know you always have time in the afternoon to do your charting. But you don't. Something else happens on the floor. You're called away from the desk, another emergency, another admission.

By the time you get to the end of a long 12 hour shift, you've barely enough energy to quickly scrawl a condensed version of your chicken scratch notes.

Community health nurses face similar situations. Fifteen minutes per patient, increased pressure to see more patients, short staffed health centres. A tendency to place "Post-it" notes with brief descriptions inside charts, putting them aside to do your charting later after 5 o'clock, when you've more time to do proper nursing notes. By five o'clock, you've got twenty or thirty charts to do, no energy and no real desire to chart.

Somehow, you do the charting you know you have to do but now you're missing out on needed details on each case. Legibility of handwriting decreases the more tired you are. You're in a rush to get done and get home.

Simplistic examples, but sadly true. In today's litigious society, we must remember that our charting can and will be used in a court of law. We must remember that timely, accurate charting guides physicians and other nurses in the way care is provided after we have left. This applies to not only the immediate future (eg. the following shifts), but in a month, three months, a year or even years after.

Charting or documentation serves several purposes. Firstly, it serves to facilitate communication between nurses and other healthcare providers. Descriptions of patient assessments performed, current patient health status, any interventions which were carried out and finally, the results of these interventions. In turn, nursing care plans may then be changed to reflect changes and the resultant improvement of care for a patient. Secondly, accurate, timely charting serves to promote better nursing care. By reviewing notes from the previous shift(s), the following patient assessments and interventions may be re-evaluated for effectiveness, and again, care plans can be changed accordingly. Finally, timely, accurate charting meets our professional and legal standards. It also demonstrates that nurses are applying nursing knowledge, necessary skills, and sound judgement. Doing so reflects practice according to professional standards.

In any court of law, the nursing care given and the documentation of same is measured against the standard of a similar nurse, given similar education and experience in a similar situation. We must remember that no matter how tired we are or how busy the day, we cannot be lackadaisical about when we do our documenting on our patients. It must be done while what we've observed and treated is still fresh in our minds. Details are much more accurate. If left until later in the day, what we remember and what is or is not charted may lose out to "hurry". Ultimately the patient will lose out as well. We do our patients, ourselves and our profession a disservice if we are not diligent.

In conclusion, just remember that by charting in an organized, accurate and timely manner that hearing "If it ain't been charted, it ain't been done" is a gentle reminder and not a painful truth.

Enna Lill



## A NEW ROLE FOR NURSES IN THE FIGHT AGAINST IMPAIRED DRIVING - PART II -

Effective December 1, 2004, the Government of the Northwest Territories will be bringing into force new amendments to the *Motor Vehicles Act* that address the serious problem of drinking and driving on our northern highways. In our previous article, we discussed how the nursing profession will be utilized in this new initiative through the alcohol dependency assessment process. This article will answer some questions that are of interest to the nursing profession.

### What does the Act say about who can perform an alcohol dependency assessment?

The Act is silent on who is responsible for conducting an alcohol dependency assessment. The Department of Transportation requires that alcohol dependency assessments be conducted by a medical practitioner or a nurse practitioner familiar with the client, or by a medical practitioner with a specialty in addictions. This requirement is similar to that which exists for driver medicals. In communities where there is no resident medical practitioner or nurse practitioner, a registered nurse familiar with the client will be able to perform the assessment.

### Does the Act require a nurse practitioner or registered nurse to perform an alcohol dependency assessment?

No. A nurse practitioner or registered nurse is under no statutory duty to perform an alcohol dependency assessment. If you are uncomfortable or unprepared to perform an assessment, you can refer the client to a medical practitioner.

### Is there any liability risk for nurses who conduct alcohol dependency assessments?

The Act states that a person who conducts an assessment respecting a person who is required to undergo an assessment is not liable for any loss or damage caused by anything done or not done in good faith in respect of the assessment.

### What are the responsibilities of the nurse who conducts an assessment?

The nurse who conducts an assessment is responsible for filling out the assessment forms completely and accurately in accordance with instructions provided in the assessment package. In order to complete the forms, the nurse will be required to ask the client questions respecting his or her use and history of use of alcohol, and provide an assessment based on a physical examination of the client.

### How do I get the assessment forms?

The client is responsible for purchasing the assessment forms from their local issuing agency office and for returning the completed assessment forms to the Road Licensing and Safety Division of the Department of Transportation.

### Who is responsible for the cost of the assessment?

The client is responsible for the cost of the assessment.

### Where can I get more information on the legislation and the alcohol dependency assessment process?

Further information on this initiative can be obtained by calling the Road Licensing and Safety Division of the Department of Transportation at (867) 873-7406.

## MUGS & SCARVES



These RNANT/NU Promotional items were so popular at the Biennial in Iqaluit that we are bringing them back. Order yours now:

1. Northern Nurses Quilt booklet (photos and background on the quilt and the quilters, as well as northern recipes) \$10.00 + \$5.00 S&H
2. Warm and functional "Nursing North of 60"/"RNANT/NU" Fleece Scarf, 56" long. Royal blue only. \$20.00 + \$5.00 S&H
3. Generous size "RNANT/NU" Mugs (reverse side: "Nursing North of Sixty"). White with blue trim only. \$15.00 + \$5.00 S&H
4. MUG and SCARF Combo
  - one of each - \$30.00 + \$5.00 S&H
  - two of each - \$60.00 + \$10.00 S&H

*(No S&H if you are able to drop into the office and pick them up).  
GST included in listed prices.*

Please mail your order with cheque or money order to:  
**RNANT/NU**  
**PO Box 2757, Yellowknife, NT X1A 2R1**

## What's in a Name?

The new name, "Registered Nurses Association of the Northwest Territories and Nunavut is a bit of a mouthful alright. The acronym - RNANT/NU presents other challenges.

Some have tried to pronounce it phonetically: "ern-ant-new" which does not exactly roll off your tongue. Others have pronounced it as "R-N-A-N-T-slash-N-U", which may also sound odd. Staff and Board members tend to just pronounce the letters: "R-N-A-N-T-N-U".

To simplify things, staff at the Association office answer the phone: "Registered Nurses Association". Easier yet is to just say "the Association" or "the RNA".



## - Dr. Christine Egan's name added to CNA Memorial Book -

Dr. Christine Egan spent most of her life as a nurse practitioner and researcher on Baffin Island (Iqaluit, Cape Dorset and Pond Inlet), and in the Kivalliq Region (Coral Harbour, Rankin Inlet, Chesterfield Inlet, Sanikiluaq) in Nunavut, and in Northern Manitoba.

Tragically, Chris was visiting in the World Trade Centre on Sept 11, 2001, and was killed in the building collapse.

RNANT/NU put forward Chris' name for inclusion in the CNA Memorial Book, which honours nurses who have made exceptional contributions, were recognized as leaders, and furthered the profession of nursing. Approved by the CNA Board and presented at the June Biennial AGM, Chris' name will be inscribed in Calligraphy in the Memorial Book, which is on display at CNA House in Ottawa.

In the days following September 11, 2001, Chris Egan's friends and family proposed that a fitting memorial would be to establish a scholarship in her name for residents of Nunavut to study nursing. The fund is managed by the Manitoba Medical College Foundation which is a registered charitable organization. For more information, contact:

Dr. Christine Egan Memorial Fund  
Manitoba Medical College Foundation  
University of Manitoba  
727 McDermot Ave., Winnipeg, MB M3E 3P5  
Tel: (204) 789-3737 or email: mmcf@umanitoba.ca

Details regarding the Scholarship are available at:  
[umanitoba.ca/faculties/medicine/mmcf/awards/egan\\_scholarship.html](http://umanitoba.ca/faculties/medicine/mmcf/awards/egan_scholarship.html)

The Dr. Christine Egan Memorial Scholarship will be awarded for the first time in the fall of 2004 to four Nunavut nursing students: Rebecca Akulujuk Lonsdale, Andrea Mclarty, Martha Nowdlak and Sipporah Peterloosie.

In 2004-2005, Nowdlak and Peterloosie will be fourth-year students and Lonsdale and Mclarty will be third-year students in the baccalaureate nursing programme at Nunavut Arctic College in Iqaluit. They come from communities throughout Nunavut (Pangniquuuq, Rankin Inlet, and Pond Inlet), and each plans to remain in Nunavut and contribute to nursing and health care upon graduation.

The Dr. Christine Egan Memorial Scholarship was created at the University of Manitoba by Christine Egan's family, friends and colleagues following her tragic death while visiting the World Trade Centre on September 11, 2001. The purpose of the Scholarship is to perpetuate Christine Egan's values of generosity and caring for others, as well as her commitment to health and education in Nunavut where she worked for much of her career - in Iqaluit, Cape Dorset, Pond Inlet, Coral Harbour, Sanikiluaq, Chesterfield Inlet and Rankin Inlet.

"The scholarship is a very fitting way to honour Christine," says Dr. Ellen Judd, speaking for the family. "She was a truly generous and caring person. Through working and living in the North as a nurse and health researcher during three decades, she knew the importance of nursing to health care in Nunavut. We think she would be delighted to be playing a role in making nursing more accessible to the people of Nunavut."

Scholarships will be awarded every year to Nunavut nursing students through an endowment held in perpetuity for the Dr. Christine Egan Memorial Scholarship Fund by the Manitoba Medical College foundation. "Many of the nursing students enrolled through this program are women with families who would find it impossible to relocate to the South," explains Judd. "This new program allows training close to their own communities."

Information on how to apply for this scholarship and on how to contribute to the endowment fund is available through the  
Manitoba Medical College Foundation, University of Manitoba  
727 McDermot Ave., Winnipeg, MB M3E 3P5 • Tel: (204) 789-3737 or via email to: mmcf@umanitoba.ca

Details regarding the Scholarship are available at:  
[umanitoba.ca/faculties/medicine/mmcf/awards/egan\\_scholarship.html](http://umanitoba.ca/faculties/medicine/mmcf/awards/egan_scholarship.html)



## In Memoriam

### Leone Trotter (1928-2004)



Leone Trotter, founding President of the NWTRNA, passed away in June, 2004. Her legacy includes many contributions to the nursing profession and the communities she served.

Leone graduated from the Regina Hospital School of Nursing in 1950 and subsequently worked in a number of small hospitals in rural Saskatchewan. She completed her Diploma in Public Health and later her Nursing degree, both from the University of Saskatchewan.

Arriving in Yellowknife in 1972, Leone became involved with the Legislation Committee of the Yellowknife Registered Nurses Association. With assistance from Helen Sabin, Executive Director, AARN, a small but dedicated volunteer group of nurses worked with government and Medical Services Branch to develop the first nursing legislation for the Northwest Territories. In 1976 NWTRNA, with Leone as President, joined the Canadian Nurses Association at their Annual General Meeting in Halifax.

On top of volunteer duties with the Association, Leone was the first clinical instructor in the Nursing Assistant program.

Moving from Yellowknife in 1979, Leone worked in Port Simpson, B.C. for several years before joining the United Church mission ship, the Thomas Crosby V which provided visiting health services to lighthouses, native settlement and fishing villages from Alaska to the northern tip of Vancouver Island, which she enjoyed for 7 1/2 years. Leone retired from nursing in 1988.

Barb Bromley, another founding member of the Association remembers well "the total dedication and perseverance Leone had for the Association in bringing to fruition, the first Professional Ordinance for any profession in the Northwest Territories - an accomplishment which we, as Nurses, should remember."

## Books for Christmas Stockings!

The Lighting the Lamp fundraiser quilt made by northern nurses generated over \$2,000.00 in donations for the Canadian Nursing History Collection. For more info on the collection, see the Canadian Nurses Foundation website: [www.canadiannursesfoundation.com](http://www.canadiannursesfoundation.com)

The quilt was won by Heather Redshaw, a nurse working in Yellowknife. Heather will share her quilt with the world by displaying it at public venues. Thanks Heather.

The very popular booklets about the quilt are still available. Funds raised will now support an RNANT/NU history project. Colourful photos of the quilt squares, and the stories behind them, by the nurses who made them, are accompanied by northern recipes using berries and country foods.

A great gift for nurses and northern-wannabe's.  
\$15.00 includes S&H, or \$10.00 at the RNANT/NU office.

Send cheque to: RNANT/NU  
P.O. Box 2757  
Yellowknife, NT X1A 2R1

ORDER YOURS NOW— when they are gone, they are gone forever!





## Northern Nurses Memorial Foundation

The NNMF was formed in 1977 to honour nurses who have lost their lives while caring for others in the NWT and NU. We are a registered non-profit organization whose membership is open to all nurses in the NWT and NU. We provide funds, received from memberships, RNANT/NU and donations for nurses to receive funding for educational programs.

### Executive Members

Nola Moulton - President  
 Mary Lou Murphy - Vice President  
 Terri Belcourt - Treasurer  
 Kerry Lynn Durnford - Member at Large  
 Vacant - Secretary

We are presently looking for volunteers for Secretary and Members at Large. The NNMF website is under construction. Access it through the link on the RNANT/NU website. <http://www.rnantnu.ca/>. Applications for funding will be available. Watch for NNMF merchandise soon to be for sale on the website.

The deadline for bursary application is on November 30, 2004. Application for short-course funding is accepted at anytime through the year.

Fill in the application below and send it to RNANT/NU to become a member.

### I would like to thank the Northern Nurses Memorial Foundation

for the bursary funding I received last year. I was lucky enough to be accepted into the Nurse Practitioner program at Aurora College and the financial assistance helped defer the cost of some of my textbooks. This is a sixteen month course offered over a two year period and had four students from across the NWT as well as Nunavut attending. One of the courses taught in the first semester was Advanced Health Assessment skills. I do a fair amount of nursing in Northern Health Centres and at times must depend solely on my skills to assist my patients. I felt that this area needed further development and I know that I will be using the knowledge gained in this one course, every day of my practice to help my patients. After assessing a problem with my patient I had to determine what was causing their problem.

The course in Pathophysiology allows me to understand the disease process so that I will know when to interfere in that process to assist my patient. The Advanced Pharmacology component gives me the knowledge to use the medications available to their best advantage when I prescribe them to my patients. I have also learned when not to use prescription medications, when other actions are just as effective or better and healthier for the patient. This was expounded in the Community and Family Health courses that were offered to us. The role of the Nurse Practitioner and how they can benefit the health of our northern residents was discussed in detail in the Roles and Issues of the Nurse Practitioner course. This course also reinforced the importance of continually educating ourselves, in formal and informal ways, to be able to provide up-to-date and competent care to the people who put their trust in us to help them. Even though the first year of this program was quite a challenge, I enjoyed it and am looking forward to the up-coming year.

Daryl Buchanan

## Membership Application

To be eligible to receive educational funding from the NNMF you must be a member. If you are not currently a member, please complete this membership application form.

The current annual membership fee: January to December 31<sup>st</sup> is \$20.00

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: (Res.) \_\_\_\_\_ Phone: (Work) \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Position: \_\_\_\_\_

Length of time as working as a nurse in the NWT/NU \_\_\_\_\_

RNANTNU registration number: \_\_\_\_\_

Is this a renewal or are you applying for the first time? \_\_\_\_ Y \_\_\_\_ N

Welcome to the Northern Nurses Memorial Foundation.

All donations to the NNMF are tax deductible.

Mail application to: RNANTNU 483 Range Lake Road, PO Box 2757, Yellowknife, NT X1A 2X9





## Stephen Lewis Awarded International Council of Nurses Health and Human Rights Award

**OTTAWA (July 26, 2004)** - The Canadian Nurses Association (CNA) congratulates Stephen Lewis, United Nations Special Envoy for HIV/AIDS in Africa, on receiving the International Council of Nurses (ICN) Health and Human Rights Award. CNA nominated Mr. Lewis for the award, which is presented every four years to a non-nurse for exceptional contributions in the field of health and human rights. The award will be presented in May 2005 in Taipei, Taiwan at ICN's Quadrennial Congress.

"Stephen Lewis has been one of the world's strongest advocates in fighting the HIV/AIDS epidemic that has swept Africa and is infecting many other countries at unprecedented rates," said Deborah Tamlyn, CNA President. "Through his passionate and relentless lobbying, Mr. Lewis has opened the world's eyes to the enormous impact of HIV/AIDS. CNA joins ICN in calling on all governments to commit the funds necessary to effectively manage this disease and stop its spread and end the suffering."

Mr. Lewis has recognized and spoken publicly about the important contributions the nursing profession is making in this global fight. He was a keynote speaker at CNA's Biennial Convention in June and made an impassioned presentation on the scale of the human tragedy we face if immediate action is not taken in fighting this pandemic and in caring for the 40 million people infected throughout the world.

CNA recently launched a new project in partnership with the Democratic Nursing Organization of South Africa (DENOSA), the national professional and labour organization for South African nurses. This new project, made possible through the Government of Canada and the Canadian International Development Agency, is entitled the Canada South Africa Nurses HIV and AIDS Initiative and will strengthen the role of nurses in the HIV/AIDS strategy by building capacities in rural and community health care. More information about this project is available on CNA's website ([www.cna-aiic.ca](http://www.cna-aiic.ca)).

CNA is the professional voice of nursing in Canada.  
It is a federation of 11 provincial and territorial  
professional nursing associations.

For additional information, please contact:  
**Joanna Filion**  
Communications Specialist  
Tel: (613) 237-2133 ext 312  
E-mail: [jfillion@cna-aiic.ca](mailto:jfillion@cna-aiic.ca)

## Conferences in 2005

The International Council of Nurses 23rd Quadrennial Congress 2005  
Nursing on the Move: Knowledge Innovation and Vitality  
May 21-27, 2005 Taipei, Taiwan  
Contact: [vtschudin@fastnet.co.uk](mailto:vtschudin@fastnet.co.uk) or [www.icn.ch/Congress2005.htm](http://www.icn.ch/Congress2005.htm)

The Alcohol Spectrum Disorder, Equality of Access:  
Rights and the Right Thing to Do  
University of British Columbia  
Feb 24-25, 2005, Victoria  
Contact [www.interprofessional.ubc.ca](http://www.interprofessional.ubc.ca)

The Humber/Ontario Palliative Care Association 15th Annual Provincial  
Conference on palliative care and end-of-life care  
Apr 2-3, 2005, Toronto  
Contact: [www.palliativecare.humber.ca](http://www.palliativecare.humber.ca)

3rd Biennial International Conference on Nursing Best Practice Guidelines  
June 2-3, 2005, Toronto  
Contact [www.rnao.org](http://www.rnao.org)

International Conference on the Nurse's Role in the Criminal Justice System  
Sept 28-30, 2005, Saskatoon  
Contact [www.usask.ca/nursing/custodycaring](http://www.usask.ca/nursing/custodycaring)

## Nursing Practice in Rural and Remote Canada

Scope of Practice	NT (%)	NU (%)
Advanced nursing practice and decision-making	43.3	68.9
Evaluation of care with practitioners	52.5	63.5
Working in my day to routine	66.8	80.0
Willingness to take on other responsibilities depending on demand	54.2	46.2

*Norma Stewart, a member of the Rural and Remote Nursing Study presents some of the findings to the Northern Nurses Leadership Network meeting in October.*

Do you recall filling out a survey on your practice in the North?  
All nurses with active registration in Nunavut or the Northwest Territories were surveyed about their practice.  
The report has finally been released.

You can view it at <http://ruralnursing.unbc.ca>  
scroll to Publications and Presentations.



## Summary of Survey Questionnaire

The "CHN Advanced Practice PLAR Survey" was an insert in the last RNANT/NU Newsletter. The RNANT/NU asked the membership if there was interest and/or need for a Prior Learning Assessment and Recognition (PLAR) process leading to NP licensure for Community Health Nurses (CHNs) working in advanced practice. This is a summary report of the results.

The survey was sent to all RNANT/NU members (approximately 1000) and 33 were returned. The majority of respondents (45%) were between the ages of 41 and 50 years. The next largest age category (31%) were between 51 and 60 years. Most of the respondents (67%) listed diploma as their highest level of nursing education with baccalaureate-prepared nurses at 33%. Time in advanced practice ranged from months to more than 25 years. The highest percentage (21%) had been working in the advanced practice role for two to three years.

Seventy-three percent of the respondents were strongly interested in obtaining NP licensure and saw themselves working in the advanced practice role in the future. Approximately 2/3 of the respondents believed that they could achieve NP licensure through the PLAR process and 50% of those were willing to write a Canadian NP exam (CNPE). Other preferred methods of PLAR included the preparation of a professional portfolio (39%), observed structured clinical exams (OSCEs) at 33%, and presentation of case studies (24%). Fifty percent of those wanting to take advantage of PLAR stated that they would be prepared to start the process within one year.

As far as education is concerned, it is not surprising that those RNs with baccalaureates want a Master's NP and those with a diploma want either an NP certificate (33%) or a baccalaureate NP (15%).

Of those that gave an address (25 of the 33 respondents), only 32% gave an NWT or Nunavut address. This implies that most of the respondents are casual employees and maintain permanent residency in southern Canada.

Despite the small number of respondents, the results of the survey demonstrate an aging workforce with the majority prepared at the diploma level. This is not unexpected. The survey also demonstrated that CHNs are prepared to begin a PLAR process for NP licensure using a variety of methods of evaluation.

There are a number of implications for the RNANT/NU. If the survey is somewhat representative of CHNs in general (this is debatable), then one of the activities of the RNANT/NU will be to continue investigating the feasibility of establishing a partnership with a jurisdiction already involved in a PLAR process with its own membership. There are a number of questions that need to be answered.

These include:

1. To what extent would the GNWT and GNU be supportive in having their CHNs (who are eligible) participate in the PLAR process?
2. How does the RNANT/NU establish eligibility for CHNs to write the CNPE (the first offering of this exam is scheduled for June 2005)?
3. If a PLAR process is established, how long should a "window of opportunity" remain open?
4. What criteria should be used to establish a CHN's eligibility for the PLAR process (e.g. length of time in advanced practice role, recommendation from immediate supervisor, etc.)?

The RNANT/NU will explore answers to these questions and several others (as they arise) over the coming months. In the meantime, those CHNs interested in a PLAR process might want to obtain a copy of the "Entry Level Competencies for the Primary Health Care Nurse Practitioner" (NWTRNA, 2000) and begin thinking about how they could prove their competence using this document as a guide.

I have first hand experience in participating in the College of Nurses of Ontario's PLAR process for recognition of my experience and education in the advanced practice role. I will write about my experience in the next issue of the RNANT/NU Newsletter. If you would like information prior to that, please contact me at [elizabethcook@theedge.ca](mailto:elizabethcook@theedge.ca) or 867-920-3123 (work) or 867-873-2664 (home).

**Elizabeth Cook RN NP**

### Can you Recommend a Public Representative?

RNANT/NU has a proud history of having strong public representation on both the Board of Directors and the Professional Conduct Committee. Currently we are recruiting for:

- Nunavut Public Representative - Board of Directors,
- Nunavut Public Representative - Professional Conduct Committee

Ideally candidates would have a demonstrated interest in health issues, experience on boards and/or in management, and be willing to commit as a volunteer to background reading, meeting preparation and meeting attendance.

Board and PCC responsibilities vary. Staff will follow up with details if you can identify a candidate.

Please call Barb at the RNANT/NU office (867) 873-2745 to suggest an appropriate candidate.

The RNANT/NU Nursing Practice Committee is responsible to identify emerging nursing practice issues of concern to NWT/NU nurses. It is mandated to study and respond to selected practice issues and enhance communication through consultation, research and document development. The Nursing Practice Committee has been challenged with dwindling membership during the past year. After a lengthy hiatus, the Committee met on Sept 20, 2004. Nine nurses representing the NWT and Nunavut gathered to identify plans for the upcoming months. Fueled with renewed energy, the Committee resurrected plans to revise two NWTRNA documents, "Guidelines for Nursing Practice Decisions" and "Determining Scope of Practice: Guidelines for NWT Nurses". Each of these documents was developed more than 10 years ago. The Committee will research and review similar existing documentation from national and international nursing associations. A draft document is planned for early in the New Year, at which time consultation and feedback from identified stakeholders will be invited.

The next meeting for the Nursing Practice Committee is Monday, October 18 at 1800. The meeting is tentatively planned to be held at Aurora College. For questions regarding the Nursing Practice Committee, please contact the chair, Suzanne Wade at 920-3115, or e-mail at [Swade@auroracollege.nt.ca](mailto:Swade@auroracollege.nt.ca).



## CNA Biennial Convention - St. John's, NL

### June 20-23, 2004

Karen and I attended the CNA Biennial Convention in St. John's, NL this past June. Over 700 registered nurses from across Canada were in attendance.

We attended many interesting sessions including *Charting the Future: Rural and Remote Nursing in Canada*. This workshop focused on the uniqueness of rural and remote nursing. The more interesting presenters were in our opinion, the aboriginal nurses actually working in health centres. The first nurse worked in a tiny Atlantic coastal community, the second in a larger referral centre in northern Ontario. Both of the nurses spoke of the real practicalities of rural and remote nursing. They also spoke of the value of community acceptance.

Prime Minister Paul Martin addressed the group as a surprise speaker for our opening ceremonies, pronouncing his claim to make health care and health care reform his number one priority! Rex Murphy was our very interesting and colourful keynote speaker for our closing ceremonies. We enjoyed his satirical wit and eloquent use of language. Rex entertained as he simultaneously poked fun at himself, politicians and "newfies". Sadly though, Rick Mercer did not make the conference; more than a few of us were disappointed.

There were many opportunities to meet with colleagues to network and re-connect. The hallways and buses reverberated with choruses of "So, where are you from?" "No way! I know 'So and So' from there! What is 'So and So' doing now?" Long and wonderful conversations would then ensue. The opportunity to network, both at the conference exhibits and in the evenings at the social events, was most rewarding. We were able to establish connections with several nurses and instructors from here in the territories.

The conference was a great opportunity to meet with fellow nurses and to get a sense of where nursing is going on a national level. The warm and welcoming Newfoundland hospitality far outweighed the cool wet weather, allowing for an amazing conference experience!

Angelia King & Karen Rowe  
Nurse Educator Mentors  
Hay River Health and Social Services Authority

I was fortunate to attend the CNA conference in St. John's Newfoundland as the winner of the Nunavut Nurse's Week Crossword Puzzle contest. At the conference it was great to be a part of a group of over 800 nurses with various education and experiences with the ability for ideas to be transmitted and discussed among all. The topics, being public health and patient safety, were very pertinent to nurses of all parts of the profession. It was very interesting to hear about the research being done in various parts of the country to help with the health care of Canadians and to make the working conditions of nurses better. It was fun to be a part of the social activities that brought the friendliness and the spirit of Newfoundlanders to the group of nurses.

Ann Moquin



*Inuvik was well represented at the CNA Biennial by April Manuel, Yves Panneton and Deb McDonald.*

The 2004 CNA conference was a refreshing opportunity to network with other nurses facing the same dilemmas as we are in the north. In line with this year's theme, we were bombarded during the day with new ideas, examples of initiatives and new trends in respect to patient safety. During the evenings we had the chance to enjoy Newfoundland's hospitality through entertainment activities put together by the organizing committee. It was a memorable experience. Although there was a big participation from nurses across Canada, few were from the territory. Nurses from the territory should pay more attention to the CNA conference. It is a good learning opportunity from which we all can benefit.

Yves Panneton



*Professional Development Plans are a way of formalizing and recording what all professionals do automatically - ask themselves: "What do I need to learn to improve my practice?", then, "How can I access this information?", and at the end of the year: "Did I learn the things I set out to learn, and did they make a difference to my practice?"*

## 2005 RNANT/NU REGISTRATION RENEWAL

Registration Renewal:

Registration Renewal Packages were mailed September 15, 2004. If you did not receive one, please download the 2005 Annual Registration Form from the website: [www.rnantnu.ca](http://www.rnantnu.ca) at the Registration link.

**Remember, you cannot work in January unless you have renewed.**

In a hurry? Cheques or money orders can be express-posted, or electronic transfers can be done through the bank, or Northern Stores. Call the office for more info.

Please note that there were technical difficulties with database output in the preparation of the preprinted personalized registration renewal forms for 2005. The database has not been affected, it was mail-merge problem only. The Registration Number on your Registration Card is the correct number. If the number - or any other pre-printed information on your 2005 form - is incorrect, please just cross it out and write in the correct info. We will screen very carefully when the renewals come in to ensure all registration information is correct. Thank you.

### Continuing Competence



In the 2005 Registration year, completion of the Continuing Competence requirements - i.e. completion of your Professional Development Plan (PDP) is mandatory and you are asked to check off and initial on your registration form to indicate that this has been done. A random audit will be done later in the year.

If you do not have a PDP form, you may print one from the website: [www.nwtrna.com](http://www.nwtrna.com), under the "Continuing Competence - PDP" link. Explanations and examples are also provided on the site.

A new RNANT/NU Policy sets out consequences for nurses who do not complete and report their PDP's.

Registration Policy 2.3 3. Conditions and Exceptions

Effective for the 2005 registration year, nurses must submit a completed Professional Development Plan to the Registration Committee if so requested. Failure to complete a PDP that meets the requirements in 2.1 will result in conditions on his/her license, specifically:

Registrant must complete and submit a PDP acceptable to the RNANT/NU within 3 months of issue date of this license. Failure to comply will result in the Registrar submitting a complaint under the *Nursing Profession Act* 34(1).



## A Letter to Nurses from Members of Alcoholics Anonymous in Yellowknife

Some of the most difficult and frustrating patients that nurses care for are those with alcohol problems. It is hard to understand why some of us continue to drink when it does us so much harm. We alcoholics don't understand this either, but we know that many of us have recovered in Alcoholics Anonymous.

There are many barriers that prevent people from turning to AA for help. Here is our experience regarding some of them.

"I'm not an alcoholic, I just drink too much sometimes."

We don't have to admit that we are alcoholics before attending a meeting. Anyone is welcome to attend open meetings. Closed meetings are limited to people who have a desire to stop drinking. For some the realization "I'm an alcoholic" is sudden and dramatic. Others struggle with the idea over time. Still others decide that they are not alcoholics but acknowledge that the fellowship helped them at a time of crisis.

"I don't want to stand up and bare my soul in front of people."

No one has to talk at a meeting if they don't want to. At no time is it necessary to disclose intimate details. Most meetings focus on how we are working the AA program to stay sober today. Honesty is important but some things are best shared with a trusted friend or sponsor.

"AA is too religious."

The Twelve Steps encourage members to seek help from a higher power. Most AA members are very open-minded and accepting of each other's beliefs. The important thing is that we are willing to grow along spiritual lines. By attending meetings and trying to work the steps to the best of our ability, most of us find that our attitudes toward spiritual matters do change gradually.

As recovering alcoholics we are grateful that we are able to stay sober one day at a time. Why we have been able to recover while others still suffer is a question we cannot answer. We use the slogan "there but for the grace of God go I".

We welcome nurses to our open meetings - this is the best way to get a realistic picture of our program. You may be surprised by the variety of people you see at a meeting. We all share one purpose, to stay sober and help other alcoholics achieve sobriety. Our Yellowknife phone number is 444-4230. This phone is answered by an AA member. If you are outside Yellowknife we can send you AA literature on request. The web site [www.aa.org](http://www.aa.org) is another source of information.

We thank the nurses who cared for us when our drinking damaged us so much mentally and physically that we required their help. Let us know how we can help you.

Public Information Committee - District 35 - Alcoholics Anonymous

## Northern Nurses Leadership Network meet in Hay River



Northern Nurses Leadership Network members and guests take a break from their annual meeting in Hay River, October 2004.

Front Row: Vicki Lafferty, Ophelia Spencer, Leanne Towgood, Anne Beals, Marnie Bell, Ruth Robertson, Roxanne Stuckless, Laura Peddle, and Joanne Hubert. Back Row: Donna Bromley, Faye Stark, Sharon Cook, Barb Round and Kim Riles.



## September - 2004

# Re: use of “R.N.” designation for Associate/retired nurses.

This fall renewal season we have had several enquiries from nurses who are retiring, and still wish to use the “R.N.” designation. The enquiries are related to the explanation on the back of Page 2 of the 2005 form which outlines the different types of Membership options and what they mean. Under “Associate, Non-Practicing”, it states: “not entitled to use RN or NP designation.”

First of all, I must say that I am delighted that members are actually reading information provided on the back of the page.

Secondly, as a regulatory body, we are bound by the Acts, Bylaws and Policies which set out our responsibilities and obligations, so there are sound reasons for most everything we do.

Both “R.N.” and “N.P.” are protected titles under the *Nursing Profession Act*, NWT, 2003:

2. (3) A registered nurse may use the title “Registered Nurse” and may use after his or her name the designation “Reg. N.” or “R.N.”.
4. (3) A nurse practitioner may use the title “Nurse Practitioner” and may use after his or her name the designation “N.P.” or “R.N. (N.P.)”.

Sections 2(1) and 4(1) set out the functions that may be performed by a registered nurse and nurse practitioner. (Review the entire Act on the RNANT/NU website - see the “Legislation” link.)

The Act also sets out penalties for those who are not registered but working as a nurse:

70. (1) Subject to subsections (3) and (4), no person shall
  - (a) hold himself or herself out to the public by any title, designation or description as a registered nurse or under that title, designation or description render or offer to render services of any kind to a person for a fee or other remuneration, unless he or she is a registered nurse;
  - (b) use the title “Registered Nurse” or the designation “Reg. N.” or “R.N.”, unless he or she is a registered nurse;
  - (c) hold himself or herself out to the public by any designation or description as a temporary certificate holder or under that designation or description render or offer to render services of any kind to a person for a fee or other remuneration, unless he or she is a temporary certificate holder;
  - (d) knowingly employ or engage a person to provide the services of a registered nurse unless the person so employed or engaged is a registered nurse or a temporary certificate holder.

These sections are critically important to maintain the professional status of Registered Nurses and NP’s. Without protected title and penalties, anyone, with or without training, could call themselves an RN or NP. Protection of title and establishment of registration criteria ensures that all R.N.’s and N.P.’s meet accepted national standards, for the protection of the residents of NWT and Nunavut.

The Act also sets out categories of membership:

7. The membership of the Association consists of:
  - (a) registered nurses and nurse practitioners;
  - (b) temporary certificate holders;
  - (c) persons who come within other categories set out in the Bylaws.

Only R.N., N.P. and Temporary Certificate Holders are specified in the Act. Under 7(c), the Association is free to create other categories of membership under Bylaws, such as “Associate, non-practicing”, but cannot confer protected title on anyone who does not meet the registration criteria set out in the Act.

Having said all that, I do understand that retired R.N.’s would like to still identify themselves with the profession. It is perfectly OK to say “ I was an R.N.”, or “I worked for many years as an R.N.”, or even “I am a retired R.N.”, which does not imply current status in that category.

What is *not* OK is to sign “R.N.” after your name on documents, or to advertise yourself as an “R.N.” on business cards, etc., when you are not legally registered.

I hope this has helped to clarify some of the grey areas regarding protected titles.

Barb Round, Executive Director  
RNANT/NU



*Finally... the new signage arrives!*



Paul Sajan from the Canadian Institute for Health Information (CIHI) in Ottawa visited RNANT/NU this summer. CIHI publishes annual national statistics on Registered Nurses (go to the CIHI link on the Association website for more information). While in the territory, Paul visited Rae Health Centre for a glimpse of rural/remote nursing. Here he is shown with Julie Piascik, NP candidate on a clinical practicum in Rae.

***Registration Renewal Reminder:  
All 2004 registrations expire on December 31, 2004.***

***Renew early - Don't be caught in Violation after January 1, 2005.***

## **RNANT/NU**

**Located in the Monkey  
Tree Mall**

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Fax: (867) 873-2336

Email: [admin@rnantnu.ca](mailto:admin@rnantnu.ca)

[www.rnantnu.ca](http://www.rnantnu.ca)

## **Moving?**

### **WE NEED TO KNOW**

Please remember to provide your new address, phone and/or email address to [RNANT/NU](mailto:RNANT/NU) at [admin@rnantnu.ca](mailto:admin@rnantnu.ca) or call the office at (867) 873-2745

