

the COLLEGE CONNECTION



COLLEGE OF LICENSED PRACTICAL NURSES OF BC

Fall 2006, Volume 11 Issue 4

Practice Liaison Project Takes Off



The CLPNBC's Practice Liaison Representatives are:

- Norma Bainbridge, Victoria General Hospital (VIHA)
- Laura Clarke, Heritage Village (FHA)
- Anita Dickson, Royal Columbian Hospital (FHA)
- Denise Evanishin, Shuswap Lake General Hospital (IHA)
- Sue Janzen, private practice (IHA)
- Michelle Lazarovich, GF Strong B.C. Rehabilitation (VCH)
- Lori Mauricio, Royal Columbian Hospital (FHA)
- Rosemarie Schweng, Terraceview Lodge (NHA)
- Frances Summerfield, private practice (VIHA)
- Leah Thomson, Queens Park Care Centre (FHA)

Four of the Practice Liaison Representatives attended the CLPNBC's AGM: Lori Mauricio, Anita Dickson, Norma Bainbridge, and Michelle Lazarovich.

Ten LPNs from across B.C. signed up to be the first Practice Liaison Representatives in this pilot project designed to improve communication between LPNs and the CLPNBC.

The CLPNBC launched the Practice Liaison Representative Program in June 2006, with the appointment of 10 LPNs from across the province. The goal of this pilot program is to have at least one registrant in each of the Health Authorities who is dedicated to improving communication between the registrants and the College. As this is a pilot, only 10 LPNs were selected this year.

"I love my profession and I get really excited about the work we do," says Michelle Lazarovich, an LPN in Vancouver, explaining why she volunteered to be one of the first Practice Liaison Representatives. "I want to be as involved as I can."

"I want to be more informed about what's going on, and to be able to speak with knowledge about our roles," explains Norma Bainbridge, an LPN from Victoria. "And I want to make a difference."

"I'm involved mainly because I want to help dispel rumours. Everyone hears things, but how do we know if they're true? This is a good way to be the right connection," adds Lori Mauricio, an LPN from New Westminster.

"There is a real need to be a voice for our profession" notes Anita Dickson, also an LPN from New Westminster.

More information about this program and the role of the representatives will be published in upcoming newsletters.

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Fall 2006, Volume 11, Issue 4

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Your comments and contributions to the newsletter are welcome. Please send them to the CLPNBC. E-mail: info@clpnbc.org

*Public members are individuals appointed by the Ministry of Health through an Order in Council.

Annual Strategic Plan

“Each year we clarify the mandate of the College:
to protect the public’s interest.”

Each year, the CLPNBC Board of Directors meets to formulate a Strategic Plan for the upcoming year. This planning session is a time for the Board to set priorities and goals, as well as to evaluate the previous year’s activities. It is the role of the Executive Director to report on the previous year and carry out the goals set for the coming year.



Strategic-planning sessions have been part of your Board’s activity for the last three years. The entire Board and the Executive Director participate. This year, the Board met for a day-and-a-half in Harrison Hot Springs. Since Board members have such busy schedules, planning sessions provide a unique opportunity for the Board to meet as a whole to discuss both long-term (three to five years) and short-term goals. Meeting offsite allows the Board to focus on the business of the College without the normal interruptions of the workplace.

Reflecting on previous goals, as we did at the planning session, we have made tremendous strides over the past three years. The Board determined that they had set appropriate goals and accomplished all of the goals set. These included increasing support for registrants, reducing operational costs of the College, and adding value to the supports that registrants can obtain.

Another important item on the agenda for planning sessions is to introduce and initiate new Board members to the business of the College. The planning session is often the first opportunity for new Board members to immerse themselves in our activities. Most importantly, planning sessions provide the opportunity for the Board to clarify the mandate of the College, which is to protect the public’s interest.

The professional facilitator for this year’s planning session was Ross Ramsey. Mr. Ramsey has been actively involved as both a facilitator, and directly as an Executive Director for both not-for-profit and for-profit organizations in developing strategic plans. We spent the first afternoon of the session reviewing governance models, identifying educational opportunities, and redefining the roles and responsibilities of Board members.

On the second day of the session, we reviewed our accomplishments over the past three years. An environmental scan of the sector was provided to the Board in order to identify our strengths and weaknesses. The Board then identified goals for next year which will assist the Executive Director in developing an operational plan to implement those goals.

This year’s planning session was well attended and productive. I encourage registrants to get involved in the Board and the College. It provides a unique opportunity to develop leadership skills and to become stewards of the regulatory organization that represents your profession.

Robyn Dyck
Chair, Board of Directors
College of Licensed Practical Nurses of BC

Using the Phrase “Scope of Practice”



How many times have you heard the term “Full Scope”? You have probably heard, “now that we are working to Full Scope,” or “now that our scope has expanded.”

Not one of the above terms and phrases is correct!

Daily, the College staff hear these words from registrants, employers, and educators. In most cases, it is cause for alarm because these terms tend to set in motion assumptions and expectations that are wrong, and which suggest that the profession is doing something that it is not authorized to do. Accordingly, the CLPNBC has taken an active approach to clarify the misunderstanding surrounding these phrases and terms.

In recent months, the importance of these terms and how they come to be misunderstood has become evident as

SCOPE OF PRACTICE

4 A registrant may provide such nursing services related to the care of patients as are consistent with his or her training and

the CLPNBC continues to develop the Competency Profile document. Some have incorrectly viewed the intent of the document as being an exercise that is guided toward increasing the Scope of Practice for LPNs. That confuses the efforts of the CLPNBC to clearly articulate the entry-level competencies of a B.C. LPN within the Legislated Scope of Practice with an attempt to expand the scope of practice under which LPNs are able to provide

nursing services. Let me state clearly that the College’s development of the Competency Profile does not and is not intended to expand the Scope of Practice that is legislated for LPNs in this province. Rath-

LIMITATIONS ON PRACTICE

- 5 (1)** Except in an emergency, all nursing services provided by a registrant must be carried out under the direction of a medical practitioner who is attending the patient or under the supervision of a registered nurse who is providing services to the patient.
- (2)** Subject to section 4, a registrant may provide a nursing service for a patient in a private home provided that the attending medical practitioner gives directions.
- (3)** A registrant may not provide nursing service to patients except in accordance with this section and section 4.

er, its purpose is to assist the registrants in understanding what is expected of them in the way of their competence, and what is expected of educational programs in being able to offer practical nursing training that meets the requirements for registration of new graduates.

Because of this misunderstanding, the CLPNBC has taken a proactive approach by ensuring that whenever we speak about Scope of Practice, it is the “Legislated Scope” to which we refer. Thus, you will see in our documents that we make reference to the Legislated Scope of Practice, because that is the legitimate Scope of

Practice in our view. You, as registrants, bring a range of competencies within the Legislated Scope. This range differs among LPNs depending on changes in their work environment, experience, and other factors. However, it is possible for LPNs to be using an increasing number of competencies, all within the existing legislated scope that government has given the profession through the Health Professions Act and the Licensed Practical Nursing Act.

As more employers begin to utilize their LPN nursing staff to a different degree than in the past, it is more critical that the words each of us use to describe what we are doing, and under whose authority we are able to perform these functions, are chosen properly and accurately.

We can liken this to looking at a large box. The box is the Legislated Scope of Practice granted to the profession by government. Within this box is the ability for all registrants to use a range of competencies in order to meet the requirements of the work they are doing. You will see the College describe these as the “range of competencies” that an LPN is able to use.

Over the next few months and into the future, you will see an increased use of these terms, as well as more information regarding what competencies are and how they relate to your practice. But, before we can achieve these goals, we must be very precise as to what it is we are describing in order not to cause problems for you as registrants, or for employers, educators, and the public.

*Gordon MacDonald
Executive Director/Registrar
College of Licensed Practical Nurses of BC*

*The above regulations are drawn directly from the Health Professions Act and the Licensed Practical Nursing Act.

LPN Self-Assessment Workbooks

“Do I have the knowledge for this task?”

The LPN Self-Assessment Workbooks are competency tools that assist LPNs in validating and evaluating their own competencies. When an LPN asks him/herself, “Am I competent for this task?,” the Workbooks can help.

These tools are designed to support LPNs in reaching the full range of their competence in a given area. They are available free of charge as a download from our website, or registrants can purchase hard copies through the College.

The Pharmacology Workbook was published in 2004, after the CLPNBC’s Board decided to require pharmacology competence for LPNs. This tool has been in use for nearly three years.

In the past, there was no established

method that allowed LPNs to assess their own competencies. As professionals, and as part of the Standards of Practice for LPNs, all registrants have a responsibility to assure the public and themselves of their continued competence.

LPNs working in administrative roles or in residential-care settings may not routinely use the full range of their education, and gaps can develop in their competence. The Self-Assessment Workbooks can help LPNs keep their knowledge current. Barb Eagle, Nursing Practice Consultant with the College, says, “These tools are resources that allow LPNs to examine what they know and what they need to know. Then they can decide what to do if the two don’t match up.”

The Workbooks can also identify gaps

in competence so that LPNs and employers are able to develop proper remedial upgrades to bring competencies back to the appropriate level. Our Workbooks are used to address the same need for LPN Regulatory bodies in other provinces. In Alberta, the College of LPN’s directs its Registrants to our resource tools.

LPNs who have accessed the Self-Assessment Workbooks say that it enhances their practice skills and answers questions about their Scope of Practice. The material in the Workbooks validates what LPNs know, and defines what they are required to know. Further, it identifies gaps between the two, so that each individual can formulate a course of action for upgrading skills, when necessary.

The Collaborative Nursing Tool Kit

Our goal is to improve patient outcomes.

In January of 2006, the Ministry of Health published Collaborative Nursing Practice in B.C., a tool kit for cooperative nursing care. Funded by the Ministry of Health Services, the creative team included Ministry staff, Chief Nursing Officers, Registered Nurses, Registered Psychiatric Nurses, and Licensed Practical Nurses. The goal of the tool kit is to improve outcomes for patients.

This combination resource manual and exercise workbook provides tools for improved communication among members of the nursing team. Communication has been identified as a major problem as nurses

have struggled with collaborative practice. Employers can use this resource to encourage cooperation and teamwork in the health-care team.

Historically, nurses worked within a strict hierarchy of authority, which did not encourage collaboration or consultation. The concept of collaboration and teamwork benefits patients and ensures the appropriate use of available resources.

Among the three nursing groups—RNs, LPNs, and RPNs—there are significant differences in special skills, scopes of practice, and areas of responsibilities. The Collaborative Nursing Practice guide facilitates teamwork to improve the work environment, while providing the best possible care for patients. This collaborative work

method includes other health-care professionals such as occupational therapists, physiotherapists, and respiratory therapists. The CLPNBC supports good practice and on-the-job collaboration. You can access this tool kit at www.clpnbc.org.



Barb Eagle, LPN,
Nursing Practice Consultant at CLPNBC



A question often asked by registrants is whether LPNs are responsible to report incompetence or other misconduct that they have observed in fellow LPNs or other health-care professionals. In other words, is there a duty to report?

The answer to this question is governed under both the Health Professions Act (HPA), which is the legislation that governs the College of Licensed Practical Nurses of B.C.; and the bylaws of the College, which comprise the sub-legislation that governs the LPN profession. Section 32.2 of the HPA requires an LPN to make a written report to another health professional's college if the LPN, on reasonable and probable grounds, believes that the other health professional's continued practice might constitute a danger to the public. Once the report is made to the registrar of the other health professional's college, the registrar of that college is legally obligated to investigate and deal with the other professional's practice.

“LPNs have a legal duty to report misconduct and incompetence.”

Under section 32.3 of the HPA, if an LPN (or other health professional governed under the HPA) is admitted into the hospital for psychiatric care or treatment or for treatment for addiction to alcohol or drugs, the officer of the hospital and the medical practitioner treating the LPN must report the fact of that LPN's admission to the College of Licensed Practical Nurses and the College must deal with the LPN's right to practise.

Under Section 32.4 of the HPA, an LPN

who has reasonable and probable grounds to believe that another LPN has engaged in sexual misconduct is required to report that to the registrar of the College of Licensed Practical Nurses. Before making such a report, the LPN must obtain the consent of the patient or the consent of the parent or guardian of the patient, if the patient is not competent to consent.

The above provisions of the HPA are augmented by the College's Bylaws in respect of the duty to report. Under section 60 of the Bylaws, the LPN has a duty to report another LPN to the College where the LPN has reasonable grounds to believe that his or her colleague:

- (a) has sexually, physically, verbally, psychologically, financially, or otherwise abused a patient;
- (b) is practising in an unsafe manner that constitutes a danger to the public;
- (c) is exhibiting conduct that suggests a physical or mental ailment that may affect the LPN's ability to practise and may constitute a danger to the public;
- (d) has delegated components of care to another caregiver without having regard to the competence of the individual; or
- (e) is practising in contravention of the Standards of Practice and Code of Ethics for Licensed Practical Nurses in B.C.

Furthermore, the Bylaws confirm the obligation of an LPN to report another health professional to that individual's professional body where the LPN has reasonable grounds to believe that there has been abuse of a client as defined above; or where the other health professional is exhibiting conduct that suggests a physical or mental ailment, emotional disturbance or impairment due to substance abuse that may af-

fect that individual's ability to practise and may constitute a danger to the public.

Therefore, the LPN professional does not have an option as to whether to report where there are reasonable circumstances to believe the contraventions, as set out above, exist. The obligation to report is required under law: both under the Health Professions Act and under the Bylaws of the College.

The Health Professions Act expressly provides an immunity that prevents an LPN, who makes a report in good faith based on reasonable and probable grounds, from being sued for damages for making such a report. In making a report, the LPN should set out the grounds that have led him/her to file the report. In this way, the complaint can be properly assessed by the College of Licensed Practical Nurses if the complaint is against another LPN; or by the Registrar of the applicable regulatory body if the complaint is against an individual who is a member of another health professional body.

If you have any concerns about the scope of an LPN's duty to report, please contact the CLPNBC.

Helen H. Low, LL.B.

Fasken Martineau DuMoulin LLP

Barristers & Solicitors

Vancouver

Advertisements of any kind in this newsletter do not reflect the position of the CLPNBC. Further, the College holds that any person using the LPN title MUST hold current registration with the College of Licensed Practical Nurses of British Columbia. Holding oneself out to be part of this regulated profession when not currently registered is illegal.

Continuing Education Adds Competence

How you can upgrade your training for special circumstances.

Immunization

Continuing education offers LPNs the opportunity to gain competencies in specialized areas of nursing practice. LPNs should never practise in areas outside their level of competence for fear of compromising the health of patients and/or breaching their Standards of Practice.

The need for an immunization course for LPNs was identified in 2004, when inquiries about influenza vaccines flowed into the CLPNBC office. In response to these requests, the College purchased the immunization course from the College of Licensed Practical Nurses of Alberta. We are now brokering the course to employers and educational institutions, such as

Vancouver Community College, which offers the immunization course in the Lower Mainland.

LPNs are trained in their basic programs to deliver subcutaneous and intramuscular injections, but vaccinations require specialized knowledge about potential negative reactions, such as anaphylactic shock. The immunization course offered by schools such as VCC can assist LPNs in acquiring these competencies.

Call CLPNBC for information on schools offering the immunization course.

Leadership

Vancouver Community College offers a course called Fundamental Leadership Skills for LPNs. It is a three-day course aimed at broadening the knowledge provided in a typical PN curriculum in

relation to leadership.

In the current health-care system, LPNs often find themselves in leadership roles, especially in long-term care facilities, where they are responsible for supervising unregulated care providers such as residential-care attendants and home support workers.

If you are in a team leader role or would like to prepare yourself for supervisory roles, you may want to increase your competence in this area. The Fundamental Leadership Skills course includes instruction on leadership philosophies, emotional intelligence, leadership styles, problem solving, communication, team building, and conflict resolution.

Call VCC @ 604-443-8635 for more information.

Making Education a Priority

Recently, the CLPNBC developed a new process for recognition of Practical Nursing Programs in B.C. In the past, the CLPNBC provided accreditation of programs offering PN education.

The College felt that this accreditation process required review, since it reached beyond the legislated authority granted to a regulating body such as CLPNBC. Section 16 (2) of the Health Professions Act states, as one of the objectives of a College, that “a College should establish standards of academic or technical achievement as well as the qualifications required for registration as a member of the College.” This is only possible when a program is reviewed to assure compliance with this requirement.

In order to meet this objective, the existing accreditation process was termi-

nated and a new process was developed. The new education program recognition process assures compliance of educational programs by engaging independent contractor curriculum evaluators on behalf of the CLPNBC. They review the curricu-

Ensuring new grads receive a quality education is our job.

lum, resources, and clinical placements required to support a sound education program that meets the requirements of the CLPNBC Board. Evaluators are required to submit a report and letter of recommendation to the CLPNBC Education Advisory Committee. If the Committee is satisfied with the evaluator’s assessment, it

makes a recommendation to the Board. In addition, all educational programs will be required to submit an Annual Report to the CLPNBC Education Advisory Committee. This last requirement will be implemented as programs reach the limit of their prior accreditation period, which, in some cases, may have been granted for as long as five years.

The new education recognition process has also resulted in a restructured Education Advisory Committee, which now includes all stakeholders: representatives of the Chief Nursing Officers, private and public educational institutions, unions, employers, and registrants. This revamped process will ensure that LPN students receive the education necessary to practise as safe, ethical, and competent nurses.

CIHI Annual Report

Why do we ask you all those questions?

Do you ever wonder why the College asks for all that information on your registration form? The Canadian Institute for Health Information (CIHI) collects data from 20 health-care jurisdictions nation-wide in order to analyze how our health-care system is serving Canadians. This information informs health-care policymakers as to issues and trends occurring within the nursing sector. The goal is to ensure the optimal use of resources, thereby improving health outcomes for everyone.

On October 18, 2006, CIHI released its second national report on Licensed Practical Nurses. The report shows wide variations in the number of LPNs from

province to province.

This report, entitled *Workforce Trends for Licensed Practical Nurses in Canada, 2005*, shows the range in number of LPNs per capita. It ranges from a low in B.C. of 10.3 per population of 10,000, to a high of 51.9 in Newfoundland.

In 2005, there were 64,951 LPNs employed in practical nursing in Canada. LPNs make up 20.2 per cent of all professional nurses in the country.

The places of work in the LPN workforce also varied substantially. Of Canada's LPNs: 36.4 per cent worked in long-term care; 47.9 per cent in hospitals; 6.5 per cent in the community; and 7.3 per cent in other settings. LPNs comprise the second-largest health-care provider group in Canada.

Across the country, approximately 47 per cent of LPNs worked full time, and

16.6 per cent worked on a casual basis. The average age of an LPN at the time of graduation between 1980 and 1984 was 23.5 years, compared to 30.8 years for graduates from 2000 onward. Women made up 93.2 per cent of the LPN workforce. Almost half of male LPNs worked in Quebec, and the majority of LPNs (in Canada) are graduates of Canadian programs.

CIHI will use this report to create a complete picture of Canada's nursing workforce, which will provide information that the professions, governments, and employers will use to plan for the future of our health-care workforce.

(Source: Canadian Institute for Health Information, www.cihi.ca)

Fresh faces

Belinda brings a depth of knowledge to the College.



Executive Assistant Belinda De Sadeleer joined the College in May of this year. Ms. De Sadeleer has previously been employed as an Office Manager and an Executive Assistant to other Executive Directors. She has experience with the Aboriginal community in the areas of health care, edu-

cation, and employment.

Belinda received her education in Canada, Europe, and South America, and is trilingual (English, Spanish, and French). Her knowledge of governance issues will be invaluable to the CLPNBC. Welcome aboard Belinda!

Correction

In the Summer 2006 issue of the College Correction, we incorrectly identified Pat Burke (photo on page 8) as an LPN. Mr. Burke is not currently a registrant with the CLPNBC. We apologize for this error and any confusion it may have caused.

Registration Notice

The 2007 registration forms have been mailed. If you are registering for 2007 with the CLPNBC, please complete the form and submit your payment by December 1, 2006. If you have not received a 2007 renewal form, please contact the office at 604-660-5750 or 1-888-440-6900.

For more information, go to www.clpnbc.org.

CPNRE Update

On September 13, 2006, 390 candidates in B.C. wrote the (Canadian Practical Nurse Registration Examination). Of those who sat for the exam, 366 passed and 24 failed. There were students from 19 Practical Nursing programs participating in this examination session, as well as 44 students from other provinces, other countries, and RN students.

Across the country, 2053 individuals wrote the exam and 1680 passed. The national pass rate was 81.8 per cent, while the pass rate for B.C. was 93.8 per cent.

According to Tania Jackson, Registration Assessor and Examinations Coordinator for the CLPNBC, there are different ways for an applicant to become eligible to write

the CPNRE. B.C. PN graduates of a recognized PN program will receive an application for the exam from their school when they near the end of their program. Other candidates may write the exam if the CLPNBC has assessed their qualifications and recommends them for examination. In this second case, applicants will receive a letter of assessment and an exam application from the College.



Tania Jackson, Registration Assessor and Examinations Coordinator, CLPNBC



LPNS

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Do you need a permanent position? Or a flexible on call schedule?
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Hawthorne Seniors Care Community

Hawthorne Seniors Care Community is conveniently located close to downtown Port Coquitlam.

Hawthorne Seniors Care Community operates under contract with Fraser Health to provide 131 complex care beds and 85 Adult Day Program spaces. We recently opened new state-of-the-art "Care Cottages". And our...

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Hawthorne Seniors Care Community, 2111 Hawthorne Ave., Port Coquitlam, B.C. V3C 1W3
By fax: 604 941 5829 By email: mezzet@hawthornecare.com



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Behind the Scenes at the CPNRE



Elaine Kott, LPN, is responsible for making sure that things run smoothly during the CPNRE in Vancouver.

As the CPNRE's Presiding Officer in Vancouver, Elaine Kott, LPN, deals with new practical nursing graduates three times a year.

When candidates come to Vancouver to write the Canadian Practical Nurse Registration Exam (CPNRE), it's up to Elaine Kott to make sure things run smoothly. Most of the time, she works as an LPN on the acute care and surgical day care units

at Richmond Hospital, as well as at the Pretrial Services Centre in Surrey. But three years ago, she took on an additional role as Presiding Officer for the CPNRE in Vancouver. With over 15 years of experience as an invigilator with the Medical Council of Canada monitoring internationally educated doctors writing their medical registration examinations, Elaine was well qualified to take this position in 2003 for the College of LPN's.

Elaine is responsible for supervising invigilators for the examination held the one day in January, May and September of every year. The number of invigilators varies, but usually it's a ratio of one invigilator for 20 candidates. "The invigilators

come from all walks of life, with experience in many different kinds of positions," says Elaine. A few come trained; however, most of them receive on the job training. Overall, invigilating requires constant monitoring and scrutiny.

The LPN program is an intense 12 month course of study followed by a very challenging examination.

The most interesting part of Elaine's work with the CPNRE is seeing all of the enthusiastic candidates. "There are a lot of excited people who are more than ready to write their final examination, and then start working in various facilities with the well earned title of Licensed Practical Nurse," concludes Elaine.

Continuing Competency Program

The Health Professions Act requires that all regulatory bodies, like the CLPNBC, ensure that their registrants stay current with regard to individual competency. The competencies required of all LPNs are those identified by the College. In the past, a number of registrants would be randomly selected for audit by being asked to complete the GROWTH booklet. (The College is moving away from this survey toward a new Continuing Competency Program.) As the issue of continuing competency becomes of increased importance, the CLPNBC has begun development of a new continuing competency program. In the future this will become part of every LPN's annual registration process with the College.

Competency is defined as a com-

bination of knowledge, skills, clinical judgment, and professional attitude. The College insists on Continuing Competency for all LPNs. Employers are also aware that professional nurses have an obligation to remain current in their competencies.

Competency = Knowledge + Skills + Clinical Judgment + Professional Attitude

The Continuing Competency Program is an online resource developed to address competencies for fundamental and specific areas of practice. This is one of the first online continuing competency programs for nurses. Russell Sawchuk, who developed the program and is working on programs for other health-care professionals, developed this leading-edge tool.

"This is an individual continuing competency assessment program," says Janice Harvey, Nursing Practice Consultant with the CLPNBC, "that is context specific and focus on the individual LPN's practice. It reflects one's current rather than past practice activities."

When a registrant accesses the on-line component of the Continuing Competency Program, the results will be collected for and sent to that registrant. The College will also receive notification that the registrant has completed the program and will then conduct random verifications. The system allows for data collection, identification of educational gaps, and tracking of trends. This data can be shared with employers, educators, and registrants alike.



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ENSURING SAFE, COMPETENT, AND ETHICAL NURSING PRACTICE

The College of LPNs of BC is the regulatory body established under the Health Professions Act to regulate the practice of Licensed Practical Nurses in B.C. in the public's interest. In order to respond to the growth within the profession and increased practice issues, the College is seeking a seasoned professional to join our team.

PRACTICE CONSULTANT

The College is seeking an individual for the position of a full-time Practice Consultant.

The primary responsibilities will be to provide practice support to registrants and employers, and to facilitate consultations and educational workshops regarding LPN Standards of Practice, Scope of Practice, and other practice issues. The position reports to the Executive Director/Registrar.

If you hold current full LPN registration, have at least 5 years practice experience as an LPN, and have superb facilitation, communication, and presentation skills, we want to hear from you. A Diploma or Certificate in Adult Education would be an asset.

Interested individuals are asked to forward a letter of interest and a copy of their resume by December 31st, 2006 clearly marked to the attention of:

***Mr. Gordon MacDonald, Executive Director/Registrar
College of LPNs of BC,
Suite 260 – 3480 Gilmore Way,
Burnaby, BC, V5G 4Y1***

All applicants are advised that only those individuals selected for an interview will be contacted. The College thanks all individuals who submit applications for this position.

Further information about the College is available on our website at www.clpnbc.org or by calling the College @ 1-888-480-6900 or 604-660-5750. Full PDF Job Descriptions are available on the website.

You Asked Us

Immunization requires specialized training.

Q. If I am asked to immunize an infant, will I jeopardize my registration if I grant this request?

A. Yes, you will. Immunization requires a special skill set and knowledge base that is not part of basic training for LPNs. You can acquire these competencies through continuing education programs such as the immunization course currently being offered by a number of schools in B.C. (See “Continuing Education Adds Competence” story on page six of this newsletter.) When you encounter a situation like this, you should first reflect on your Standards and Scope of Practice, and ask yourself if you have the competence to perform the task. If you have taken the immunization course, you are only licensed to immunize patients 5-years-old and up. Even with this course, immunizing infants is outside the Scope of LPN practice. The College recommends that you educate your employer about your Scope of Practice to prevent future misunderstandings.

The “You Asked Us” column is a regular feature in every newsletter. If you have a question that you would like to ask the CLPNBC and you think that your fellow LPNs would also be interested in learning the answer, please send it to Janice Harvey, Nursing Practice Consultant, e-mail: jharvey@clpnbc.org.

We will answer all questions; however, due to space limitations we may not be able to publish every one. The answers to many frequently asked questions (FAQs) can be found on our website (www.clpnbc.org) under the FAQ banner.

Did you know?

All of the resource documents published by the CLPNBC are available free of charge on the new website, www.clpnbc.org. Find out what’s new with the College by checking it frequently.

Can’t find what you’re looking for on the website? Use our website search engine. We welcome your feedback!

*The Board and Staff of the
CLPNBC wish you a Safe and
Festive Holiday Season.*

2007 Calendar

BOARD MEETINGS:

LPNs are invited to attend all CLPNBC Board meetings (excluding in-camera sessions). The meeting dates for 2007 will be set by the Board at its meeting on December 7.

DECEMBER 7

Time: 10:00 to 16:30

Location: CLPNBC Boardroom

All inquiries regarding the CLPNBC Board meetings should be directed to Belinda De Sadeleer, Executive Assistant. E-mail: bdesadeleer@clpnbc.org.