

# Hand in Hand

SALPN Newsletter - 2010 Edition 4



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## Saskatchewan Association of Licensed Practical Nurses

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## SALPN Council & Staff

### President

Kim Kehrig, LPN

### President Elect

Rachel Kennedy, LPN

### Members at Large

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Pauline Mason, LPN	Zone 2, North
Kari Pruden, LPN	Zone 3, Saskatoon City
Erin Ward, LPN	Zone 4, Regina City
Carol Kosedy, LPN	Zone 5, East

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Cara Brewster, LPN

### Assistant Registrar

Bonnie Downes

### Practice Consultant

Lynsay Donald, LPN

### Office Manager

Sherry Husband

### Investigator

Della Bartzen, LPN

### Admin Assistant

June Horsman

See Page 6 on how to win  
a Sony Laptop or  
Air Canada  
Travel Voucher

# REMEMBER

License Renewal Deadline  
December 1, 2010

# PRESIDENT'S LETTER

The past few months have been busy as I have been attending meetings of the SALPN Council, professional conferences and chatting with health care providers in the workplace. It seems the word that keeps coming up over and over is **leadership**.

What concerns me is how often I hear us talking about leadership as if it is something for **someone else** to display. From time to time, we talk about the need for more leadership in health care from middle management, senior executives and even elected representatives. Let's not sell ourselves short, all of us as Licensed Practical Nurses have an important leadership role in health care.

The simple definition of leadership is "the ability of a person to enlist the aid and support of others to achieve a common task". Leadership does not require a 'title' or an executive position. Every LPN has the ability to show health care leadership every day.

Leadership can be as

simple as our professional presence in the workplace – everything from dress to conduct and attitude.

Leadership can be as straightforward as fostering an open and accepting relationship with all members of the health care provider team. How often do we give a helping hand to those who are new in the workplace? How often do we offer support and advice to experienced co-workers when they are having difficulties?

We can all display leadership through the integrity and pride with which we perform our professional nursing duties. Professional leadership includes a willingness to step forward and speak for or against health care change in a respectful and knowledgeable way.

I believe leadership is more than a buzz word in health care. It is a value that each of us has the power to provide to others in our every day lives. We can all be leaders, and we can start by looking within ourselves.

**Kim Kehrig,  
President**

**LEADERSHIP – THE ABILITY  
OF A PERSON TO ENLIST  
THE AID AND SUPPORT  
OF OTHERS TO ACHIEVE  
A COMMON TASK**



**KIM KEHRIG, PRESIDENT**

# EXECUTIVE DIRECTOR'S REPORT



**COLIN HEIN, EXECUTIVE DIRECTOR**

One of the common questions I hear from the public is “who is an LPN”? This isn’t always an easy question to answer. We as a staff and council work to ensure LPNs have the education, knowledge and competencies to perform in their respective roles. However, we also have a primary function to educate the public and ensure their safety. It is with this lens that we developed a brochure to distribute to the public, colleagues, allied health professionals and future LPNs. The content of “who is an LPN” is below and you will soon see it on the web site and distributed in hospitals, nursing units, care facilities and schools province wide. If you are interested in having copies for your facility or school please contact our office.

## **Saskatchewan Licensed Practical Nurses (LPNs)**

Licensed Practical Nurses (LPNs) are professional nurses who work within their own scope of practice, standards of practice and code of ethics. LPNs are one of three

categories of professional nurses in Saskatchewan and continue to excel as frontline nurses involved in the planning, assessment, implementation, and evaluation of nursing care. There are approximately 2800 LPNs registered to work in Saskatchewan.

LPNs study from the same body of nursing knowledge as Registered Nurses (RNs) and Registered Psychiatric Nurses (RPNs) with a focus on foundational knowledge, critical thinking, and clinical judgment.

Saskatchewan LPNs have the knowledge, skill, judgment, and abilities to contribute in all phases of the continuum of care from prevention to acute treatment and management, to long term and palliative care. Depending on where they work, Saskatchewan LPNs can have independent or interdependent roles on the health care provider team.

## **Education**

LPNs in Saskatchewan graduate with a two-year diploma in practical nursing

offered at the college level. The program provides 1776 instructional hours including 704 hours of theoretical instruction and over 900 hours of clinical/lab experience.

There are numerous post-graduation learning opportunities for LPNs. Specialty education is available in many areas such as immunization, advanced orthopedics, renal dialysis and operating room procedures.

There are also additional certificate programs available to LPNs in areas such as mental health, chronic disease management, leadership, gerontology, wound care, foot care, and palliative care.

## **Role and Scope of Practice**

LPNs in Saskatchewan practice autonomously and assume full responsibility for their own practice. As trusted and respected professional nurses, LPNs serve individuals, families, and groups, assessing their needs and providing care

and treatment as appropriate. LPNs are accountable for their own nursing practice and as with any professional, are expected to seek assistance when the needs within their practice go beyond their competence level.

There are many roles within Saskatchewan for LPNs in areas such as: acute care, long term care, community programs, primary care clinics, education, occupational health and safety, public health, and leadership. Currently over 60% of LPNs in the province work in acute care, 27% work in long term care and nearly 10% are employed in community-based care.

LPNs advocate for clients related to all areas of practice including the human, physical, and financial resources necessary to provide safe, quality nursing care. LPNs work collaboratively with clients, their families, and the remainder of the health care provider team to

ensure continuity of care and quality health service delivery.

## **Regulated Professional Nurses**

As a self-regulating profession, LPNs must meet registration requirements set out by the Saskatchewan Association of Licensed Practical Nurses (SALPN). The SALPN is mandated through the "Licensed Practical Nurses Act 2000" to regulate the profession of Practical Nursing according to its Bylaws and Standards of Practice, in a manner that protects the public. In addition to overseeing the registration, standards and competencies of the profession, the SALPN is the counseling and disciplining body for Licensed Practical Nurses in our province.

## **SALPN**

As the governing body for LPNs in Saskatchewan, the SALPN supports collaborative practice and patient-centered care utilizing best practice approaches. The SALPN currently works with the Ministry of Health, the

Saskatchewan Registered Nurses Association (SRNA) the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS), other regulated health care provider organizations, employers, members, educators and unions to collectively work toward excellence in nursing care for the people of Saskatchewan. With our mandate of public protection, the SALPN welcomes public inquiry and participation to help us achieve our goal of a patient and family centered health system.

For further information on our role, policies and governing structure please visit [www.salpn.com](http://www.salpn.com)

You can also contact:

Colin Hein  
Executive Director

Saskatchewan  
Association of  
Licensed Practical  
Nurses

[exdir@salpn.com](mailto:exdir@salpn.com)  
306 525-1436

**Colin Hein,  
Executive  
Director**

# 2010 SALPN PROFESSIONAL DEVELOPMENT DAY

## Professional Presence

Tuesday, October 26, 2010

### Delta Regina

1919 Saskatchewan Drive  
Regina, SK

Member Fee: Early Bird - \$80.00 – After September 24, \$95.00

Student Fee: \$50.00

Join us for a day of focusing on our professional image and how we present ourselves and our profession to others.

Our keynote speaker will be Brenda Robinson.

### BRENDA ROBINSON



Brenda is a speaker, trainer, writer and consultant with a passion for working with people. She has been addressing groups for over twenty years on topics related to communications, humour, laughter, positive working skills and wellness in general. It is Brenda's belief that we are on a life long learning journey and that it should be an enjoyable, exciting and interesting travel time.

Join Brenda to listen, laugh and learn about other people, about yourself and about other stuff we may need and want to know.

For Guest Room Reservations Contact:

Delta Regina

1919 Saskatchewan Drive, Regina

Book under Event Code: ID # 0LI102510

1(306)525-5255 or 1(800)209-3555

**This is a scent free event.**

Registration form on back of Newsletter

# 2010 PROFESSIONAL DEVELOPMENT DAY AGENDA

## Professional Presence

Tuesday, October 26, 2010

Registration & Continental Breakfast	0800 – 0845
Introductions	0845 – 0900
<b>Patient Safety – Donna Davis</b>	0900 – 1030
Break	1030 – 1045
<b>Professionalism in Nursing – SIAST</b>	1045 – 1145
Lunch	1145 – 1245
Introductions	1245 – 1300
<b>Professional Look</b>	1300 – 1330
<b>Keynote Speaker – Brenda Robinson</b>	1330 – 1530
Concluding Remarks and Evaluation	1530 – 1600

*This Professional Development Day is worth 2 CEP points.*



# 2011 LICENSE RENEWAL

## 2011 License Renewal – Deadline December 1, 2010 Online Registration has officially arrived at the SALPN!



There are many benefits to using Online Renewal: it is quick and easy, secure, environmentally friendly and available 24 hours a day. Renewing online will allow our members to update their personal profile at any time throughout the year. Information that can be updated on your profile includes: contact information, current employer and employment status.

**To promote the utilization of Online Renewal this fall, the SALPN and Alinity - SoftWorks Group (database provider) is offering an opportunity for our members to win a Sony VAIO E Series laptop computer if they register online prior to midnight on November 15, 2010 using their VISA or MasterCard. On behalf of the SALPN and Alinity we want to encourage early online renewal in order to be registered for this draw.**

**In an effort to include all our current members, the SALPN is also offering an opportunity to win a \$400.00 Air Canada gift of travel certificate for those whose paper-based renewal form is received in the office or post marked by November 15, 2010. Draw will be made December 1, 2010 to allow for mail delivery.**

### Online LOGIN Information

Online login information is included in this Package.

### Online Renewal and Security

Online Renewal guarantees immediate assurance that the 2011 Renewal form is complete once submitted. Drop down boxes ensure that the correct data is entered and

members are made instantly aware of any incomplete sections. There are HELP sections available to clarify commonly asked questions. Fees must be paid by either VISA or MasterCard.

If paying for Online Renewal or simply updating your personal profile, you can rest assured that your valuable information is private and secure. Security information can be found on the website.

### Renewal Fees and Deadlines for Practicing Status

#### 2011 Renewal

Fees Paid On or Before December 1 – \$400.00  
Fees Paid December 2 – 31 – \$425.00  
Fees Paid January 1 (re-instatement) – \$600.00

### Paper Renewal Information

Paper renewal forms and payment (cheque, money order, credit card) must be submitted to the SALPN on or before December 1, 2010 and are accepted by mail, courier or in person during regular office hours.

Individuals renewing late are reminded that the SALPN office will be closed at 4:30 pm on Thursday, December 23, 2010. Renewal forms received after this date will not be processed until the office re-opens in the new year on January 4, 2011. Note: 2010 Practicing Licenses expire on December 31, 2010, which will mean for those that this applies to will no longer hold the right to practice.

Incomplete Renewal forms will be returned by mail to the member for completion and resubmission. This may result in a delay in processing time and additional fees may be incurred.

# MANDATORY COMPETENCY REMINDER

Below are the mandatory competency requirement dates.

As of December 1 2010, the Administration of Medication program or basic program equivalent must be completed in order to renew as a Licensed Practical Nurse for 2011.

There are approximately 89 LPNs that have not completed the Administration of Medication program.

As of December 1 2012, complete or challenge the Health Assessment 227 program or basic program equivalent in order to renew as a Licensed Practical Nurse for 2013.

There are approximately 1050 LPNs that have not completed the Health Assessment program.

Information on these programs can be found on the SIAST website.

[www.goSIAST.com](http://www.goSIAST.com)

## Note from Counselling & Investigation Committee

Members should be aware that a failure to renew your license on time will result in your ceasing to be licensed as of January 1, 2011.

Working without a license is a contravention of the SALPN Bylaws and will result in discipline proceedings.

## LPN Workplace Liaison Program

Are you interested in becoming a liaison in your workplace? The SALPN is in the initial stages of developing a relationship with volunteer LPNs who can share information with fellow LPN members. This may include posting or distributing SALPN material, communicating with fellow LPN members regarding current professional issues, and supporting LPN colleagues in their practice by ensuring they are aware of services provided by the SALPN that may be of service to them. (Registrar, practice consultant, administrative services) If you are interested in participating in this project, please call Lynsay Donald, Practice Consultant at 306-525-1436 Ext. 224 or email: [praccon@salpn.com](mailto:praccon@salpn.com)

# SHIFT WORK AND SLEEP

About 25 per cent of workers in Canada do rotational shift work. These workers rotate between day and night shifts or may only work nights. Some people work 12-hour shifts rather than an eight-hour workday.

Most shift workers don't get enough sleep. On average, shift workers get 1.5 to 2 hours less sleep than the average person. The body has a built in 24 hour clock, which means that we are naturally wakeful in the morning when it gets light and naturally sleepy when it gets dark at night.

When you're tired because you didn't get enough sleep, you may think and move more slowly, make more mistakes and have difficulty remembering things. So, getting a good sleep is important for safety and other reasons.

The National Sleep Foundation has lots of helpful tips for staying alert on the job and for sleeping. Here are some of their suggestions:

- Try to exercise during breaks
- Talk with co-workers while you work
- Try to work with a "buddy"
- Take short breaks throughout your shift to use the employee lounge, take a walk, shoot hoops in the parking lot or climb stairs
- Try to eat three normal meals per day. Eat healthy snacks, avoiding foods that may upset your stomach
- If you consume caffeine (coffee, tea, soda, energy drinks, gum, mints), do so early in the shift, such as before 3 a.m. for the night worker
- Don't leave the most tedious or boring tasks to the end of your shift when you will probably feel more tired

- Exchange ideas with your colleagues on ways to cope with the problems of shift work
- Avoid exercising before going to bed, because exercise raises energy and your body temperature. You should exercise at least three hours before sleeping

If you find yourself spending most of your days off catching up on sleep, you're not getting enough! To get an adequate amount of sleep try:

- Keeping your room cool, dark, and quiet
- Ensure at least 6 hours of sleep
- Communicate with your family to protect your sleep period
- Develop and maintain sleep rituals
- Unplug the phone or use an answering machine
- Maintain a regular meal/sleep schedule
- Avoid eating 3– 4 hours before you go to sleep. This can be difficult for night workers, but small morning snacks may help
- Give yourself time to unwind before bed
- Drink less to avoid frequent trips to the bathroom
- Avoid exercise within 2 – 4 hours before bed
- Use a reliable alarm. Fear of not waking up can cause insomnia and poor sleep quality
- If you are a night worker, avoid light as this will trigger melatonin suppression and cause sleep problems

Night shifts can cause decreased sleep patterns, especially during the summer months. When it's a nice day people tend to want to stay awake and enjoy it. Here are some tips to try when working night shifts:



- Try going to sleep at different times to see what works for you
- Keep a written record of when you sleep, how long, and if you feel rested
- If longer doesn't work try 2 shorter sleep periods
- For some people it is a good idea to head directly to bed after a night shift to maximize sleep
- It is natural to feel tired in the afternoon, so take a nap
- Try a 30 minute nap prior to going to work
- Naps work best when they are extra sleep, not a substitute for daily sleep requirements

Everyone has a specific sleep requirement. Knowing what yours is will aide in a healthier sleep schedule. Become more aware of your need for a more satisfying sleep.

We thank Sabrina Warner, an LPN from Saskatoon for contributing this helpful article for the information of our readers

1. Canadian Centre for Policy Alternatives (CCPA Sask) to research and prepare a study on shift work in Saskatchewan
2. [healthyalberta.com](http://healthyalberta.com)
3. The National Sleep Foundation

## HOLIDAY CLOSURE

**Please Note:** The SALPN office will be closed from Noon on December 24, 2010 until January 4, 2011.

The office will reopen at 8:30 am on Tuesday, January 4, 2011.

# SALPN 2011 AGM & CONFERENCE

## SALPN 2011 AGM & Conference April 14 & 15, 2011 Evraz Place, Regina



### Keynote Speaker – Stephanie Staples, LPN

Stephanie has a special interest in the prevention of burnout for nurses and healthcare professionals. Working towards a “shift” in perception as a means to recapture meaning and providing strategies to celebrate challenges.

Professional speaker, nurse and certified coach, Stephanie Staples is a woman on a mission - to reinspire, reenergize and reengage individuals to live their lives with full gusto! She does that by connecting with audiences internationally and inspiring them to create “something more.” Stephanie is frequently featured on radio, television and in print focusing on her unique vision that redefines the typical approach to wellness.

**Please Note:** The previously stated date for the 2011 AGM & Conference is not correct. This event will be on April 14 & 15, 2011 in Regina.

## Nominations to the SALPN Council

In 2011 three Member at Large positions are up for election in Zones 1, 3 and 5. Council members are elected to represent Licensed Practical Nurses in Saskatchewan.

Your electoral zone is based on your principle place of employment, not your place of residence.

Zones 1, 3 and 5 are defined as follows:

**Zone 1 – West** All health agencies within the Heartland, Cypress and Five Hills Health Authorities

**Zone 3 – Saskatoon** All health agencies within the Saskatoon city limits

**Zone 5 –East** All health agencies within the Saskatoon, Sunrise, Regina Qu’Appelle and Sun Country Health Authorities except Regina and Saskatoon cities

For information and explanations on Elections please visit the SALPN website at [www.salpn.com](http://www.salpn.com) (About Us/Council/Elections) or you may contact the SALPN office at (888) 257-2576 or [lpnadmin@salpn.com](mailto:lpnadmin@salpn.com).

## Do you know someone who has made a difference?

The SALPN is seeking LPNs to highlight in future SALPN publications. LPNs throughout the province excel within the profession and deserve recognition of their knowledge and skill. If you know of any exemplary practitioners please forward names and an explanation of what makes the LPN an asset to the nursing profession and an inspiration to fellow LPNs. Please contact Lynsay Donald, Practice Consultant 306-525-1436 ext. 224 or email: [praccon@salpn.com](mailto:praccon@salpn.com) for more information.

# FREQUENTLY ASKED QUESTIONS

## **Is there a specified list of medications in which LPNs can administer?**

A specific list has not been developed, and therefore cannot be provided.

An LPN in Saskatchewan is capable of the administration of medications provided they have completed the medication administration program. As of December 1st, 2010 an LPN will not be eligible for licensure without this certification. In order to administer Intravenous Medication the LPN must also have the Intravenous Initiation certification. This is not a mandatory competency at this time. Medications administered via intravenous push are prohibited in the LPN scope of practice. However, LPNs are not limited to a specific realm of medications.

It is an expectation of the SALPN, as stated in the competency profile, that an LPN administering medications will demonstrate the knowledge and ability to apply critical thinking and clinical judgment throughout the pharmacology / medication administration process. This would include and not limited to the appropriate research of a medication prior to administration. Any professional administering medication, LPN or otherwise, should possess knowledge of the medication and it's appropriateness for the patient, the action, safe dosage, route of administration, potential side effects, and the history of the patient. The LPN practices autonomously and is solely responsible for decisions made in

practice. Therefore the LPN is responsible to ensure that he or she is not administering medications without having familiarized oneself with the medication.

The SALPN does recognize that certain medications do have very critical side effects, and require extensive knowledge and experience to manage them. We would suggest the development of appropriate policy and procedure in the administration of these medications, and thorough education for practitioners. In the development of these policies bear in mind the current staffing ratio, the availability of a physician, and access to critical equipment. For example it may be appropriate for LPNs to administer these medications if a RN or Physician is within the unit, but may not be if the LPN is working solely with the availability of assistance limited. The SALPN Competency Profile may also be of assistance in the development of policy. It does specify the competencies required of a LPN regarding Medication Administration. The competency profile is available on the SALPN website, [www.salpn.com](http://www.salpn.com). Please feel free to contact the SALPN for further assistance if needed.

## **Who is Responsible?**

I receive numerous questions from LPNs, RNs, RPNs and managers regarding responsibility. Some are confused about who is responsible for the actions of other health providers. During the question period of a presentation made this spring this question was asked by an RN,

“Am I responsible for the actions of an LPN on duty?” The concern is very valid for a charge nurse to ask and needs to be addressed. LPNs, RNs and RPNs practice autonomously. This means they practice independently and are ultimately responsible for their own practice. As an LPN it is very important to understand this responsibility and all it entails. No other professional will be held accountable for decisions and actions performed by you as a professional. This means you must ensure you are providing safe, competent care while working within agency policy and scope of practice. Furthermore, you must document and report appropriately. The Licensed Practical Nurse Act 2000 granted the LPN autonomous practice and removed the clause stating that the LPN works under the direction of a Registered Nurse, Registered Psychiatric Nurse or Physician. The removal of this clause does not mean that the RN or RPN will not be in a charge role or that the LPN will not be expected to respect the role of the charge nurse. It simply means the LPN is responsible for his or her own practice. The LPN must recognize and voice to a manager or charge role professional if care needs are beyond competency level or scope of practice. It is very important that professionals of all designations understand the meaning of autonomous practice.

[For further information on the above or any practice questions, please contact Lynsay Donald, Practice Consultant at \[praccon@salpn.com\]\(mailto:praccon@salpn.com\) or \(306\) 525-1436 Ext. 224](#)

# BULLETIN BOARD

## **NEW from Continuing Nursing Education, SIAST (2010 – 2011)**

### **Patient Safety (NRS 252)**

You will study the systems approach to patient safety related to medication safety, interdisciplinary team relationships and best nursing practices. You will study National and Provincial organizations designed to facilitate the Canadian patient safety agenda. You will examine a regional risk management or quality improvement project focused on advancing patient safety. Pre-requisite(s): Must be a LPN

Jan 10-Apr 1 CRN 03-1736

Apr 4-Jun 24 CRN 03-1737

Tuition: \$375

Additional Costs: Course manual

### **Community Nursing (NRS 253)**

You will focus your studies on concepts that relate to community nursing. You will review the principles of primary health care and explore emerging community health trends in Saskatchewan. In addition, you will discuss concepts, challenges and nursing care related to community mental health, public health and home care. Pre-requisite(s): Must be a Licensed Practical Nurse

Jan 10-Apr 1 CRN 03-1738

Apr 4-Jun 24 CRN 03-1739

Tuition: \$375

Additional Costs: Course manual

## **Completer Courses for LPNs**

### **Administration of Medications for LPNs – theory (PHAR 264)**

Your studies will focus on aspects of the metric system that are essential to calculate drug dosages. You will discuss general principles concerning the safe administration of drugs to children and adults. You will learn how to administer percutaneous, mucus membrane and inhalation medications. You will also learn and practice the principles of safe oral, subcutaneous and intramuscular drug administration. You are also required to attend a one

day lab in Regina. Lab dates will be scheduled at various times throughout the year. Your lab date may not fall within the 18 weeks of the course. Pre-requisite(s): PHAR 160

Oct 15-Dec 3 CRN 02-4669

Tuition: \$525

Additional costs: text(s)/manual

### **Administration of Medications for LPNs Clinical Experience (CLIN 279)**

You will participate in a clinical experience once completing the theory and lab portion of Administration of Medications. The length of the clinical experience is 40 hours, plus a half day orientation.

Prerequisite: LPN and Administration of Medications for LPNs (PHAR 264)

Tuition: \$320

CRN 09-45 Sept 7 – December 31, 2010 ongoing

### **Health Assessment for LPNs (NURS 227)**

You will focus on the health history and physical examination of clients in various stages across the lifespan. You will explore the challenges related to aging. The assessment will include physiological, spiritual, developmental and environmental data. Your 12 hour lab experience will help you gain expertise in documenting a health history and performing a physical examination on a healthy adult.

Prerequisite: LPN

Nov 8/10-Jan 28 CRN 02-287

Jan 10-Apr 1 CRN 03-303

Apr 4-Jun 24 CRN 03-304

Tuition: \$635

Additional costs: text(s)/manual

### **Canadian Practical Nurse Registration Exam Prep Workshop (NURS 1657)**

This two day workshop will assist nurse graduates who are preparing to write the Canadian Practical Nurse Registration Exam (CPNRE). The workshop includes theory review, exam practice and multiple choice exam strategies. Both internationally educated and Canadian graduate nurses will find the workshop helpful as

they prepare to write the CPRNE.

Prerequisite: Must be a graduate of a Practical Nurse or Registered Nurse program

Tuition: \$290

Dec 9 – 10, 2010 CRN 02-421 9-4  
(Regina, Wascana Campus)

April 7 – 8, 2011 CRN 03-458 9-4  
(Regina, Wascana Campus)

### **Foot Care: Principles and Practices (NURS 1656) (new reduced tuition)**

You will learn the anatomy, structure and function of the nail, foot and skin. You will learn how to identify common nail and skin pathology, as well as structural pathology of the foot and related nursing interventions. You will learn about common instruments used in foot care and how to care for them, utilizing Health Canada's guidelines. You will learn how to complete a foot assessment and develop an individualized plan of care. The course includes a two day lab where you will practice and demonstrate foot care, nail cutting and basic padding techniques.

Prerequisite: LPN/RN

Tuition: \$550

Jan 17 – April 29, 2011 CRN 03-351

March 14 – June 24, 2011 CRN 03-352

### **Leadership for Nurses LEAD 201 (formerly LEAD 1604)**

You will enhance your leadership skills. You will study the changing roles in nursing, the professional concepts of leadership and management, and the significance of communication and conflict resolution to leadership and management. You will study how ethical and legal issues influence nursing; and how power and motivation relate to leadership and management. You will be able to demonstrate the basic skills necessary to be an effective team manager. Pre-requisite(s): LPN/RN or RPN

Sep 7-Dec 20, CRN 02-2365

Jan 17-Apr 29, CRN 03-1761

Mar 14-Jun 24 CRN 03-1760

Tuition fee: \$450

Additional Costs: Text(s) and course manual

## **SIAST Nursing Division, Continuing Education**

Are you interested in bridging to a current SIAST Practical Nursing diploma?

SIAST Nursing Division, Continuing Education is offering the opportunity for SIAST Practical Nursing certificate graduates to bridge to the current SIAST Practical Nursing diploma credential. The following required courses will be offered in the 2010/2011 academic year:

### **\*\* LEAD 201 Leadership in Nursing**

Leadership and the changing roles in nursing, professionalism and management.

### **NRSG 252 Patient Safety**

A systems approach to patient safety, Interdisciplinary teams and best practices.

### **NRSG 253 Community Nursing**

Concepts related to primary health care and emerging community nursing.

### **\*\* NRSG 254 IV Therapy/Blood & Blood Products Completer**

Intravenous therapy, IV initiation, blood and blood products.

### **\*\* NRSG 255 Nasogastric Tube Insertion Completer**

Insertion, removal and care of a nasogastric tube.

### **NRSG 256 Tracheostomy Care Completer**

Assessment and care of a tracheostomy tube.

### **NURS 227 Health Assessment for LPNs**

Health history and head to toe physical examination of clients in various stages across the lifespan.

### **PHAR 264 Administration of Medications**

Safe calculation and administration of medications: oral, subcutaneous, intramuscular, inhalation.

## **SOCI 261 Sociology 3**

Explore the concepts of sociology by focusing on respectful interactions when caring for clients of all cultures.

\*\* Those who have successfully completed LEAD 1604, NURS 1639, and NURS 1664 will receive credit for them toward bridging to the SIAST diploma credential through a PLAR process.

**NOTE:** To be eligible for the diploma option you must be a SIAST Practical Nursing certificate graduate.

Registration begins July 5, 2010.  
Register through Wascana Campus,  
call (306) 798-4314 or  
1-866-goSIAST(467-4278)

Course and pre-requisite information is available in the 2010/2011 SIAST Continuing Education Calendar or at [www.gosiastr.com/distance/continuing.shtml](http://www.gosiastr.com/distance/continuing.shtml) or contact:

Nursing Division, Continuing Education  
SIAST Wascana Campus  
4500 Wascana Parkway, Box 556  
Regina SK S4P 3A3  
Tel: (306) 775-7689 or 775-7789  
Email: [nursingconed@siast.sk.ca](mailto:nursingconed@siast.sk.ca)

**The SALPN encourages the furthering of education and requires it as a condition for licensure. However, pursuing the above SIAST bridging program is optional and is not a requirement for licensure with the SALPN.**

# PROFESSIONAL DEVELOPMENT DAY

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## **PROFESSIONAL PRESENCE** **Tuesday, October 26, 2010**

### REGISTRATION FORM

**Member Fee: Early Bird - \$80.00; After Sept 24 - \$95.00**  
**Student Fee - \$50.00**  
**(fee is non refundable)**

NAME

---

REG. NUMBER

---

ADDRESS

---

CITY

POSTAL CODE

---

PHONE NUMBER

---

DIETARY RESTRICTIONS

---

#### **Method of Payment:**

Cheque

Money Order

---

Credit Card No. ( Visa/MasterCard)

Expiry Date

---

**For planning purposes, please register on or before October 20, 2010 to:**

**SALPN**

**100-2216 Lorne Street**

**Regina, SK S4P 2M7**

**(please complete and send a separate form for each registrant)**