

# PRACTICE

Palliative Care

Injections

Street Nursing



Community Health Nursing

Bloodwork



Vital Signs



Policy Writing

Nursing Instructor

...#YESThisIsNursing



COLLEGE OF  
LICENSED PRACTICAL NURSES  
OF NEWFOUNDLAND AND LABRADOR  
LPNS - A PRACTICAL APPROACH TO QUALITY CARE

Volume 2, Issue 2 – May 2017

# PRACTICE

The College of Licensed Practical Nurses of Newfoundland and Labrador PRACTICE magazine includes a wide array of information on nursing regulation, nursing licensure, nursing practice and many other health related topics. PRACTICE is published electronically three times a year. CLPNNL welcomes feedback, suggestions and submissions from readers on this publication at [wsquires@clpnnl.ca](mailto:wsquires@clpnnl.ca).

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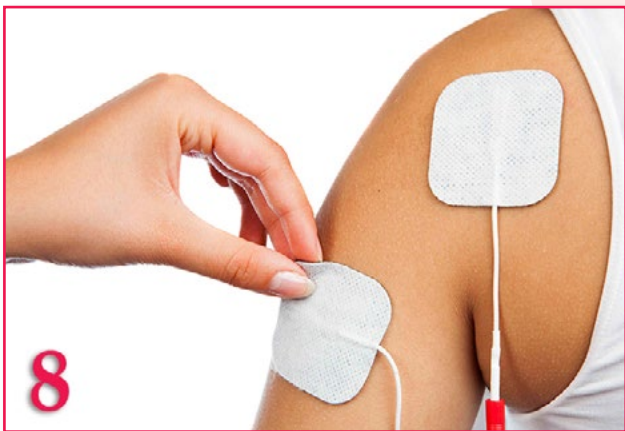
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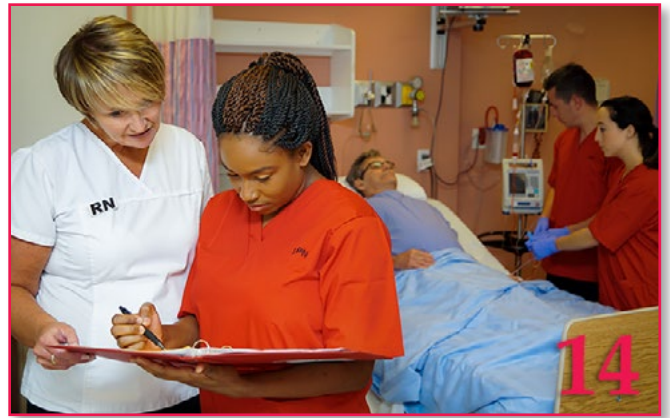
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## MISSION

The College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL) protects the public through the promotion of efficient, ethical nursing care, regulation of licensed practical nursing practice, the licensure of Practical Nurses and setting the strategic direction for the organization.



COLLEGE OF  
LICENSED PRACTICAL NURSES  
OF NEWFOUNDLAND AND LABRADOR  
LPNS - A PRACTICAL APPROACH TO QUALITY CARE

## VISION

To foster a professional environment where Licensed Practical Nurses (LPNs) are respected, valued as integral members of the nursing team and provide quality health care services in Newfoundland and Labrador.

## VALUES

We Believe:

- Licensed Practical Nursing practice is founded on professionalism, compassion and caring;
- Licensed Practical Nurses are accountable for their actions;
- Licensed Practical Nurses take responsibility for lifelong learning aimed at building and maintaining professional competency; and
- Partnerships with key stakeholders are essential to enhancing the profession.

The CLPNNL has the legislative responsibility for regulating the practice of LPNs in Newfoundland and Labrador. In doing so, it serves to protect the public. It supports the Vision and promotes the Values of LPNs by providing leadership and supporting the integrity of the profession.

Save the date!

## NOTICE OF THE ANNUAL GENERAL MEETING OF THE COLLEGE OF LICENSED PRACTICAL NURSES OF NEWFOUNDLAND AND LABRADOR

The Annual General Business Meeting will be held on June 15th, 2017 (Thursday) from 1:30-2:30 pm at 209 Blackmarsh Road St. John's, NL A1E 1T1

### Agenda for the Annual General Business Meeting

- Presentation of the Annual Report
- Approval of the Financial Statements & Auditor's Report for 2016/17
- Appointment of the Auditor for 2017/18
- Presentation of Awards

If you plan to attend the Annual General Meeting please RSVP to the College's Office (Glenda Hayward) at 709-579-3843 ext. 200 or [ghayward@clpnnl.ca](mailto:ghayward@clpnnl.ca) prior to June 9th, 2017.



## #YESThisIsNursing



Unexpected places. Real impact.

Military



## National Nursing Week 2017 May 8-14

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FOR IMMEDIATE RELEASE

## National Nursing Week Salutes Nursing Professionals

**St. John's, NL – May 8, 2017** – Beginning today, National Nursing Week will celebrate with the theme “*YesThisIsNursing.*” In this province, the Association of Registered Nurses of Newfoundland and Labrador (ARNNL) and the College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL) join counterparts across Canada from May 8-14 in recognizing the contributions of nursing professionals.

This year's theme #YesThisIsNursing highlights the ever-expanding nursing roles and work settings for registered nurses (RNs), nurse practitioners (NPs), and licensed practical nurses (LPNs). In offices, classrooms and at home, RNs, NPs and LPNs are there supporting optimal health, and committed to ensuring safe, competent, compassionate and ethical nursing care.

“Working in diverse settings, RNs and NPs remain dedicated to delivering the highest quality care to the people of Newfoundland and Labrador and beyond,” said Julie Nicholas, President, ARNNL. “Today we are seeing nursing professionals provide care in both traditional settings, such as hospitals, as well as in non-traditional settings, such as, outreach clinics, correctional facilities and in service with the armed forces. However, no matter what the environment, our standards of practice and level of care remain the same.”

The week's tagline, “Unexpected places. Real impact.” is a nod to evolution of the roles of LPNs, RNs and NPs.

Paul Fisher, Executive Director/Registrar, CLPNNL, states that, “LPNs are key members of the health care team who are committed to delivering high quality care in a variety of settings across Newfoundland and Labrador. LPNs impact positively in traditional settings such as hospitals and long-term care facilities, as well as in less-traditional settings such as communities, schools, and in private industry. Every day, LPNs demonstrate commitment to their Standards of Practice and Code of Ethics and provide safe, effective, compassionate, and ethical care to members of the public.”

National Nursing Week recognizes the important contribution that LPNs, RNs and NPs make to health and wellness.

Throughout the week, nurses and employers will recognize and showcase nursing professionals. CLPNNL and ARNNL also encourage the public to become involved by acknowledging nurses for the positive impact they make to health care.

### ABOUT NATIONAL NURSING WEEK

In 1971, the International Council of Nurses designated May 12 – Florence Nightingale's birthday – as International Nurses Day. In 1985, in recognition of the dedication and achievements of the nursing profession, the Canadian minister of health proclaimed the second week of May as National Nurses Week. The name changed to National Nursing Week in 1993 to emphasize the profession's accomplishments as a discipline. The purpose of National Nursing Week is to increase awareness among the public, policy-makers and governments of the many contributions nurses make to the well-being of Canadians.

### ABOUT ARNNL

ARNNL is the regulatory body and professional organization representing 6,400 registered nurses and 150 nurse practitioners in the province. In pursuit of its mission, ‘Nursing Excellence for the Health of the Population,’ ARNNL exists so there will be accountability for self-regulation, professionalism, quality professional practice environments, and healthy public policy. To learn more, please visit [www.arnnl.ca](http://www.arnnl.ca).

### ABOUT CLPNNL

CLPNNL is the regulatory authority for the 2,300 licensed practical nurses in the province. CLPNNL's mission is protection of the public through the provision of efficient, ethical nursing care, regulation of licensed practical nursing practice, and licensure of practical nurses. To learn more, please visit <https://clpnnl.ca/>

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# #YESThisIsNursing



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**Unexpected places.  
Real impact.**

## National Nursing Week 2017

### May 8-14



CANADIAN  
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## Increasing Patient Safety

### Minister Haggie Introduces New Health Legislation

The Honourable John Haggie, Minister of Health and Community Services, announced the Patient Safety Act in March 2017. Mr. Haggie hopes that this Act will help with reducing and mitigating preventable harm within the health care system.

**“The Patient Safety Act will bridge gaps in current legislation regarding mandatory reporting, quality assurance, patient access to information, and activities such as peer reviews. We must ensure that should a patient be harmed as a result of the care that was intended to help them, that they and their families are provided information and that the incident is appropriately reported and reviewed. The act will also ensure that quality assurance activities are conducted in a consistent manner, that health care providers can participate without obstruction, and meets the recommendations of Justice Margaret Cameron’s report.”**

*-The Honourable John Haggie, Minister of Health and Community Services*

### The Patient Safety Act will:

- Ensure patients and families have access to information about their care;
- Ensure regional health authorities consistently report to the Minister of Health and Community services on indicators such as hand washing;
- Establish regional and provincial structures to oversee quality assurance activities;
- Protect health providers who participate in quality assurance activities from reprisal; and,
- Address the recommendations of the Report of the Commission of Inquiry on Hormone Receptor Testing.

This legislation will mark the first time in Newfoundland and Labrador that patients and their families will have the statutory right to recommendations that are the result of a quality assurance activity related to an adverse health event.

For more information on the Patient Safety Act, please see the backgrounder below.

### QUICK FACTS:

- New legislation is being introduced that will help reduce and mitigate preventable harm within the health care system.
- The Patient Safety Act will bridge gaps in current legislation regarding mandatory reporting, quality assurance, patient access to information, and activities such as peer reviews.
- The Patient Safety Act will address recommendations of the report of the Commission of Inquiry on Hormone Receptor Testing.



**BACKGROUNDER**  
**Minister Introduces Legislation to Enhance Patient Safety**

**Highlights of the Patient Safety Act include:**

- Requiring Regional Health Authorities to report to the Minister of Health and Community Services on indicators such as hand washing and infection rates.
- Mandating Regional Health Authorities to investigate certain events.
- Requiring Regional Health Authorities to establish Quality Assurance Committees to oversee activities such as investigations and peer reviews.
- Requiring government to establish a provincial advisory committee to oversee patient safety and quality assurance.

The Patient Safety Act addresses the following recommendations of the Report of the Commission of Inquiry on Hormone Receptor Testing:

**Recommendation #33**

It is recommended that the Government of Newfoundland and Labrador consider whether section 8.1 of the Evidence Act remains relevant.

**Recommendation #34**

It is recommended that any conflict between section 8.1 of the Evidence Act and section 12 of the Public Inquiries Act, 2006 be resolved in favour of permitting Commissions of Inquiry to have access to peer review and quality assurance reports.

**Recommendation #35**

It is further recommended that legislation be enacted to specify that adverse event disclosure to patients included an explanation of why the adverse event occurred and what is being done to ensure that a similar event does not occur in future. Disclosure should also involve providing the patient with a copy of any peer review of quality assurance report respecting the adverse event. As explained in this report, the names of the individuals who participated in the peer review or quality assurance may be removed prior to disclosure. I recommend that these rights be entrenched in legislation and that they be given priority over any prohibition contained in section 8.1 of the Evidence Act.

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For more information please visit <http://www.releases.gov.nl.ca/releases/2017/health/0307n02.aspx>



# If not opioids, then what?

*By Dr. Janice Mann*

Chronic pain. It's one of the most common reasons we visit a doctor or other health care professional. And, until recently, it wasn't uncommon to leave their office with a prescription for an opioid painkiller in hand. Opioids are a class of drugs that are prescribed to treat pain, and include codeine, fentanyl, oxycodone, and morphine. However, the drawbacks and risks of these commonly prescribed medications are becoming increasingly recognized.

Opioids, in addition to treating pain, can also result in a feeling of euphoria or a "high." And stopping the medication can cause unpleasant withdrawal symptoms. As a result, some people who have been prescribed opioids for pain can become addicted to the medication. Prescription opioids can also be misused in a variety of ways; they may be taken by someone else, taken at a higher dose than intended, taken in a different way than prescribed (i.e., injected rather than taken by mouth), or combined with other drugs or alcohol.

The potential for addiction or misuse combined with a long list of possible side effects — including coma and death in the case of overdose — have led the health care community and patients in Canada to seek alternatives to opioids for safely and effectively treating chronic pain. In fact, the [2017 Draft Recommendations for Use of Opioids in Chronic Non-Cancer Pain](#) from the National Pain Centre at McMaster University recommend optimization of non-opioid pharmacotherapy (medications other than opioids) and non-pharmacological therapy (treatments that aren't medications), rather than opioids for patients with chronic pain.

But what treatments — other than opioids — are available for chronic pain? And more importantly, how do we know if they work?

That's where CADTH — an independent agency that finds, assesses, and summarizes the research on drugs, medical devices, tests, and procedures

— can help. Recently CADTH was asked to look at the evidence on a treatment for chronic pain that doesn't involve any medication and that patients can use in their own home, called transcutaneous electrical nerve stimulation or TENS.

With TENS, electrodes are placed on the skin around the area of pain. The area is then stimulated with low-voltage electricity usually for 30 minutes up to an hour, twice each day. Traditionally TENS has been provided by a health care provider in a clinic setting. However, TENS is now commonly available for home use. While using TENS at home can be more convenient for patients, whether it is effective in this setting hasn't been clear and purchasing the devices can be expensive for patients and their families. That's why CADTH was asked to assess the evidence and shed some light on the usefulness of home-based TENS for chronic pain.

After a careful search for evidence, CADTH found four clinical studies and five evidence-based guidelines that were best suited to help answer questions about how well TENS in the home may work to treat chronic pain. Unfortunately, it wasn't a lot of evidence to go on, and questions about TENS in the home still remain. For example, the studies showed mixed results about whether home-based TENS improved chronic pain. And no studies compared home-based TENS with drug treatment options such as opioids. Guidelines did not recommend TENS for osteoarthritis of the knee, chronic neck pain, or chronic low back pain

(although these weren't specific to home-based TENS). Two guidelines did recommend that home-based TENS be purchased to treat chronic pain only if TENS in a clinic setting had already been tried and proved to be effective for that patient.

So what does this tell us? It means that we aren't really sure how effective TENS in the home may be for chronic pain. The available evidence doesn't prove that it works, but it also doesn't prove that TENS in the home does not work. And that means we need more evidence.

TENS in the home is just one example of a health technology that may be considered for the treatment of chronic pain. And it's a good example to remind us that we need to look at the evidence before jumping to alternatives to opioids to treat pain. As the push to find effective and safe alternatives to opioids to treat chronic pain continues to grow, the need for high-quality evidence on these alternatives will also increase. With the evidence in hand, health care decision-makers — including health care providers and their patients — can make informed decisions about the safe and effective treatment of chronic pain.

[CADTH is committed](#) to ensuring that all decision-makers have the evidence they need on alternatives to opioids for the treatment of chronic pain. To learn more, visit [www.cadth.ca/opioids](http://www.cadth.ca/opioids) or speak to a [CADTH liaison officer](#) in your region.

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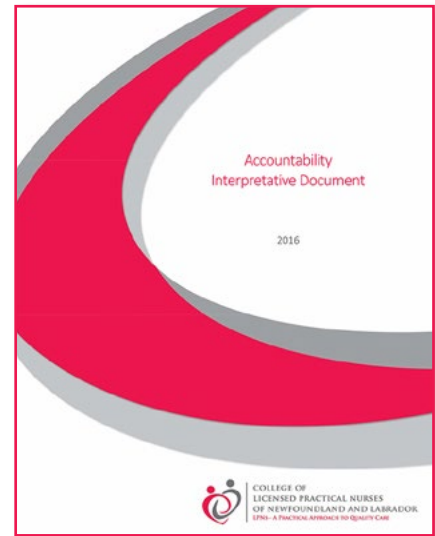
*Dr. Janice Mann, Bsc, MD is a Knowledge Mobilization Officer at CADTH.*

Permission to print granted by CADTH

# PRACTICE RESOURCES

The College of Licensed Practical Nurses of Newfoundland and Labrador has many new documents to help with Practical Nursing practice. These Interpretive Documents, along with Practice Guidelines, outline the LPN's responsibility and accountability in their practice.

For a complete list of documents and guidelines please visit the College website at <https://www.clpnnl.ca/practiceandpolicy>.



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## REMEMBERING AGATHA PENNEY

In February, the CLPNNL was informed of the passing of a long-time Licensed Practical Nurse, Agatha Penney. Agatha graduated in 1976 from the College of Trades and Technology with a Nursing Assistant certificate. She began working at the Dr. Charles A. Janeway Child Health Centre (children's rehab) in 1981. Agatha loved working as a LPN; she especially loved the fact that she was helping children. She was part of a team of health professionals that travelled to different areas in Newfoundland and Labrador providing care to sick kids so that they didn't have to travel to the Janeway.

Agatha was also very involved with her LPN regulatory body, CLPNNL. She participated on the College's Finance Committee for several years and was an advocate for the LPN profession.

Agatha worked for almost 30 years at the Janeway until she retired in 2007 due to her illness. She was diagnosed with Alzheimer's Disease that year. Agatha did not let that get her down but instead became an advocate. She wanted to help others learn about the disease in hopes that it would help people in similar situations. Agatha, along with her husband, participated in events held through the Alzheimer's Society, was interviewed on television, and had an article printed in the Downhome magazine. All of this was done with the hope of helping others.

Agatha will always be remembered as a kind, fun, loving, compassionate individual who brought much enthusiasm to her LPN profession.

May her memory live on in those who knew and loved her.



# CONTINUING COMPETENCY PROGRAM (CCP) is Now in Effect

On April 15th, 2016, the Board of the College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL) approved a Continuing Competency Program (CCP) for LPNs in Newfoundland and Labrador. Beginning in April 2017, in addition to working the required number of practice hours, all LPNs in NL will be required to participate in CCP every year to maintain their license.

CLPNNL has the legislated responsibility to protect the public by promoting the provision of safe, competent, ethical and compassionate nursing care by LPNs. LPNs are accountable for their own practice and actions at all times and have a professional obligation to attain and maintain competence relevant to their specific area(s) of practice.

In keeping with this responsibility, the CLPNNL implemented the mandatory CCP. The goal is to protect the public by ensuring that LPNs are competent in their practice. The CCP was developed in consultation with LPNs across the province. LPNs in most provinces of Canada are required to complete a CCP every year to be eligible for a license to practice.

A CCP is a formal system of assessing the knowledge, skills and judgment of a professional practitioner. The CCP promotes safe, ethical and competent life-long nursing practice. It requires LPNs to identify opportunities to broaden their knowledge base, increase their skill capacity and enhance their individual scope of practice, ultimately achieving professional growth and continually improving competence throughout their nursing career.



Each year, LPNs complete a self-assessment by reflecting on their practice and comparing their *current practice* to the Standards of Practice. Based on this self-assessment, LPNs will develop a learning plan to identify the learning activities that they will participate in to meet their learning need. LPNs are required to complete 14 hours of continuing education each year, 7 of which must be formal learning hours.

The CLPNNL encourages LPNs to frequently visit the College's website ([www.clpnnl.ca](http://www.clpnnl.ca)) for educational opportunities. Educational opportunities may also be emailed to LPNs; it is therefore very important that the CLPNNL has your most up-to-date contact information.



If you require further assistance please contact Wanda Squires, Practice Consultant, at 709-579-3843, ext. 206, or email at [wsquires@clpnnl.ca](mailto:wsquires@clpnnl.ca).

# Speech & Language

Many of us take our ability to communicate for granted. Yet the ability to speak, hear and be heard is much more vital to our everyday lives than most of us realize. Each year, Speech-Language and Audiology Canada (SAC) dedicates the month of May to raising public awareness about communication disorders and the professionals who can help.

## Some causes of speech and language disorders:

- Traumatic brain injury
- Stroke
- Head and neck cancers
- Learning disabilities
- Degenerative diseases (e.g., ALS, Parkinson's, etc.)

## Types of speech and language disorders:

**Articulation disorders** occur when a person cannot correctly produce one or more sounds (e.g., wabbit for rabbit, kip for skip). May be the result of delayed development, poor muscle control, cleft lip/palate, hearing impairment or learning disabilities. In adults, may be the result of neurological damage from stroke or head injury.

**Voice disorders** include inappropriate pitch, loudness, quality or total loss of voice. Voice problems may result from damage to the vocal cords because of surgery, disease or yelling (vocal abuse), or from conditions such as cleft palate, cerebral palsy or hearing impairment.

**Fluency disorders** or stuttering is a disruption in the normal flow or rhythm of speech. Characteristics of stuttering may include repetitions of sounds, syllables, words or phrases.

**Apraxia (A-PRAX-SIA):** A speech programming disorder that makes words and sentences sound jumbled or meaningless.

**Dysarthria (DIS-AR-THREE-AH):** A group of speech disorders resulting from paralysis, weakness or lack of coordination of the muscles required for speech.

**Aphasia (AH-FAY-SIA):** A language disorder due to brain damage or disease resulting in difficulty in formulating, expressing, and/or understanding language.

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

May is Speech and Hearing Month  
[maymonth.ca](http://maymonth.ca)



Speech-Language &  
Audiology Canada  
Communicating care

**1 in 6 people**  
has a speech, language  
or hearing disorder.

## TIPS for better communication:

- Speaking with someone who has a communication disorder may require extra time and patience.
- Reduce background noises that may be distracting (e.g., turn off the radio or TV, close the door or move to a quieter place).
- Stick to one conversation topic at a time. Avoid quick shifts in conversation topics.
- Keep sentences and questions short.
- Allow extra time for responding.
- Ask questions with yes/no answers. Open-ended questions are more difficult to respond to.
- Be an active listener. Pay attention to eye gaze and gestures. Take a guess (e.g., "Are you talking about your dog? Yes? Tell me more.")
- Speak slowly and clearly.
- Do not speak louder to get your message across unless the person has a hearing loss

**SPEECH-LANGUAGE PATHOLOGISTS** are highly-trained professionals who are focused on the prevention, identification and management of speech, language and swallowing disorders.

# Hearing

Many of us take our ability to communicate for granted. Yet the ability to speak, hear and be heard is much more vital to our everyday lives than most of us realize. Each year, Speech-Language and Audiology Canada dedicates the month of May to raising public awareness about communication disorders and the professionals who can help.

## Common Hearing & Other Auditory Disorders:

### Hearing Loss

Hearing loss is a partial or total inability to hear. The severity of the hearing impairment can range from mild to profound and can be in one or both ears. There are different types of hearing loss, which are caused by problems in different parts of the outer, middle and inner ear as well as the hearing nerve. Hearing loss can be caused by the natural aging process, excessive exposure to noise, head trauma, a history of ear infections or hereditary factors.

### Auditory Processing Disorder

Auditory processing disorder (or APD) is a disorder that affects the way the brain processes sound – in other words, what the brain does with what the ear hears. Some symptoms of APD include poor listening, trouble following directions, short attention span and difficulty reading. People with APD can have normal hearing and APD is not related to intelligence.

### Tinnitus

Tinnitus (TIN-A-TUS) refers to “ringing in the ears” when no other sound is present. Tinnitus can sound like hissing, roaring, pulsing, whooshing, chirping, whistling or clicking. Tinnitus can occur in one ear or both ears and while tinnitus is often associated with hearing loss, people with normal hearing can also have it. Sometimes the sounds are accompanied by pressure or pain in or around the ear or by a painful sensitivity to sounds. The impact of tinnitus ranges from annoying to debilitating.

### Hyperacusis

Hyperacusis is a health condition characterized by an over-sensitivity to certain sounds. A person with severe hyperacusis has difficulty tolerating everyday sounds, some of which may seem unpleasantly loud to that person but not to other people. Although all sounds may be perceived as too loud, high frequency (pitch) sounds may be particularly troublesome.

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

May is Speech and Hearing Month  
[maymonth.ca](http://maymonth.ca)



Speech-Language &  
Audiology Canada  
Communicating care

**1 in 6 people**  
has a speech, language  
or hearing disorder.

## TIPS for talking with someone who has a hearing disorder:

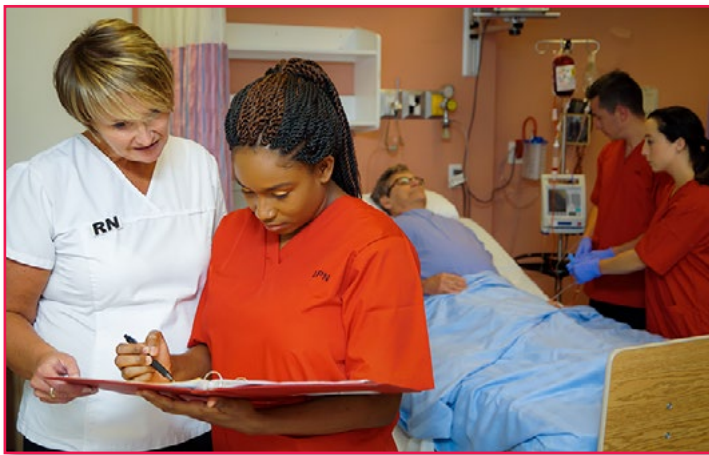
- Get the person's attention by saying their name or touching their arm before you start talking.
- Speak clearly and loudly enough to be heard, but do NOT shout. Shouting distorts the speech sounds.
- Be patient and provide the person with some extra time to respond. Hearing and processing sounds may take a bit longer.
- Avoid putting anything around your face and mouth when you are speaking (e.g., pens, phones, hands). People with hearing loss use visual cues to help them understand the message. People without hearing loss also use visual cues!
- Create an ideal listening environment: move away from noise sources and choose a place with good lighting.
- Position yourself across from the listener rather than beside. Look at the person when talking.
- During group discussions only one person should speak at a time.
- Smaller group discussions are ideal. Listening in a large group setting can be difficult.

**AUDIOLOGISTS** are highly-trained hearing health professionals who identify, assess and manage individuals with hearing and balance disorders as well as other auditory disorders.

# Happy National Nursing Week to ALL Nurses!

Whether you are a Licensed Practical Nurse, a Registered Nurse, or a Nurse Practitioner, we all have a **VERY** important role to play in the lives of the people we care for.

This year's National Nursing Week theme is "**#YESThisIsNursing.**" There are many ways to provide nursing care and this year's theme sums up that statement. Whether we are nursing in a long-term care facility providing nutrition or medications, in the operating room assisting physicians, nursing abroad in a community of poverty aiding those in need, street nurses carrying bandages and nutrition to the homeless, nurses who develop policies to support practice, or whether we are in the military serving for our country – **YES, THIS IS NURSING.**



Nursing roles are evolving at an exponential rate, particularly with the influence of technology and the expansion of digital technologies. This year's theme speaks to the expanding traditional and non-traditional roles and settings that nurses work in.

With changes in scope of practice, it is very important that we as nursing health professionals understand our role as well as the role of others. It is important for the public to see the many advancements in nursing practice and how nursing has evolved over time.

Nursing Week is also an important time to reflect on the excellent care that nurses provide to the public.

Nursing care is provided in a variety of settings, with a variety of clients. Nursing is an important profession and we are rewarded with the knowledge that we can help change the lives of individuals while meeting their needs. Nurses show their caring, gentle, compassionate ways and touch the hearts of many.

Licensed Practical Nurses use the Standards of Practice and Code of Ethics, together with professional standards and competencies, workplace policies, and legal requirements, to guide our practice and behavior. As we practice according to these requirements, we are fulfilling our obligation to society for ethical practice.

**THE COLLEGE OF LICENSED PRACTICAL NURSES OF NEWFOUNDLAND AND LABRADOR  
WOULD LIKE TO WISH YOU A HAPPY NURSING WEEK 2017  
AND MUCH SUCCESS IN YOUR NURSING CAREER.**



COLLEGE OF  
LICENSED PRACTICAL NURSES  
OF NEWFOUNDLAND AND LABRADOR  
LPNS - A PRACTICAL APPROACH TO QUALITY CARE



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**Unexpected places.  
Real impact.**

**Health Policy**

## National Nursing Week 2017 May 8-14



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## Nursing Education and Research Council 12<sup>th</sup> Annual Research Symposium

Date: **Thursday May 11, 2017**

Location: **Health Sciences Centre  
Main Auditorium**

### **Key note: Elizabeth Dicks BN, PhD**

Choosing Wisely NL

Adjunct Professor Medicine, Memorial Faculty of Medicine

### **A New Direction for Practice – Choosing Wisely NL**

**(Webinar for key note and plenary sessions)**

Come and see how your nursing colleagues are strengthening or enhancing nursing practice through:

- Applying evidence to practice
- Questioning practice through research
- Sharing innovations in education

#### **Registration:**

To attend in person please contact:

Tina Barry, Administrative Assistant Professional Practice-Nursing

Email: [tina.barry@easternhealth.ca](mailto:tina.barry@easternhealth.ca) Phone: 777-7792

When requesting space, it is necessary to include the names and contact information of those who will be attending.

Or to register for the webinar use the following link:

<https://attendee.gotowebinar.com/register/745868381607008002>

Coffee break and Lunch sponsored by the Health Care Foundation

***Keynote brought to you by the Health Care Foundation in Partnership  
with TD Bank Group***





# Nursing Education and Research Council Nursing Grand Rounds

2017



Date	Topic	Presenter	Location
May 25	<b>Reporting Communicable Disease: What is your responsibility?</b> <a href="https://attendee.gotowebinar.com/register/1501649584795788802">https://attendee.gotowebinar.com/register/1501649584795788802</a>	<b>Suzette Spurrell</b> MN RN CCHN(C) Communicable Disease Control Nurse Coordinator	<b>Signal Room Conference Room LAMC</b>
Jun. 29	<b>Nursing in the Age of Social Media</b> <a href="https://attendee.gotowebinar.com/register/8937942492582906883">https://attendee.gotowebinar.com/register/8937942492582906883</a>	<b>Raelene Lee</b> B.Comm (Co-op) LL.B. Legal Counsel	<b>Harbor Room (New Cafeteria Conference Room) LAMC</b>

- Please note that all rounds will occur from 1400-1500 hours on the last Thursday of the month
- Nursing Grand Rounds will not be held during December, July & August due to the holiday seasons

### Remember:

Attendance at Nursing Grand Rounds can be used as credit towards the ARNNL & CLPNNL Continuing Competency Program.

For additional information please contact Professional Practice - Nursing 777-7792

## REMINDER: KEEP YOUR INFORMATION UP-TO-DATE!

Under the College of Licensed Practical Nurses of Newfoundland and Labrador By-Laws (2014) Section 34 - Accuracy of Personal Information - all LPNs are required to keep their information on file with CLPNNL up-to-date. This includes:

- Name change  
(copy of legal documentation required)
- Mailing address
- Email address
- Employment information
- Phone numbers



If you have recently changed any of the above information, please contact CLPNNL by phone or email to update your file.



**Practice NL** is one of the many services provided by the Government of Newfoundland and Labrador to support Health Authorities within the province.

## CONTINUING NURSING EDUCATION PORTAL

Practice NL has a web portal for Continuing Nursing Education. This portal is one component of a broader provincial initiative facilitated by the Department of Health and Community Services to support the workplace and community integration of Internationally Educated Nurses (IENs).

This portal houses resources for both nurses and Regional Health Authorities including online courses (modules) and downloadable guides.

These modules constitute continuous learning activities. Following completion of each module you will select the amount of continuous learning time (one clock hour = 1 continuous learning hour) spent completing the module, to a maximum of 2 hours. You will then be able to print a certificate of completion, indicating your selected continuous learning hours for your continuous learning portfolio.

Listed below are some of the current modules that are offered through Practice NL:

- Communications in Nursing
- Medication Administration
- Mentorship – Nurses mentoring Nurses
- Scope of Practice
- IEN – internationally educated nurses
- Jurisprudence

Jurisprudence is a module that informs LPNs about the regulations within our nursing practice. The module informs LPNs about their professional roles and responsibilities. Learning objectives also include increasing awareness of current practice issues and personal and professional confidence while adapting and integrating into a health care setting.

LPNs may choose to do any of these modules as part of their continuous learning. This will become a great source for learning when the Continuing Competency Program is initiated. For more information please visit [www.practicenl.ca](http://www.practicenl.ca) (click on the Continuing Nursing Education Portal) to select courses or call 1-888-299-0676 (toll free in NL) for more information.



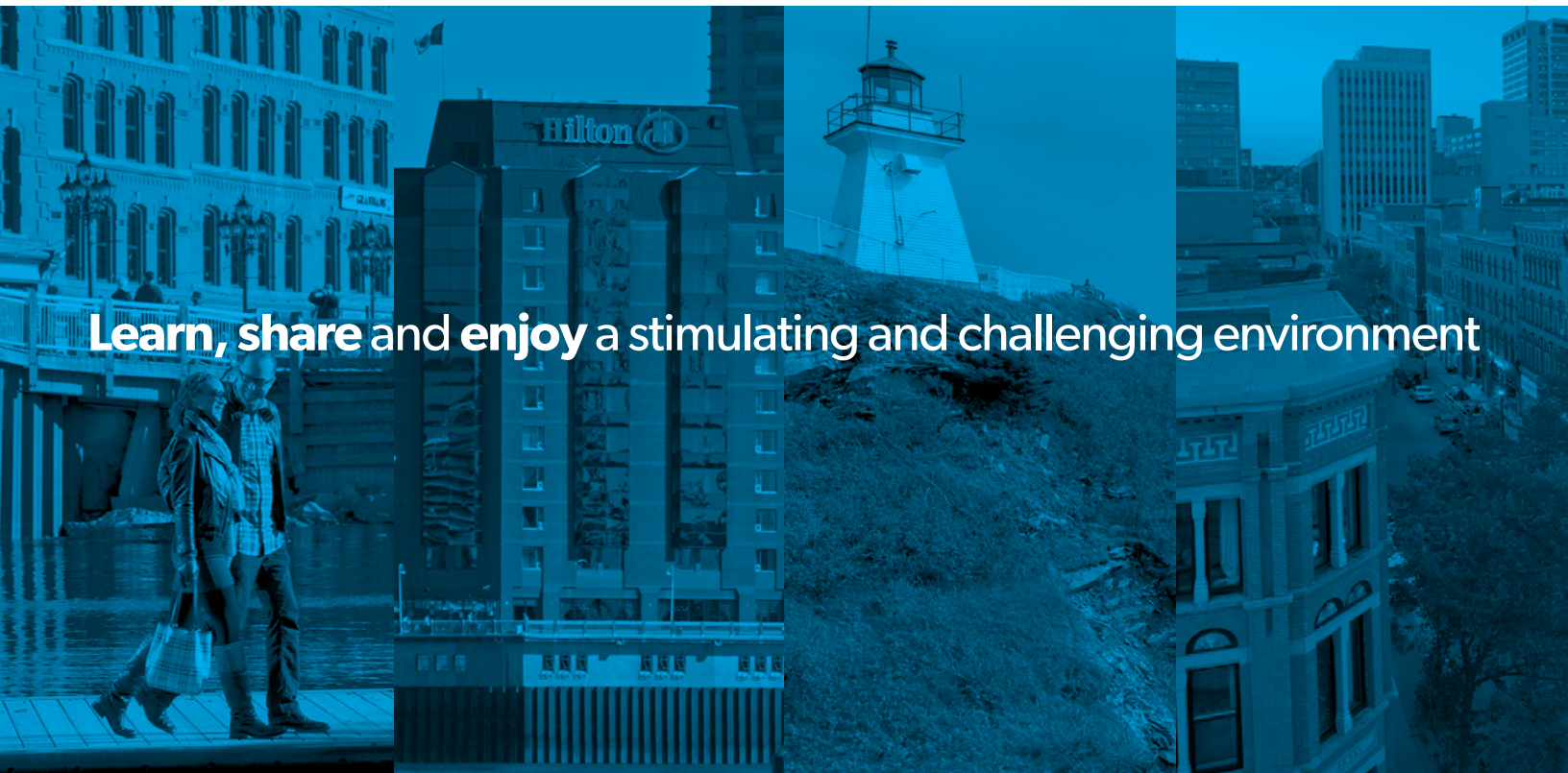


SAVE THE DATE!

May 26-28, 2017

Hilton Saint John/Saint John Trade & Convention Centre  
Saint John, New Brunswick

**Hilton Saint John** offers a magnificent location on the harbour – part of the **Bay of Fundy** and a **UNESCO World Heritage Site**. Most of the city's best attractions are within walking distance and we're even connected to the **Inside Connection Pedway**, allowing you to explore the city in comfort.



Learn, share and enjoy a stimulating and challenging environment

### Accommodations & Registration

A **special room rate of \$149.00** has been reserved for CAFCN Conference participants at the Hilton Saint John. **The special room rate will be available until May 4, 2017** or until the group book is sold-out, whichever comes first. Based on availability, this room rate will be honored 3 days pre and 3 days post conference. Conference information will be posted [www.cafcncanada.ca](http://www.cafcncanada.ca) as it becomes available.

To book your room:

[http://www.hilton.com/en/hi/groups/personalized/S/STJHIHH-FOOA17-20170525/index.jhtml?WT.mc\\_id=POG](http://www.hilton.com/en/hi/groups/personalized/S/STJHIHH-FOOA17-20170525/index.jhtml?WT.mc_id=POG)

### Why should you attend?

- Take part in evidence-based education (regardless if you are a novice or a seasoned practitioner)
- Learn, share and enjoy a stimulating and challenging environment
- Enhance your practice through new products and techniques
- Network with colleagues to share successes and challenges
- Return to your practice with new perspectives on improving client outcomes

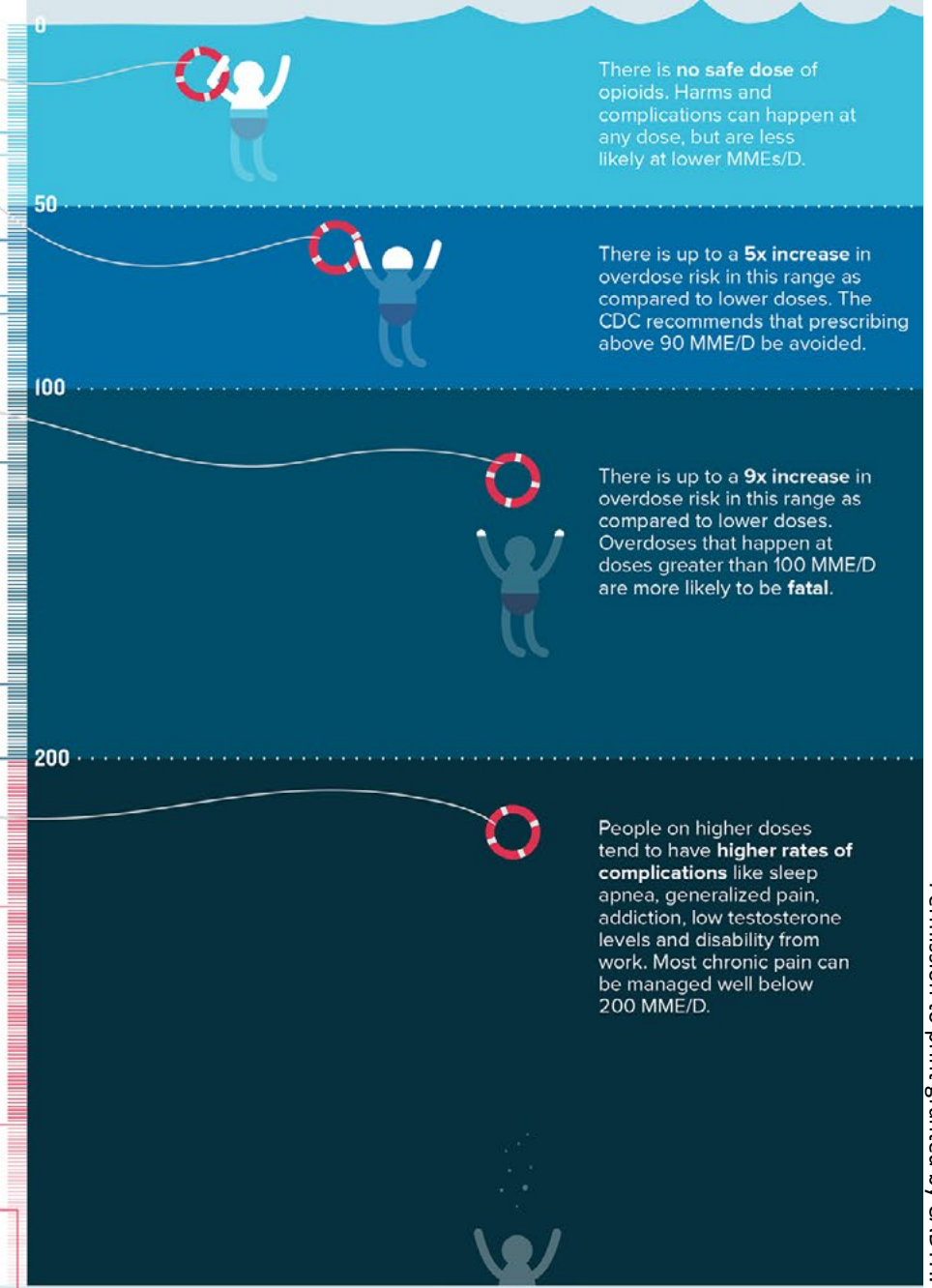
# NAVIGATING OPIOIDS FOR CHRONIC PAIN

Sometimes the best of intentions lead to devastating consequences. Canada and the U.S. are the two highest consumers of prescription opioids even though we don't have good evidence that they are effective for chronic pain. Since there are many different opioids used for the same purpose, we use **morphine equivalence** to compare how strong they are.

**AS THE NUMBER OF MORPHINE MILLIGRAM EQUIVALENTS PER DAY (MME/D) INCREASES, THE HARMS ASSOCIATED WITH OPIOID THERAPY ALSO INCREASE.**

0-50 MME/D		
Codeine Contin 100mg	2 tabs/day	30 MME
Tylenol #3	8 tabs/day	36 MME
50-100 MME/D		
MS Contin 30mg	2 tabs/day	60 MME
Percocet	10 tabs/day	75 MME
Hydromorphone 4mg	4 tabs/day	80 MME
100-200 MME/D		
Hydromorphone SR 12mg	2 caps/day	120 MME
OxyNEO 40mg	3 tabs/day	180 MME
Fentanyl 50mcg Patch		200 MME
>200 MME/D		
Oxycodone CR 80mg	2 tabs/day	240 MME
Hydromorph Contin 30mg	2 caps/day	300 MME
Fentanyl 100mcg Patch		400 MME

## IS HIGH DOSE PRESCRIBING SAVING OR SINKING YOU?



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**Home Care**

## **National Nursing Week 2017** **May 8-14**



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## Licensed Practical Nurses Insurance Programs

Lloyd Sadd Insurance Brokers Ltd. is pleased to continue providing insurance programs to Licensed Practical Nurses who are members of the provincial Colleges or Associations. Below are a few bulletins of interest about the program.

### General Liability Program

Commercial General Liability (CGL) is imperative if you are self-employed and/or contract your professional services to hospitals, clinics, other community care providers or render services to clients in their home or other locations including your own home or workplace. A CGL program including coverage for Bodily Injury, Property Damage and Tenants Legal Liability is available through Lloyd Sadd Insurance Brokers Ltd. \$2,000,000 and \$5,000,000 options are available. For more information on this program please contact any of the Lloyd Sadd team members.

### International Coverage

Coverage is available for Licensed Practical Nurses travelling outside of Canada on a short-term contract or humanitarian work. There are no additional premiums or charges associated with this coverage. The only requirement is individuals need to notify their College or Association and/or Lloyd Sadd Insurance Brokers Ltd. with respect to destination and duration of the work for International coverage to apply.

### Incident Reporting

Coverage under Medical Malpractice Liability policies is on a Claims Made and Reported basis. This means the policy responds to allegations made during the policy period regardless of when the incident in question actually took place. However; the policy stipulates incidents/claims must be reported to Lloyd Sadd Insurance Brokers Ltd. as soon as individuals first learn of an allegation or claim or the potential of one. This is extremely important as coverage could be denied if the individual does not advise in a timely manner or jeopardizes the potential of an early defence, should it be required.

For additional information, please contact a member of your service team.

August 2016

### CONTACT INFORMATION

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Edmonton, AB T5N 3W6  
(TF) 1.800.665.5343  
[www.lloydsadd.com](http://www.lloydsadd.com)



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Inner-city Clinics



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## National Nursing Week 2017 May 8-14

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### Participate in CLPNNL Committees, Working Groups and Liaison Programs

The CLPNNL is continually seeking LPNs to provide valuable input into committees and working groups. If you would like to contribute to your profession by participating in the work of the CLPNNL, please send your name confidentially to Wanda Wadman at [wwadman@clpnnl.ca](mailto:wwadman@clpnnl.ca).

The CLPNNL Liaison Program was developed to provide Liaison LPNs the opportunity to work with the CLPNNL Board and staff by supporting the sharing of information. Liaisons are volunteer LPNs who have agreed to provide information to their workplace colleagues and to provide the CLPNNL with communication from these colleagues. The Liaison LPNs provide a valuable service to the CLPNNL by posting important information in the workplace regarding elections, new documents, policies, position statements, education sessions, national nursing week, practice awards and CLPNNL services. These are just a few of the means by which Liaison LPNs assist the CLPNNL and its members. The CLPNNL would like to extend a warm thank you to all Liaisons for their commitment to the LPN profession.

If you have any practice concerns, please forward them to your workplace Liaison LPN or contact Wanda Squires LPN, CLPNNL Practice Consultant, at [wsquires@clpnnl.ca](mailto:wsquires@clpnnl.ca).

The CLPNNL is currently seeking Liaison LPNs for the following sites:

- Presentation Convent
- Kenny's Pond Retirement Home

If you would like to become the Liaison LPN for one of these sites please contact Wanda Squires at [wsquires@clpnnl.ca](mailto:wsquires@clpnnl.ca).



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