

VOLUME 24, NUMBER 3, FALL 2013

DYNAMICS

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Journal of the Canadian Association of Critical Care Nurses

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DYNAMICS

Journal of the Canadian Association of Critical Care Nurses

Volume 24, Number 3, Fall 2013

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DYNAMICS, Journal of the Canadian Association of Critical Care Nurses, is the only peer-reviewed critical care journal in Canada, and is published four times annually by Pappin Communications, Pembroke, Ontario. Printed in Canada. ISSN 1497-3715.

Advertising information: For advertising enquiries, contact Heather Coughlin, Pappin Communications, The Victoria Centre, 84 Isabella St., Pembroke, Ontario K8A 5S5, telephone: 613-735-0952, fax: 613-735-7983, email: heather@pappin.com, website: www.pappin.com

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Subscription Rates for 2013: *Dynamics, Journal of the Canadian Association of Critical Care Nurses*, is published four times annually, Spring, Summer, Fall and Winter—Four Issues: \$75 / eight issues: \$150 (plus GST/HST as applicable). International and institutional subscription rate is four issues: \$100 / eight issues: \$200 (plus GST/HST, as applicable). To order subscriptions, please contact CACCN National Office, P.O. Box 25322, London, Ontario N6C 6B1 or caccn@caccn.ca

Article reprints: Photocopies of articles appearing in *Dynamics, Journal of the Canadian Association of Critical Care Nurses*, are available from the CACCN National Office, P.O. Box 25322, London, Ontario N6C 6B1, at a cost of \$15 (plus GST/HST, as applicable) per article. Back issues can be purchased for \$18 (plus GST/HST, as applicable).

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Dynamics, Journal of the Canadian Association of Critical Care Nurses, is printed on recycled paper.



CANADIAN
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Canadian Association of Critical Care Nurses

Vision statement

The voice for excellence in Canadian Critical Care Nursing

Mission statement

The CACCN is a non-profit, specialty organization dedicated to maintaining and enhancing the quality of patient- and family-centred care by meeting educational needs of critical care nurses.

Engages and empowers nurses through education and networking to advocate for the critical care nurse.

Develops current and evidence-informed standards of critical care nursing practice.

Identifies professional and political issues and provides a strong unified national voice through our partnerships.

Facilitates learning opportunities to achieve Canadian Nurses Association's certification in critical care.

Values and beliefs statement

Our core values and beliefs are:

- Excellence and Leadership
 - Collaboration and partnership
 - Pursuing excellence in education, research, and practice
- Dignity and Humanity
 - Respectful, healing and humane critical care environments
 - Combining compassion and technology to advocate and promote excellence
- Integrity and Honesty
 - Accountability and the courage to speak for our beliefs
 - Promoting open and honest relationships

Philosophy statement

Critical care nursing is a specialty that exists to care for patients who are experiencing life-threatening health crises within a patient/family-centred model of care. Nursing the critically ill patient is continuous and intensive, aided by technology. Critical care nurses require advanced problem solving abilities using specialized knowledge regarding the human response to critical illness.

The critical care nurse works collaboratively within the inter-professional team, and is responsible for coordinating patient care using each member's unique talents and scope of practice to meet patient and family needs. Each patient has the right to receive care based on his/her personal preferences. The critically ill patient must be cared for with an appreciation of his or her wholeness, integrity, and relation to family

and environment. Critical care nurses plan, coordinate and implement care with the health care team to meet the physical, psychosocial, cultural and spiritual needs of the patient and family. The critical care nurse must balance the need for the highly technological environment with the need for safety, privacy, dignity and comfort.

Critical care nurses are at the forefront of critical care science and technology. Lifelong learning and the spirit of enquiry are essential for the critical care nurse to enhance professional competencies and to advance nursing practice. The critical care nurse's ability to make sound clinical nursing judgments is based on a solid foundation of knowledge and experience.



Pathways to success: Five pillars

1. Leadership:

- Lead collaborative teams in critical care interprofessional initiatives
- Develop, revise and evaluate CACCN Standards of Care and Position Statements
- Develop a political advocacy plan

2. Education:

- Provision of excellence in education
- Advocate for critical care certification

3. Communication & Partnership:

- Networking with our critical care colleagues
- Enhancement and expansion of communication with our members

4. Research:

- Encouraging, supporting, facilitating to advance the field of critical care

5. Membership:

- Strive for a steady and continued increase in CACCN membership

CRITICAL THINKING

As we move from summer to fall, I have been reflecting on the importance of the relationships and connections we make as critical care nurses. Dynamics is always a wonderful venue to catch up with friends and colleagues past and present and introduce yourself to friends and colleagues of the future. This year's Dynamics will be a bit bittersweet, as it will be my last as president of CACCN. I would like to express my sincerest thanks to the army of volunteers who have helped to make each Dynamics a success. We could not offer such an exceptional professional event without the vision, dedication and commitment of our conference committee and event volunteers.

As an experienced Dynamics planning committee member, I treasure the lasting friendships and good memories that we built while planning Dynamics. These memories have shaped my leadership and my practice and are the most cherished rewards of my CACCN career.

Your executive has been very active during the summer months preparing for some necessary transition and upcoming adaptations our organization will make. Specifically I would like to acknowledge and thank Kirk Dawe, CACCN Director, and Christine Halfkenny-Zellas, Chief Operating Officer, for taking the lead on behalf of the CACCN in regards to the new Canada Not-for-Profit Corporations Act (CNCA).

The CNCA establishes the rules for all federal not-for-profit corporations. This new legislation replaces the century-old Part II of the Canada Corporations Act (the "CCA"). As a result of this change in law, the CACCN as a federally incorporated not-for-profit corporation, will have to take action to align our practices with the CNCA. This is called a "continuance".

In order for CACCN current constitution and bylaws to be in compliance with the new act, we must obtain authorization from the CACCN membership to continue under the CNCA and amend our current definition of membership classes. This will be accomplished through a special resolution of the members at our annual general meeting on September 22, 2013, being held in Halifax, NS, in conjunction with the Dynamics of Critical Care Conference.

The proposed constitutional changes include merging the previously distinct member classes of student member, associate member and life member into a policy titled Affiliate Members.

SECTION 1: CLASSES OF MEMBERS

1.1 There shall be one (1) class of members.

1.11 MEMBER—any registered nurse who is currently practising in critical care, who possesses a current and valid licence or certificate in the province, territory or country in which the registered nurse practises.

1.2 SPECIAL MEMBERSHIP PROVISIONS—notwithstanding anything contained in ARTICLE II—MEMBERSHIP, the following special membership provisions shall apply: International Members who meet the member designation will have access to all CACCN benefits; however, may not hold office or serve on committees at the National level.

Finally, these constitutional revisions will allow us the opportunity to include the French translation of our legal name "ASSOCIATION CANADIENNE DES INFIRMIÈRES ET DES INFIRMIERS EN SOINS INTENSIFS."

You can access our constitution and supporting information via the website at http://www.caccn.ca/en/about/constitution_bylaw_amend.html. We encourage you to review the Articles of Continuance and familiarize yourself with this material in preparation to vote on the resolutions.

In other work, the CACCN has partnered with other Canadian critical care associations in support of World Sepsis Day on September 13, 2013. World Sepsis Day is an initiative from the **Global Sepsis Alliance** and its founding members, the World Federation of Societies of Intensive and Critical Care Medicine (WFSICCM), the World Federation of Intensive and Critical Care Societies (WFICCS), the World Federation of Critical Care Nurses (WFCCN), the International Sepsis Forum (ISF) and the Sepsis Alliance (SA). This is a global movement dedicated to reducing the health, economic and human burden of sepsis. As critical care nurses, we are well aware of the burden and suffering of sepsis; however, many of us are not aware of all the facts regarding sepsis.

Sepsis is one of the most common, least recognized illnesses in the world. Globally, 20 to 30 million patients are afflicted with sepsis each year. To put this in perspective, one person dies from sepsis every few seconds!

Sepsis is increasing at an annual rate of 8% to 13% per year and now claims more lives than bowel and breast cancer combined. The reason sepsis rates are increasing include the aging population, increasing use of high-risk interventions in all age groups, and the development of drug-resistant and more virulent varieties of infections.

The Canadian statistics for sepsis are similar to the global rates of mortality. In Canada (Quebec data not available) sepsis claims an estimated 9,320 lives every year, representing 10.9% of all deaths occurring in hospitals. Sepsis is associated with extended hospital stays and considerable health care resource use. Patients whose sepsis occurred after they were admitted to hospital had 56% higher odds of dying than those diagnosed on admission. A typical episode of sepsis in Canada results in an average of nine days longer than the median length of stay for other hospitalizations and 45% of all sepsis patients admitted to ICU in Canada died. The rapid delivery of basic interventions—first-hour antibiotics and intravenous fluids—increases survival rates by up to 50%, and is recognized as international best practice. Unfortunately, not enough patients receive these interventions.

continued on page 6...



**CANADIAN
ASSOCIATION OF
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NURSES**

Annual General Meeting Proxy Vote Form 2013

Every active member may, by means of proxy, appoint a person (not necessarily a member of the association), as his/her nominee to attend and act at the annual general meeting in the manner and to the extent and with the power conferred by the proxy. The proxy shall be in writing in the hand of the member or his/her attorney, authorized in writing, and shall cease to be valid after the expiration of one (1) year from the date thereof.

**Proxy votes must be received by CACCN
National Office before Friday, September 6, 2013,
at 2359 EST. Proxies received after the deadline
will be ineligible for voting at the AGM.**

The following shall be a sufficient form of proxy:

I, _____, of _____,
Name of CACCN Member (please print) City, Province

an active member of the Canadian Association of Critical
Care Nurses, hereby appoint:

_____ of _____,
Name of Proxy (please print) City, Province

or failing him/her,

_____ of _____,
Name of Proxy (please print) City, Province

as my proxy to vote for me and on my behalf at the meeting
of members of the association to be held on the 22nd day of
September, 2013, and at any adjournment thereof.

Dated at _____, this ____ day

of _____, 2013.

Signature of Member*: _____

CACCN Membership Number: _____

Chapter: _____

Return completed proxy forms to:
Canadian Association of Critical Care Nurses
P.O. Box #25322, London, ON N6C6B1
Fax: 519-649-1458
Scanned/mailed to: caccn@caccn.ca

...continued from page 5

Despite its remarkable incidence, sepsis is practically unknown to the public and is often misunderstood as blood poisoning. To stem the rising tide and take appropriate steps to ultimately reverse the global increase in the numbers of deaths from sepsis, the global sepsis alliance has issued a call for worldwide action to raise the profile of sepsis to the World Health Organization.

The message from the Global Sepsis Alliance is simple:

Sepsis must receive the utmost priority as a medical emergency, so that all patients can expect to receive basic interventions, including antibiotics and intravenous fluids, within the first hour.

We urge you to join the global movement dedicated to reducing the health, economic and human burden of sepsis by committing your hospital/organization to the World Sepsis Declaration.

CACCN has posted the information about how to get your institution to support this important initiative for critical care. Please visit the website to register your organization's support to raise the profile of sepsis with the World Health Organization or go directly to www.world-sepsis-day.org/register.

Not only is sepsis not well known to the public, but intensive care or critical care is also not well known. In an effort to raise the awareness of intensive care, CACCN last year partnered with Canadian Critical Care Society, Critical Care Canada Forum, Canadian Critical Care Trials Group, Canadian Intensive Care Foundation and the Canadian Society of Respiratory Therapists.

CACCN distributed the press release and poster to all conference delegates in Vancouver last year. As well, we solicited the stories of previous ICU patients, prominently feature ICU week on our website in our monthly national newsletter and on our 120 communication boards across the country. Within a short timeframe our chapters and association membership thoroughly embraced the celebrations and its theme "The ICU Team—There for You in Critical Moments". A number of successful focused educational and informational activities across the country were offered. The CACCN activities held for CIC Week 2012 have been documented on the CACCN President's Blog located at: <http://blog.caccn.ca/wordpress/?p=463>.

This year's plan to celebrate Canadian Intensive Care Week included a new contest called Spotlight on Canadian Intensive Care Week being held October 27 to November 2, 2013. This award will be given out to the team that plans a local event that spotlights Intensive Care, their hospital colleagues and the public. Watch the CACCN website (www.caccn.ca) for news of local events being held by CACCN chapters to highlight Canadian Intensive Care Week in your region.

In closing, I hope that you will celebrate both World Sepsis Day and Canadian Intensive Care Week this fall.

Take care and always speak with conviction,

**Teddie Tanguay, President
CACCN National Board of Directors**

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Membership Recruitment Program

Current CACCN members are eligible to receive a \$10 coupon toward your next CACCN renewal, for each new member you refer to CACCN. By working together, we are building a stronger association!



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Criteria:

1. Current / Active CACCN Members may participate.
2. Applicable on **NEW** member applications only. A new member is one who has not been a CACCN member previously, or has not been a CACCN member for a minimum of 12 months.
3. To qualify, **your name must be included** on the new member's application form or included in the online application submission, as the "sponsor" or "person who recommended joining CACCN". Coupons cannot be awarded if the sponsor/recommending information is not included when the member application is processed.
4. Members may receive a maximum of seven (7) coupons towards their next renewal.
5. Coupons expire on the member's renewal date.

www.caccn.ca

What's new at www.caccn.ca?

President's Blog

Check out the President's blog at www.caccn.ca.

CACCN Members Only!

- Start or join a discussion! The CACCN Members Only Discussion Forum is available to share information and meet nurses from coast to coast.

CACCN Facebook Page



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Advertising opportunities

CACCN Dynamic Career Connections

CACCN is offering the opportunity to post individual employment opportunities on the CACCN website. If you are interested in taking advantage of this advertising opportunity, please visit CACCN Advertising Opportunities on the CACCN website at www.caccn.ca for rates and information.

JobLINKS on www.caccn.ca

JobLINKS is a simplified web link page on the CACCN website designed to provide immediate links to critical care nursing career opportunities in Canada and around the world. If your facility is interested in taking advantage of this service, please visit www.caccn.ca.

Website banner advertising

CACCN is offering the opportunity to have your logo and website link accessible to our members and the general public 24 hours a day, seven days a week. Why not consider a banner advertisement on the homepage of the CACCN website at www.caccn.ca? If you are interested in taking advantage of this advertising opportunity, please visit www.caccn.ca.



Canadian Association of Critical Care Nurses

May 2013

Dear CACCN Members:

On behalf of the National Board of Directors of the Canadian Association of Critical Care Nurses, this letter provides notice to all members of the **proposed revision** to the association's current constitution and bylaws. This proposal will be brought forward at the **2013 Annual General Meeting (AGM)** to be held on September 22, 2013, at World Trade and Convention Centre, Halifax, Nova Scotia, as part of the annual Dynamics Conference.

Existing constitution and bylaws

Our existing constitution and bylaws were originally approved by the membership in 2003 with the last revision approved September 2010. The current constitution and bylaws are available for review on our website at www.caccn.ca.

Federal Not-For-Profit Legislation

With the implementation of the federal government's new Canada Not-For-Profit Corporations Act, CACCN must file Articles of Continuance and revised constitution and bylaws no later than October 2014. Failure to meet the deadline set by the federal government will result in the association's Not-For-Profit status being revoked and as such require closure of the association until the new documentation is in place. In an effort to ensure the ongoing operation of the association, the Articles of Continuance and the new constitution and bylaws are being presented to members for review and approval at the Annual General Meeting in September 2013.

Required changes to the current constitution and bylaws to proceed with continuance

To proceed with the new constitution and bylaws and continuance under the legislation, we must make changes to the **current** constitution and bylaws at the September Annual General Meeting, which clearly define the criteria for "**members**" of the association.

Under the new constitution and bylaws only those holding voting rights will be classified as members of the association.

As a result, the proposed revision to the constitution and bylaws will remove student, associate, honorary and life "members". This change has been proposed based on legal counsel concerning effects of the new legislation and ongoing operations of the association. The new constitution and bylaws will carry one class of members only.

Although we are recommending removal of these member classes from the constitution and bylaws, CACCN **will continue** to offer fellowship to students and associates and **will continue** to bestow honorary and life recognition. However, these classes will not be recognized in the constitution and bylaws as "**members**", but will be recognized in a formal CACCN policy document as "**affiliates**" of the association.

Affiliates of the association will retain the same benefits as offered previously through their membership class.

Life Affiliates who meet the current member criteria will retain their voting rights until such time as they no longer meet the criteria for "member" status.

The National Board of Directors is seeking your comments and approval of the proposed changes, Articles of Continuance and new constitution and bylaws at the 2013 Annual General Meeting.

Should you be unable to attend the AGM, you may vote by proxy. Proxy votes must be received by CACCN National Office by no later than 2359 EST on September 6, 2013.

Should you have any questions, please do not hesitate to contact National Office at 1-866-477-9077 or caccn@caccn.ca or the undersigned at president@caccn.ca.

Sincerely,

Teddie Tanguay, President
CACCN National Board of Directors



Canadian Association of Critical Care Nurses

Summary of Proposed Revisions to the CACCN Constitution/Bylaws Annual General Meeting – September 22, 2013

Article/Item #	Current Bylaw	Proposed Change	Change and Rationale
Cover of Document	Revision Date: September 2012	Revision Date: September 2013	Changes to Bylaws in preparation for Articles of Continuance introduction of new Constitution and Bylaws
Page 1 Article II – Membership Section 1 Classes of Members	<p>1.1 There shall be five (5) classes of members.</p> <p>1.11 ACTIVE MEMBER – any registered nurse, with an interest in critical care, who possesses a current and valid licence or certificate in the province, territory or country in which the registered nurse practises.</p> <p>1.12 STUDENT MEMBER – any student nurse in an accredited professional nursing program, who is currently not licensed as a registered nurse or graduate nurse.</p> <p>1.13 LIFE MEMBER – any member in the association who has made significant contributions to the association, as determined by the board, may be provided Life Member status.</p> <p>1.14 ASSOCIATE MEMBER – any person with an interest in critical care, but who does not meet the requirements for an ACTIVE MEMBER.</p> <p>1.15 HONORARY MEMBER – persons who are not otherwise eligible for membership in the Association and whom the Association wishes to honour.</p>	<p>1.1 There shall be one (1) class of member.</p> <p>1.11 Member: any registered nurse, practising in critical care, who possesses a current and valid licence or certificate in the province, territory or country in which they practise.</p>	<p>Removal of all member classes with the exception of Members as defined in Section II Membership, Section 1 Classes of Members in preparation for Articles of Continuance introduction of new Constitution and Bylaws.</p> <p>Removal of the word “active” where linked to member (i.e. Active Member) from all areas of the constitution/bylaws.</p> <p>Under the current CACCN Constitution and Bylaws, Student, Associate and Honorary Members do not have voting rights.</p> <p>Under the new Non-Profit Act, all member classes are automatically provided with voting rights. CACCN wishes to retain voting rights for Active members as per the definition.</p> <p>Associate, Student, Life and Honorary Members will be recognized under Association Policies, however, will not retain the title of “Member”.</p> <p>The removal of these member classes does not affect the rights held by these participants of the association—Associate, Student, and Honorary participants will retain the same rights held under the current Constitution and Bylaws – i.e., access to the journal, website, etc., without the ability to hold office/vote on association matters.</p> <p>Current life members retain voting rights until such time as they retire from critical care nursing and no longer possess a valid registered nursing licence.</p>

<p>Page 1 Article II – Membership Section 2 Present Members</p>	<p>2.1 The present Members of each class shall be those who appear in the records of the Association as Members of that class.</p>	<p>2.1 The present Members shall be those who appear in the records of the Association as Members.</p>	<p>Change to reflect the change to Member Classes noted in Page 1, Article II – Membership, Section 1, Classes of Members.</p>
<p>Page 2 Article II – Membership Section 5 Admission of New Members</p>	<p>5.2 ASSOCIATE MEMBERS may be admitted from time to time by the Board of Directors upon due application and payment of membership fees.</p> <p>5.3 Honorary MEMBERS shall be admitted from time to time upon unanimous resolution of the Board.</p> <p>5.4 STUDENT MEMBERS must submit to the Association:</p> <p>5.41 an application in the form prescribed by the Board;</p> <p>5.42 annual membership dues, as prescribed by the Board;</p> <p>5.43 evidence of the applicant’s current and valid enrolment in an accredited professional nursing program and are not a registered nurse or graduate nurse.</p> <p>5.5 LIFE MEMBER shall be any member in the association who has made significant contributions to the association, as determined by the board, may be provided Life Member status.</p> <p>5.6 The Board of Directors reserves the exclusive right to accept or reject any application for membership in any class. The submitted membership fee shall be returned to unsuccessful applicants.</p>	<p>5.1 MEMBERS must submit to the Association:</p> <p>5.11 an application in the form prescribed by the Board;</p> <p>5.12 annual membership dues, as prescribed by the Board;</p> <p>5.13 evidence of the applicant’s current and valid licence or certificate to practise nursing in the jurisdiction in which the applicant practises;</p> <p>5.2 The Board of Directors reserves the exclusive right to accept or reject any application for membership. The submitted membership fee shall be returned to unsuccessful applicants.</p>	<p>Change to reflect the change to Member Classes noted in Page 1, Article II – Membership, Section 1, Classes of Members.</p>
<p>Page 6 Article III – Meetings of Members Section 6 Voting</p>	<p>6.1 Each Active and Life Member shall be entitled to vote on all questions. In case of a tie vote, the chairman of the meeting shall have a second, or casting vote. Associate Members, Honorary Members and Student Members shall not have the right to vote.</p>	<p>6.1 Each Member shall be entitled to vote on all questions. In case of a tie vote the chairman of the meeting shall have a second, or casting vote.</p>	<p>Change to reflect the change to Member Classes noted in Page 1, Article II – Membership, Section 1, Classes of Members.</p>
<p>Page 18 Article VIII – Annual Dues Section 1 - Dues</p>	<p>1.1 All classes of members, except Honorary Members and Life Members ,shall pay such annual dues, as prescribed by the Board of Directors.</p>	<p>1.1 All Members shall pay such annual dues, as prescribed by the Board of Directors.</p>	<p>Change to reflect the change to Member Classes noted in Page 1, Article II – Membership, Section 1, Classes of Members.</p>
<p>Page 18 Article VIII – Annual Dues Section 3 – Payment of Chapter Portion of Dues</p>	<p>3.1 The Board shall return the \$15.00 for Active and Associate Members and \$7.50 for Student Members, which constitutes the chapter portion of the membership fees to the chapter within 30 days of the end of the quarter in which the fees were received.</p>	<p>3.1 The Board shall return \$15.00 for Members, which constitutes the chapter portion of the one-year membership fees to the chapter within 30 days of the end of the quarter in which the fees were received.</p>	<p>Change to reflect the change to Member Classes noted in Page 1, Article II – Membership, Section 1, Classes of Members.</p>
<p>Page 18 Article VIII – Annual Dues Section 4 - Election</p>	<p>4.1 No election of any member of any class shall be effective until the annual dues payable on such election have been paid.</p>	<p>4.1 No election of any member shall be effective until the annual dues payable on such election have been paid.</p>	<p>Change to reflect the change to Member Classes noted in Page 1, Article II – Membership, Section 1, Classes of Members.</p>



Canadian Association of Critical Care Nurses

Policy Statement

CACCN Affiliates Policy

The Canadian Association of Critical Care Nurses provides the following policy regarding affiliates of the association: Associate, Student, Honorary and Life Affiliates.

CACCN Membership Classes

The Canadian Association of Critical Care Nurses has **one (1)** class of members defined as:

Member: any registered nurse, currently practising in critical care, who possesses a current and valid licence or certificate in the province, territory or country in which they practise.

CACCN Affiliates

1. CACCN may offer benefits to those who do not meet the requirements of the CACCN membership class: Member
2. Such persons receiving benefit will be classified as “Affiliates of the CACCN”
3. CACCN Affiliates are not members of the association under the constitution and bylaws and, as such, cannot be classified/referred to as “members”
4. Affiliates receive all benefits offered by CACCN with the exception:
 - a. Affiliates cannot hold office at the chapter or national level
 - b. Affiliates do not have voting rights at the chapter or national level
5. Affiliates of the Canadian Association of Critical Care Nurses include the following categories:
 - a. **ASSOCIATE**
 - i. any person with an interest in critical care, who does not meet the requirements for a member under the member class
 - ii. Affiliates may be admitted from time to time by the Board of Directors upon due application and payment of associate fees
 - iii. Affiliate fee: \$75.00 plus applicable taxes
 - b. **STUDENT**
 - i. any student nurse in an accredited professional nursing program
 - ii. any student nurse who is currently not licensed as a registered nurse or graduate nurse
 - iii. student nurses must submit to the association:

1. an application in the form prescribed by the board
2. annual associate fees, as prescribed by the board
3. evidence of the applicant’s current and valid enrolment in an accredited professional nursing program and are not a registered nurse or graduate nurse
4. student affiliate fee: \$50.00 plus applicable taxes

c. **HONORARY**

- i. any person who is not otherwise eligible under the member class whom the association wishes to honour
- ii. Honorary Affiliates shall be admitted from time to time upon unanimous resolution of the board
- iii. fee: not applicable

d. **LIFE**

- i. any member in the association who has made significant contributions to the association, as determined by the board may be provided Life Associate status
- ii. Life Affiliates retain member status with all inherent rights under the member class until such time as they:
 1. actively retire from registered nursing
 2. cease to hold a valid licence or certificate in the province, territory or country in which the registered nurse practised
- iii. fee: not applicable

6. The Board of Directors reserves the exclusive right to accept or reject any application for membership in any class.
7. Should an application be rejected, the submitted affiliate fee shall be returned to the unsuccessful applicant(s).

Chapter reimbursement

1. The board shall return the following payment to chapters for affiliates:
 - a. \$15.00 for Affiliates
 - b. \$7.50 for Student Affiliates
2. Such payments will be issued to the chapter within 30 days of the end of the quarter in which the fees were received
3. The board does not provide payment to chapters for Honorary or Life Affiliates.

Approved by the CACCN Board of Directors
March 21, 2013

CACCN Associate Document
Policy Statement date: March 2013



CANADIAN
ASSOCIATION OF
CRITICAL
CARE
NURSES

CACCN Membership/Renewal—JOIN US!

To become a member of the Canadian Association of Critical Care Nurses, please visit the CACCN website at www.caccn.ca – JOIN US/Renewals.

One-Year Membership – \$75.00 plus applicable GST/HST*

Two-Year Membership – \$140.00 plus applicable GST/HST

Student Membership – \$50.00 plus applicable GST/HST

(*GST/HST is dependent on the member's province of residence)

New membership and renewal processing is available online using a Visa or MasterCard. Student Membership cannot be completed online. Membership applications are available on our website. All Membership applications and renewal forms may be faxed to 519-649-1458 or mailed to CACCN National Office at CACCN, P.O. Box 25322, London, ON N6C 6B1.

We look forward to welcoming new and returning members to CACCN!

CACCN has now made it easier to renew your annual membership!

As of June 3, 2013, CACCN is implementing an “**Automatic Renewal**” program for membership. This feature allows for automatic renewal of your membership on your next expiry date if you pay via credit card (Visa/MasterCard).

You will no longer have to worry about remembering to renew! Following the completion of your membership application, CACCN will charge membership dues to your credit card. Each year on your membership expiry date, CACCN will automatically renew your membership and charge your credit card at the selected membership interval (i.e., every one or two years). With this worry-free feature, your membership benefits will continue without interruption! For more information on CACCN Automatic Renewal, please read the **Automatic Renewal FAQs** noted below.

CACCN Membership Automatic Renewal FAQs...

What is Automatic Renewal?

The new CACCN “Automatic Renewal” feature allows for automatic renewal of your membership on its expiry date if you pay via credit card (Visa/Mastercard). You will no longer have to worry about remembering to renew! Each year on your membership expiry date, CACCN will automatically renew your membership and charge your credit card at the selected membership interval (i.e., every one or two years). You will still receive email notification of the renewal and will receive your CACCN membership card and receipt via Canada Post.

With this worry-free feature, your membership benefits will continue without interruption!

How do I sign up?

Signing up for automatic renewal is very easy!

- Members who complete their membership online are **automatically included** in the Automatic Renewal Program.

- If sending your membership using the printed membership/renewal form and a CREDIT CARD, the membership will be processed via the online system and “automatic renewal” implemented.
- On your next renewal date, depending on the membership term selected (one or two years), CACCN will renew your membership using the credit card information provided.
- If your credit card information or expiry date changes, be sure to let CACCN know by emailing caccn@caccn.ca or calling 1-866-477-9077 / 519-649-5284.

How does it all work?

Provided you continue to meet membership criteria (active or associate), your automatic renewal participation will continue until you choose to cancel your membership or opt out of the program. If there is a change in CACCN membership dues prior to automatic renewal, the newly determined fees will be applied. Any change in membership dues will be communicated well in advance of implementation.

Does CACCN store my credit card information?

No, CACCN does not store your credit card information in our database nor in any record held at National Office. All credit card information is explicitly stored with the credit card processing company Eigen Developments. Eigen Developments meets and exceeds all industry standards in ensuring the financial safety of our members. CACCN will maintain a record of those participating in the program via membership number and contact information.

Can Automatic Renewal be cancelled?

Yes, you may cancel automatic renewal at any time by submitting a written request to CACCN National Office at least 60 days prior to your membership expiry date. Cancellation requests must be submitted in writing to CACCN, PO Box 25322, London, ON N6C 6B1; via email to caccn@caccn.ca; or via fax to 519-649-1458.

World Sepsis Day is September 13, 2013

The Canadian Association of Critical Care Nurses (CACCN) is asking for your institution/organization's support of the enclosed **World Sepsis Declaration** for World Sepsis Day. World Sepsis Day is an initiative from the Global Sepsis Alliance and its founding members, the World Federation of Societies of Intensive and Critical Care Medicine (WFSICCM), the World Federation of Intensive and Critical Care Societies (WFIICCS), the World Federation of Critical Care Nurses (WFCCN), the International Sepsis Forum (ISF) and the Sepsis Alliance (SA).

So far, more than 180 national and international societies and non-profit organizations, 1,300 hospitals, and more than 1,500 health care professionals are now supporting World Sepsis Day.

The message is simple: sepsis must receive the utmost priority as a medical emergency, so that all patients can expect to receive basic interventions, including antibiotics and intravenous fluids, within the first hour.

Sepsis, also known as septicaemia, is a life-threatening condition that arises when the body's response to an infection injures its own tissues and organs. Additional information on the global health burden of sepsis is available in the World Sepsis Declaration.

In Canada* sepsis claims an estimated 9,320 lives every year, representing 10.9% of all deaths occurring in hospitals.¹ Sepsis is associated with extended hospital stays and considerable health care resource use.^{2,3} Patients whose sepsis occurred after they were admitted to hospital had 56% higher odds of dying than those diagnosed on admission. A typical episode of sepsis in Canada results in an average of nine days longer than the median length of stay for other hospitalizations and 45% of all sepsis patients admitted to ICU in Canada died.¹ The rapid delivery of basic interventions—first-hour antibiotics and intravenous fluids—increases survival rates by up to 50%, and is recognized as international best practice. Unfortunately, not enough patients receive these interventions.

Our message is simple: *Sepsis must receive the utmost priority as a medical emergency, so that all patients can expect to receive basic interventions, including antibiotics and intravenous fluids, within the first hour.*



We are not seeking a public commitment to any specific target from your institution/organization and there is no cost associated with your support. We ask only that you register your support and assess your own improvement needs and, where necessary, allocate resources to achieve those improvements.

Please register your institution/organization to raise the profile of sepsis with the World Health Organization! You can register online: www.world-sepsis-day.org/register

Or contact the World Sepsis Day Head Office, email: office@world-sepsis-day.org

We urge you to join the global movement dedicated to reducing the health, economic and human burden of sepsis by committing your hospital/organization to the World Sepsis Declaration.

References

1. Canadian Institute for Health Information. (2009). *In focus: A national look at sepsis*. Ottawa, ON: CIHI.
2. Angus, DC., et al. (2001). Epidemiology of severe sepsis in the United States: Analysis of incidence, outcome, and associated costs of care. *Critical Care Medicine*, 29(7), 1303–1310.
3. Society of Critical Care Medicine. (n.d.). *Surviving Sepsis Campaign*. Available at <http://www.survivingsepsis.org/Background/Pages/default.aspx>

*Quebec data not available

BOD Nomination—Eastern Region

Barbara Fagan



I graduated from Dalhousie University with my Baccalaureate in Nursing in 1991. After two years of great medical-surgical experience, my thirst for knowledge called me to enroll in the Critical Care Nursing Program at the Post RN programs in Nova Scotia. Critical care nursing has become my passion ever since and I have not looked back. I was blessed with 15 years of amazing intensive care experience—as a staff member, preceptor and charge nurse. Twenty years later, with a wonderful husband and three fabulous children, I am even more called to our profession. For the past three years I have had the privilege of being an instructor for the Critical Care Nursing Program with the Registered Nurses Professional Development Centre (RN-PDC), which was formerly part of the Post RN program in Nova Scotia. It is funny how things come full circle in life.

I am currently enrolled in the Master's of Nursing Program at Athabasca University. I have been an active CACCN member and have had the privilege to present at the 2009 and 2010 Dynamics conferences. My colleagues and I were the fortunate recipients of the 2009 Spacelabs Innovation Award for our work

on Creating Life-Long Critical Care Thinkers. We presented our findings of implementing a progressive teaching methodology called Team-Based Learning in our programming. In 2010 we presented our innovative interprofessional Simulation Lab team training. Working together with all members of the health care team to our full scopes of practice is another passion of mine. I am a member of our local Nova Scotia Chapter and have participated in local meetings and education sessions. I am looking forward to our province hosting Dynamics in 2013.

I would be honoured to represent the voice of critical care nursing in the Eastern Region for a second term. 

Nominations for the remaining Board of Director positions— one Eastern Region and one Western Region will be accepted from the floor at the Annual General Meeting on September 22, 2013. If you are interested in putting your name forward, please contact CACCN National office with your expression of interest and if possible, three nominators. Please note, nominators must be members of the CACCN. You do not need to attend the Annual General Meeting to be considered for nomination, however, we will require nominees to be available via Skype.

Canadian Intensive Care Week

October 27 - November 2, 2013

Each year, over **100,000 Canadians** receive life-saving care in **Intensive Care Units**



Your ICU team – caring for patients and families every second, every day

The Intensive Care Team – there for YOU in critical moments 







Semaine canadienne des Soins intensifs

Du 27 octobre au 2 novembre 2013

Chaque année, plus de **100 000 personnes** au Canada bénéficient des soins vitaux offerts par les **Unités de soins intensifs.**



L'équipe des Soins intensifs prend en charge les patients et leurs familles tous les jours, à chaque instant.

L'équipe des Soins intensifs – PRÉSENTE aux moments critiques. 







Corrections to the Dynamics 2013 Abstracts

The Dynamics 2013 Conference Abstracts in the Summer 2013 Dynamics Journal contained the following errors:

Shatter the Silence—Start the Discussion: Moral Distress in Critical Care is being presented by Karen Webb-Anderson, BScN, BSc, RN, CCN(C), and Leslie McLean, MScN, RN, Halifax, NS.

Out from Under the Covers: An Exploration of Critical Care Nurses' Experience of Night Shift Fatigue and Workplace Napping is being presented by Karen Webb-Anderson, BScN, BSc, RN, CCN(C).

CACCN

Position Statements

The CACCN National Board of Directors is developing the following position statements:

Patient and Family Centred Care

The Patient and Family Centred Care Committee is working on a new statement and is seeking the following volunteers:

- One (1) pediatric critical care nurse and
- One (1) adult critical care nurse to participate on the committee

Models of Care

Interprofessional Model of Care in the Intensive Care Unit

The creation of this position statement will encompass a revision of the CACCN Non-Regulated Health Personnel Statement (1997) with the addition of principles of staffing and staffing models for critical care units/ICU. The statement will provide evidence-based recommendations for interprofessional models of care in the CCU/ICU to ensure quality patient outcomes utilizing all health professionals.

The Interprofessional Model of Care in the ICU Committee is seeking interested volunteers from:

- Adult
- Pediatric
- Administration
- Advanced practice.

If you are interested in participating on either of these statements, please contact CACCN National Office at caccn@caccn.ca or via facsimile to 519-649-1458, with the following information:

- Your name
- Contact information, including email address
- The statement you are volunteering for
- Brief resume, CV
- A brief (one page) outline of your interest in the topic, your area of practice and what you believe you can contribute to the project.

Dynamics of Critical Care 2013

The Dynamics 2013 Planning Committee and the CACCN Board of Directors invite you to view the online Dynamics brochure at www.caccn.ca. Final day for conference registration/payment is September 5, 2013. We are looking forward to seeing you at Dynamics 2013.



CACCN Annual General Meeting

The National Board of Directors of the Canadian Association of Critical Care Nurses extends an invitation to the membership to attend the **29th Annual General Meeting**.

The 29th Annual General Meeting of the CACCN will be held **Sunday September 22, 2013, at the World Trade and Convention Centre, Halifax, NS**, in conjunction with Dynamics 2013. If voting by proxy, please note Proxy Vote forms are due by September 6, 2013, at 2359 EST.

CACCN calendar of events

DATES TO REMEMBER!

Sept. 1: Smiths Medical Canada Ltd. Educational Award deadline

Sept. 19–20: BOD F2F meeting, Halifax, NS

Sept. 21: Dynamics 2013 PreConference Day, Halifax, NS

Sept. 21: Chapter Connections Day, Halifax, NS

Sept. 22–24: Dynamics 2013 Conference, Halifax, NS

Sept. 22: CACCN Annual General Meeting, Halifax, NS

Sept. 23: CACCN Annual Dinner, Halifax, NS

Oct. 31: Chapter Q2 Reports deadline

Nov. 1: Call for abstracts 2014. Online submission available

Dec. 31: Chapter Q3 Reports deadline

Jan. 31: Dynamics 2014 Call for Abstracts deadline

Jan. 31: Smiths Medical Canada Ltd. Educational Award deadline

Feb. 15: CACCN Research Award Application Deadlines

Mar. 2014: BOD F2F Meeting, Toronto, ON

Apr. 5: CNA Certification Examination

Awards available to CACCN members

Criteria for awards available to members of the Canadian Association of Critical Care Nurses are published on pages 26–32 of this issue of Dynamics.

Consenting to pediatric critical care research: Understanding the perspective of parents

BY MARGOT THOMAS, MScN, RN, CNCCP(C) AND KUSUM MENON, MD, MSc

Abstract

Pediatric clinical research is dependent on obtaining consent from the parents or legal guardian of eligible patients. Little is known about parents' perspectives and the process by which they make the decision to enroll their child in a pediatric critical care trial.

Objective: *To describe the experience of parents/legal guardians who consented or declined consent for their child to be enrolled in a pediatric critical care research study. Factors that influenced parents' decisions and suggestions for improving and modifying the consent process were explored.*

Method: *This study used a qualitative descriptive research design. Seven semi-structured qualitative interviews were conducted with parents who had given or declined consent for their child to participate in a clinical research study while their child was in a pediatric critical care unit in one of two Canadian pediatric teaching hospitals. Parents were interviewed within 48 hours of their child's transfer from the PICU to a hospital ward unit. The interviews were audio recorded, transcribed, and analyzed using a content analysis method.*

Results: *Parental decision-making related to research consent in the context of pediatric critical care is influenced by specific characteristics of the consent encounter (timing, location, and information), parent (emotional state, decision-making style, familiarity with environment, past experience, and personal motivation), child (condition and response to pain/needles) and study (risk, method, burden, and benefit). Parents identified that the timing and ways in which they received information during the consent encounter could be improved.*

Conclusion: *Pediatric critical care researchers can improve the parental consent encounter experience by considering how parents perceive the approach to consent for a research trial for their child to balance the need to support parents with the need for participants in pediatric critical care research trials.*

Key words: consent, ethics, pediatric intensive care, pediatric critical care, research

Thomas, M., & Menon, K. (2013). Consenting to pediatric critical care research: Understanding the perspective of parents. *Dynamics*, 24(3), 18–25.

Background

Clinical research is essential to improve the care of critically ill children. Studies involving this population necessitate that research teams obtain informed consent from parents or legal guardians at a highly stressful time (Colville et al., 2009; Needle, O'Riordan, & Smith, 2009; Shudy et al., 2006). Difficulties in enrolling adequate samples for clinical studies may lead to delays in study completion, difficulty with planning and budgeting of clinical studies, and questions on the reliability and generalizability of results. As suggested by Barrett and Scales (2012), investigators must seek to understand how research decision-making may add additional stress to family members at this time, while at the same time striving to enroll critically ill children in clinical studies.

A review of the pediatric critical care literature to examine the factors that influence the consent process and consent rates from the perspective of parents identified limited studies. In a prospective observational study in six Canadian pediatric intensive care units (PICU), Menon and colleagues (2012) found that families of younger children and those undergoing cardiac surgery were more likely to decline consent and that parental anxiety appeared to have a significant influence on consent rates in pediatric critical care research. In this study, more than half (53%) of the 45 non-consenters who volunteered a reason for their refusal identified their anxiety level as the reason for declining to enroll their child. Hulst et al. (2005)

found that pre-existing disease and perceived burden of the study to the child influenced parents' decisions to consent, but severity of illness did not. Both studies simply recorded parents' volunteered reasons for non-participation and neither study actively explored parents' thoughts or opinions on the consent process.

Prior studies have identified factors that are influential in the consenting experiences in general pediatric (Wulf, Krasuska, & Bullinger, 2012), neonatal (Freer, McIntosh, Teunisse, Anand, & Boyle, 2009), and adult critical care trials (Mehta et al., 2012). However, the parents of critically ill children admitted to a PICU may have different experiences from those of family members of critically ill neonates (Dudek-Shriber, 2004) and adult patients (Sturdivant & Warren, 2009), thereby making it difficult to extrapolate these findings to the PICU environment. The limited literature in the area of pediatric critical care research and the importance of this research in moving patient care forward supports the need for developing a fuller understanding of the consent process from the parents' perspectives.

Purpose

The purpose of this study was to describe the experience of parents/legal guardians from whom consent was obtained or declined for a pediatric critical care research study in order to identify: (a) factors that influenced their choice to participate, and (b) suggestions for improving the consent process.

Method

This study used a qualitative descriptive research design and a convenience purposive sampling technique and was part of a larger quantitative study exploring the association of consent process, legal guardian, patient, and study design related factors with consent rates (Menon et al., 2012). The study was reviewed and approved by the research ethics boards at both participating centres. Parents were asked within two days of discharge from the PICU to a ward unit to participate in an interview about their experience with the consent process. No parent declined to be interviewed for this study. Interviews were conducted on the inpatient ward by a research assistant (RA) not involved in the clinical research study for which parents had been approached. The semi-structured interviews followed an interview guide that asked parents about their (a) experience with the research encounter, (b) feelings about pediatric critical care research in general, and (c) suggestions for improving the consent process.

The interviews lasted approximately 20 minutes, were conducted in English, audio recorded, and transcribed verbatim. The qualitative data (transcripts of semi-structured interviews) were analyzed by the first author (MT) guided by Burnard's (1991) interpretive content analysis strategy. Analysis started with multiple readings of all data during which notes were made in the margins of impressions and tentative relationships

between words and coding categories. Four coding categories were derived directly from the text data and all text data were accounted for within these categories. Data analysis was directed at describing participants' experiences, thoughts, and/or feelings related to pediatric critical care research and to explicate their thoughts related to improving the consent processes. An expert in qualitative research with a pediatric critical care nursing background independently reviewed the transcripts and confirmed that the coding scheme represented the data appropriately.

Findings

Seven interviews were completed with nine parents (five mothers and two mother/father dyads) who had previously given (n=7) or declined consent (n=2) to have their child participate in a critical care clinical research study at one of two Canadian pediatric intensive care units. The analysis of parents' responses to the questions revealed four categories of factors that influenced the consent decision: (a) the consent encounter, (b) the parent, (c) the child, and (d) the research study as shown in Figure 1. Table 1 lists the characteristics of the categories with quotes to enable the reader to confirm the linkages between the data and the categories of factors and to understand our interpretation of the participants' words. The characteristics of the four factors were consistent for both consenters and non-consenters and no finding that was specific to only one or the other parent group was noted.

continued on page 21...

Figure 1: Factors influencing parents' decisions

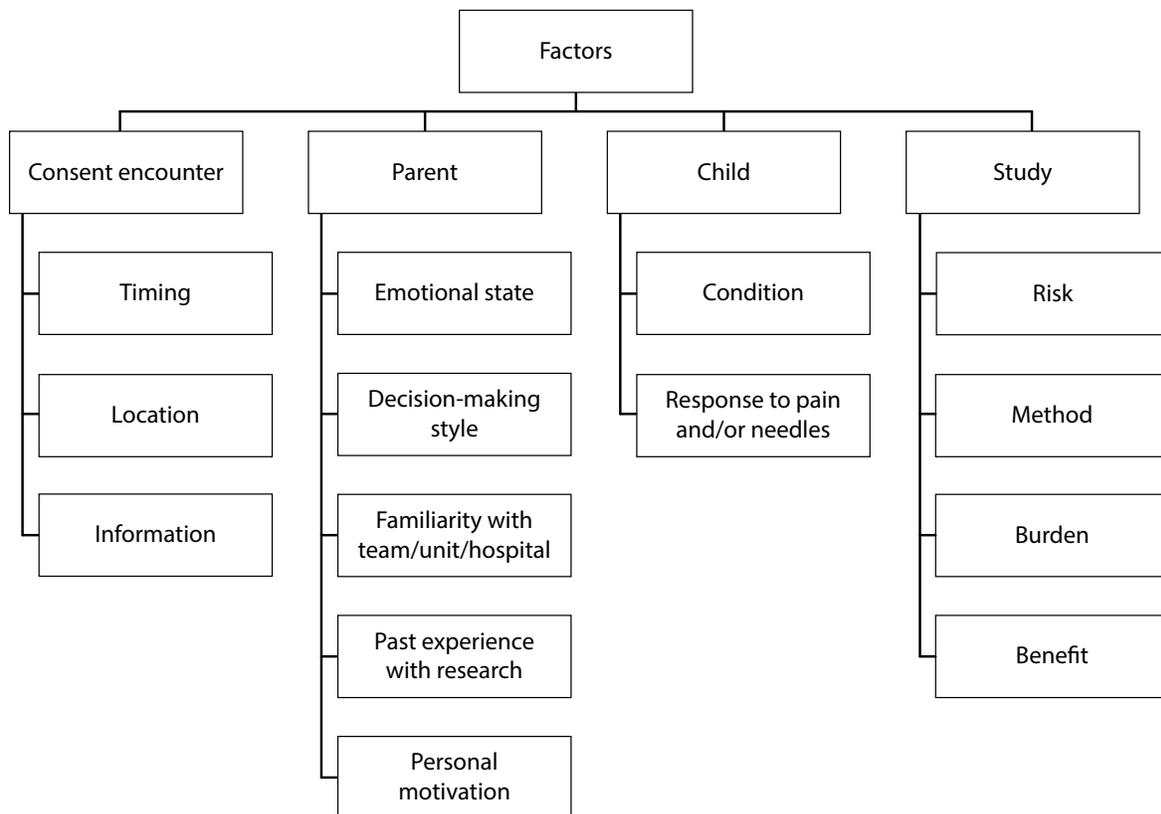


Table 1: Characteristics of the Factors Influencing Parents' Decisions	
Characteristic	Quotes
Consent Encounter Factor	
Timing	<p><i>"The day before surgery, we had a meeting with them, and that is when they first gave us not only the consent form for the operation, but the consent and information about the different studies that we could or could not participate in, so we had a day before the surgery and then they were presented to us again the day of surgery."</i></p> <p><i>"Other people may not like being approached while their child is in surgery. I would think it might be better to do it when the child is out and everything went well and that kind of thing."</i></p>
Location	<p><i>"I was in the Intensive Care Unit doing something and she approached me. She said, 'Are you so and so's mom?' I said yes, why, because I knew she was still in the OR... My initial reaction was kind of scared and shocked, but once I realized what it was about, we were fine with it."</i></p> <p><i>"It added to the stress of the moment, but that was a timing issue I think because she approached us just with minutes before our appointment time and she took us away from the waiting area, so I said, 'Are they going to know where we are?' That was not helpful."</i></p>
Information	<p><i>"As long as the doctor or nurse who is giving you the consent is straightforward and says this is what you can be involved with. It is written, so you can read it and if you get distressed at any time, you can back out at any time, and that is key because then you are not pressured to do it."</i></p> <p><i>"Sometimes having so much information thrown at you and people wanting things from you, is overwhelming and you might just say, no, I can't focus on this right now. I can't think about it."</i></p>
Parent Factors	
Emotional state	<p><i>"If we could have been approached after surgery when we knew she was [a] live. I fully didn't expect her to survive. That was the mind-set I was in prior to surgery... I prepared myself for the absolute worst."</i></p> <p><i>"Because we didn't really have a lot of anxiety, but I think other parents might be when they hesitate [to consent] because when they are approached, all you can focus on is your child and how they are doing and what you need to do for them."</i></p>
Decision-making style	<p><i>"We both discussed it and talked to each other. We made the consensus together. Sometimes when your child is in hospital, it is overwhelming for one parent to make all the decisions."</i></p> <p><i>"I don't really talk about my things. Not even my mother. I am the one who is answering the questions. He [school aged child] doesn't have to know. Even my husband doesn't really know what it is. I just said it was a study in ICU. He never bothers with papers anyway."</i></p>
Familiarity with the team, unit, hospital	<p><i>"Well, at first it was a little intimidating because you are in a situation you are not familiar with and you are not sure of what is being asked of you."</i></p> <p><i>"When she was in the NICU, we were approached many times to be part of a study there, too; but we sort of expected it because it seems to be the 'shtick' here."</i></p>
Past experience with research	<p><i>"But this wasn't the first time we've been involved in a study regarding our daughter. We've been in other studies, so we were not surprised at all."</i></p> <p><i>"My honest reason for declining was because the past studies he has participated in, we have tried to get paperwork on it after the fact and when we knew it was done and nobody has ever been able to provide us with that."</i></p>
Personal motivation	<p><i>"In a way I feel guilty that we weren't willing [to consent]...because I know that it is studies that have made it possible for her to recover so well."</i></p> <p><i>"We feel any participation you can have for furthering knowledge for kids going through similar things [is good]. We have been beneficiaries of that so we want to help in the regard so for us it was a philosophical thing."</i></p>

continued on page 21...

Characteristic	Quotes
Child Factors	
Condition	<p><i>"He had a very bad day. That was the day before the surgery."</i></p> <p><i>"We had to hold him all the time. You put him down for two seconds and then when he would lie, he wouldn't smile. He would just lay in your arms and he would just look up at you with a glazy look."</i></p>
Potential response to pain and/or needles	<p><i>"Because the tests were all going to be done during regular time the blood was going to be withdrawn, so there were no extra pokes, no extra pain to our child, so we thought that was okay."</i></p> <p><i>"We probably say yes to pretty much everything we are asked, as long as there is no discomfort for her."</i></p>
Research Study Factors	
Risk	<i>"The bottom line was that we did not want to increase her risk at all. It didn't matter how small the risk was, we didn't want to increase the risk at all. That was bottom line."</i>
Method	<p><i>"I am not worried because to me it is not really my child that is going to be bothered with that. I am the one who is answering the questions."</i></p> <p><i>"At this stage of the game, it is not an additional blood work. If it had been, we would have said no."</i></p>
Burden	<p><i>"But the ones [tests] that specifically I know that she was requesting downstairs and then blood work possibly later. Then we thought we would not be here, so it was something where we didn't feel that we could provide them with what they needed."</i></p> <p><i>"I think there was one that required a little more of our time and we were just not in a situation to give up that kind of time."</i></p>
Benefit	<p><i>"If it was going to help other kids in other situations and other families along the way, then why wouldn't we want to participate? Even just going from three years ago when we were here to now, it has improved, so why not make even more improvements."</i></p> <p><i>"I think the only time that we would stop and weigh out the benefits is whether or not it would require some kind of extra invasive procedure and if it did require that, I think we probably would have to see that there would be some benefit for [child's name] at the time that it was happening for us to put her through that."</i></p>

Consent encounter factors

Parents identified that characteristics of the consent encounter including timing, location, and information provided about the study were influential in their decision-making. Research assistants who encouraged parents to take time to think about the research study and/or to discuss their child's involvement in the study with a trusted support person prior to making a decision were identified as positively impacting their decision to participate. Phrases such as "all of a sudden", "it was too much at once", "thrown at you", and "don't leave it to the last minute" reflected some parents' experiences of being approached for research consent.

Obtaining parental research consent while their child was in surgery was considered inappropriate and stressful by parents. Parents recommended that a more appropriate time to be approached would be when the child was safely out of the operating room and parents knew that everything had gone well.

Receiving information about the study well ahead of their child's admission to the PICU had a potentially positive influence on the parental consent process. Receiving information in advance of the consent encounter was considered helpful, as

it gave parents time to think in a safe and comfortable setting about the study and consider what it would mean to their child and themselves to be involved in the trial.

Parents identified that learning about the study in a short written format, as well as through a verbal explanation, offered in a clear, concise, calm, and logical manner helped them to feel comfortable in giving informed consent. Verbal information that was easily understood and shared in a setting that allowed for them to ask the research assistant questions was important. Receiving information about the study's purpose, interventions, anticipated risks, and benefits, as well as the voluntary nature of research involvement were identified by parents as very important aspects of their decision-making process. Parents were comfortable considering the request to consent when they felt they had a choice to speak or not to speak with the RA.

Parent factors

Parents revealed that their emotional state; decision-making style; familiarity with the health care team, unit, and hospital; past experience with research; and personal motivation were characteristics that influenced their decisions. Parents stated that their anxiety increased if they were not expecting to be approached by an RA in the PICU. Some parents shared that if they were very focused on their child's condition and/or

survival of their child, they could not focus on the information being presented to them. One parent noted that his concern for his child at the time of the request was a factor in his choice to not consent. Having the opportunity to hear about the study as a mother/father dyad and then to consider the request as partners was helpful for some parents when this was congruent with their decision-making style.

Parents' experiences with research in different contexts impacted their decision-making processes both positively and negatively. A few parents were aware that research was actively conducted at the institution and, therefore, were not surprised when they were approached. These parents recognized that research was part of the hospital and unit's culture and had witnessed many parents' involvement in research studies. However, if parents had a previous negative experience, such as lack of follow-up with research results, they tended to decline participation in subsequent studies.

Some parents shared that the study needed to have some direct benefit for their child at this time, whereas some parents felt that although the research findings would not be of direct benefit to their child in the current situation, they hoped that the findings would be directly beneficial to their child in the future. Other parents shared that they felt obligated by a sense of duty either because others had helped them in the past, or because participation in research was a social expectation.

Child factors

Two characteristics of the child, condition and response to pain and/or needles, were identified by parents as influencing their decisions. Parents explained that they considered their child's condition and the emergent and unexpected nature of their child's admission to PICU. Parents shared that they refused consent for a study if their child was having a bad day or upset, not sleeping well, or not improving as expected. Some parents identified that if they needed to exclusively focus their attention and energies on their child due to their child's condition, they chose not to discuss the research study with the RA. One parent voiced that although she felt the research was important, all she could really do was think about her child at that time and that she couldn't handle talking about anything else that would add an additional burden to her child at that moment.

Some parents stated that their child's past experience with procedures was considered when they refused consent. In addition, their child's potential response to pain and/or needles was taken into account as part of their decision-making.

Research study factors

Characteristics of the research study that influenced parental decision-making included the perceived risk of a negative outcome, method of data collection, potential burden to the child or to themselves, and potential benefit to their child and/or to the care of critically ill children, in general. Data collection methods that did not involve any an extra painful procedure (i.e., blood could be sampled from an indwelling line or tissue samples were obtained in the operating room when child was under general anesthetic) were considered favourable and parents shared that they were willing to consent to those studies.

Parents explained that when they felt the burden on their child to participate in the study was greater than their child's threshold for burden, they would not give their consent. One parent shared that she found studies involving an interview collection method to be acceptable for her participation, but not for her child. Components of burden were identified as any pain or discomfort, additional diagnostic testing, potential increased anxiety, or stress. Burdens to themselves that were also influential in decision-making about consent included time and the need for return to clinic or hospital for follow-up.

Long-term benefits of the study were identified as important considerations, as well. Follow-up over a long period of time, although time-consuming and considered a burden for some parents was seen as a very positive benefit of study participation for one parent. All parents shared their appreciation of the benefits if research included improving care, furthering knowledge, and helping others. Some acknowledged that they knew that their child had benefited from previous research and, in general, they supported their child's participation in pediatric critical care research.

Parents' suggestions

As part of the interview process, parents were asked if they had suggestions for research teams to consider in designing consent procedures. All suggestions offered by parents were related to the consent encounter: (a) inform parents about the study prior to a clinic appointment—both verbally and in written form, (b) inform parents about the study the day before the operation, or when the surgery is completed, that is do not approach families when their child is in the operating room, (c) speak with parents in the child's room rather than asking them to leave the bedside to discuss the study, (d) provide short explanations about the study in written format for parents to take away and review, as part of their decision-making process, (e) provide supplemental information for parents to review prior to making their decision (e.g., CD), (f) reinforce the voluntary nature of the consent several times, and (g) ensure parents do not feel pressured to speak to the RA about the study.

Discussion

Parental decision-making around consent for pediatric critical care research studies appears to be influenced by consent encounter, parent, child, and research study related factors, which may be modifiable by research teams in the design of future clinical trials.

Consent encounter factors: Parents identified that the location of the consent encounter and the time given to ask questions and consider the implications of the study had the potential to add to their stress and anxiety and negatively impact their decision to consent. Similarly, Morris and colleagues (2004) found in a clinical therapeutic trial in the PICU following a critical life threatening event that "parents and health care providers cite the emotional state of the parents and the volume of information that parents must absorb as precluding the possibility of a meaningful informed consent process" (p. 779).

The finding that parents in this study found information in both written and verbal formats helpful to them is consistent with the findings of other researchers. Shilling and colleagues

(2011) explored the differences between practitioners' and parents' accounts of their experiences with the consent process. Parents identified that although the parent information leaflet describing the trials was too long and complex, this form of information sharing was valuable for it enabled them to reflect on the trial in their own time and space.

The decision-making processes related to research consent encounters appear to involve a complex interplay of emotional and intellectual processes between parents and research teams at a time of increased stress (Shilling & Young, 2009). Shilling and colleagues (2011) have suggested one of the most important components of the consent encounter is the research team members' communication that balances the information content with supportive and reflective behaviours to support parental decision-making.

Parent factors

Parents identified that although the research consent process did increase their anxiety at a very stressful time they still chose to consent. However, Menon and colleagues (2012) reported that being too stressed was the most common reason volunteered by parents/legal guardians for declining participation. Researchers must consider the impact of anxiety on parents' understanding of the research study, decision-making style, and the rights of parents and children when considering a request for participation.

Needle et al. (2009), in a study of 28 primary caregivers, reported that high parental anxiety does not appreciably impair comprehension of medical information within 24 hours of a child's admission to the PICU. Similarly, Chappuy et al. (2006) identified the following personal motivators that influenced parents' choice and rationale for enrolling his/her child in a study: hope that their child would receive the most advanced treatments available, confidence in the medical team, and feelings of obligation to participate because they thought there was no available therapeutic alternative. These authors suggest that trust and the quality of the relationship between parents and investigators appear to be the main values required by the parents before giving their consent.

Child factors

Parents identified current condition, such as general well-being and physical status, as important factors that influenced their decision-making related to the research study consent process. Similarly, Shilling and colleagues (2011) highlighted that when parents were fearful for their child's survival or well-being these parents found it difficult to concentrate during the research study discussion. Franck, Mcquillan, Wray, Grocott, and Goldman (2010) reported, in a study of parent stress levels during children's hospital recovery after congenital heart surgery, that the highest level of stress that parents experienced was related to their child's appearance and behaviour. In addition they reported increased stress in parents of infants less than one year of age. Menon et al. (2012) identified that parents of children undergoing cardiac surgery were less likely to consent to a clinical study in the PICU. Colville et al. (2009) reported that parents recalled vivid and shocking images of their child and a mixture of emotions that included horror, fear, disorientation, and impotence when their child was admitted to the PICU.

Understanding that on a child's admission to the PICU, parents must bear witness to their child's pain, discomfort, and anxiety while never letting go of the sense of responsibility that he or she feels for the child because no one can take his or her place in that relationship (Gillis & Rennick, 2006) may explain why parents cannot attend to discussions about research and choose to opt out of those discussions during this time.

Research study factors

Parents identified that some benefit for their child (short term or long term) was essential for them to consent to a study even though the clinical research study may not have influenced the outcome during the child's critical care admission. Similarly, Tait and colleagues (2003) shared that parental perception of a positive benefit of a clinical trial was a significant predictor for parental consent related to a clinical anesthesia or surgery study. Chappuy et al. (2006) also reported that the most frequent reasons parents cited for enrolling their child in a clinical study were the hope that their child would receive the most advanced treatment and also the confidence they placed in the medical team to do the best for their child.

Conclusion

We explored the experience of parents when approached for consent to enroll their child in a pediatric critical care clinical research study. Characteristics of the consent encounter, the parent, the child, and the research study were revealed as factors that parents considered influential in their decision-making processes. Researchers must consider how parents perceive the approach to consent for a research trial for their child and balance the need to protect and support parents of children with critical life-threatening illnesses with the need for pediatric critical care research trials. 

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Financial support

This work was funded by The Canadian Institutes of Health Research.

Acknowledgement

We gratefully acknowledge the contributions of Roxanne Ward and Colleen Gresiuk, the study research nurses who assisted with data acquisition at the participating hospitals, and Judy Rashotte, RN, PhD, for her assistance with data analysis and manuscript preparation.

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Dynamics 2014 Conference Planning Committee

Dynamics 2014 will be held September 21–23, 2014, at the Centre des Congrès de Québec in Quebec City, QC. The Conference Planning Committee is already hard at work on the conference theme for the Call for Abstracts.

Conference Planning Committee:

Renée Chauvin, Conference Planning Chair
Natasha Dupuis
Marie-André Gauthier
Melanie Gauthier
Sandra Goldsworthy
Jennifer Tieu
Linda Massé
Richard Watt
Christine Halfkenny-Zellas, Chief Operating Officer, CACCN
Karen Dryden-Palmer, Vice President/Dynamics Liaison, CACCN

Future sites of Dynamics conferences

Dynamics 2014:

September 21–23, Quebec City, QC

Dynamics 2015:

September 27–29, Winnipeg, MB

Dynamics 2016:

September 25–27, Charlottetown, PEI

Dynamics 2014 Call for Abstracts

Watch for the Dynamics 2014 Call for Abstracts to be released with the Winter Dynamics Journal. The online submission process will be live by no later than November 15, 2013.



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AWARD INFORMATION

The Draeger Medical Canada Inc. “Chapter of the Year” Award



The Draeger Medical Canada Inc. “Chapter of the Year” Award is presented to recognize the effort, contributions and dedication of a CACCN Chapter in carrying out the purposes and goals of the association.

The Chapter of the Year criteria are founded on the CACCN Mission Statement and recognize the Chapter activity in this regard with specific emphasis on Member Service, Innovation, Specialty Promotion and Fiscal/Membership Health.

Award funds available: \$500.00 plus a plaque

Deadline for submission: May 31 annually

Application process: Chapters must apply for consideration

Criteria for the award program

- The award program will be for the period of April 1 to March 31 each year
- Chapters may receive the award for one year followed by a two-year lapse before receiving again
- A point system has been developed to fairly evaluate chapter accomplishments during the year
- The chapter that accumulates the most points will be the successful recipient of the Chapter of the Year Award
- CACCN reserves the right to adjust points depending upon supporting materials submitted
- In the case of a tie, CACCN reserves the right to determine the recipient of the award
- The award recipient will be announced at Chapter Connections Day and at the annual awards ceremony at Dynamics.

Conditions for the award program

- All chapters of CACCN are eligible for consideration of the Chapter of the Year Award provided all quarterly and annual financial/activity reports are on file with CACCN National Office for the qualifying period
- Chapters will be responsible for ensuring national office receives all required documentation to validate accumulated points
- If the above conditions are not met, the chapter will not be eligible for consideration
- Announcement of the successful chapter will be published in CACCN publications
- All chapter reports /scoring will be available for review at Chapter Connections Day/Dynamics.

Points system

Innovation

Member Service

- Any educational event coordinated and hosted by the local chapter is eligible. Total hours of education offered in the award period will be total (concurrent sessions are accumulated) and divided by the membership number as a denominator. This will be converted to a rate/1000
- **Submission guidelines:**
 - Brochure, advertising or pamphlet and copy of agenda (including hours of education)
 - Attendee numbers
 - Evaluation of session
- **Formula: Total hours of education offered/total chapter members × 1000 = innovation score**
- Using this calculation, the final educational contribution hours will be adjusted for size of chapter and expressed in rates for direct comparison.

Public education, community service: Promoting the image of critical care nursing

- Any public or community service event coordinated and hosted by the local chapter is eligible. Total hours offered in the award period will be total (concurrent activities are accumulated) and divided by the membership number as a denominator. This will then be converted to a rate/1000
- These projects must be presented under the auspices of the CACCN chapter (i.e., participating in blood pressure clinics, teaching CPR to the public, participating in health fairs)
- **Submission guidelines:**
 - Validation must be provided that the event was a CACCN-sponsored project
 - For example, submitting a letter from the receiving group or a picture of the event, etc.
- **Formula: Total hours of events offered/total chapter members × 1000 = innovation score.**

Communication—Fiscal health—Membership sustainability

Recruitment Points

- Calculated based on the percentage of new members recruited, as compared to the total membership of the previous year:

Percentage	Points	Percentage	Points
01–10%	10	51–60%	60
11–20%	20	61–70%	70
21–30%	30	71–80%	80
31–40%	40	81–90%	90
41–50%	50	91–100%	100

- **Formula: Total new members/total chapter members × 100 = Recruitment points**

Sustained membership points

- Points are allotted for percentage of membership sustained over this past year
- Any member with a membership lapse of 12 months or more will be considered a new member
 - i.e., a membership expires April 2011 and is renewed February 2012. This member would be considered a **renewing** member
 - i.e., a membership expires April 2011 and is renewed June 2012. This member would be considered a new member due to the lapse in membership of more than 12 months.
- Sustained membership points are calculated based on the percentage of renewing members in the fiscal year.

Percentage	Points	Percentage	Points
01–10%	10	51–60%	60
11–20%	20	61–70%	70
21–30%	30	71–80%	80
31–40%	40	81–90%	90
41–50%	50	91–100%	100

- **Formula: Total renewed members/total chapter members × 100 = Recruitment points.**

Contribution to specialty knowledge— Publications and presentations

Publications

- Points will be calculated for chapter members who have contributed articles to:
 - the chapter newsletter or *Dynamics*, Journal of the Canadian Association of Critical Care Nurses (Fall, Winter, Spring Journals for the fiscal year—the Summer Abstract Journal is not included)
- Chapters are responsible for providing:
 - list of member contributions, together with a copy of the chapter newsletter
 - list of member contributions to the journal, together with the journal issue/date.

Each article = 25 points

Presentations

- Points will be calculated for chapter members who have contributed presentations at local, provincial and national CACCN activities
- Points will only be awarded once for a presentation, regardless of the number of times/venues at which it is presented
- Chapters are responsible for providing:
 - list of member contributions, together with a copy of the brochure or flyer for the event.

Each presentation = 25 points

Critical care certification—CNCC(C) and CNCC(P)

- Points will be calculated for chapter members who have successfully completed the CNA Certification Examination
- Points will be calculated for chapter members who have successfully renewed their CNA Certification
- Members' names must appear on the certification list received directly from the CNA to qualify.

Initial certification = 10 points per %

Renewal certification = 5 points per %

Add together for total certification score

- Formula Initial Certification: Number of members certified / total chapter membership × 100 = Percentage
- Formula Certification Renewal: Number of members re-certified/total chapter membership × 100 = Percentage
- Add the two percentages together for certification score.

Good luck in your endeavours!

The CACCN Board of Directors and Draeger Medical Canada retain the right to amend the award criteria.

CACCN Research Grant



The CACCN research grant has been established to provide funds to support the research activities of a CACCN member that are relevant to the practice of critical care nursing. A grant will be awarded yearly to the investigator of a research study that directly relates to the practice of critical care nursing.

Award funds available: \$2,500.00

Deadline for submission: February 15

Send applications to CACCN National Office at caccn@caccn.ca or fax to 519-649-1458 or mail to: CACCN, PO Box 25322, London, ON N6C 6B1. Mailed applications must be post-marked on or before February 15.

Eligibility:

The principal investigator must:

- Be a member of CACCN in good standing for a minimum of one year
- Note: where a student is submitting the research grant application and is ineligible to act as the principal investigator, the student must be a member of CACCN in good standing for a minimum of one year
- Be licensed to practise nursing in Canada
- Conduct the research in Canada
- Publish an article related to the research study in *Dynamics*
- CACCN members enrolled in a graduate nursing program may also apply
- Members of the CACCN board of directors and the awards committee are not eligible.

Budget and financial administration:

- Funds are to be issued to support research expenses
- Funds must be utilized within 12 months from the date of award notification.

Review process:

- Each proposal will be reviewed by a research review committee
- Its recommendations are subject to approval by the board of directors of CACCN
- Proposals are reviewed for potential contribution to the practice of critical care nursing, feasibility, clarity and relevance
- The recipient of the research grant will be notified in writing.

Terms and conditions of the award:

- The research is to be initiated within six months of receipt of the grant
- Any changes to the study timelines require notification in writing to the board of directors of CACCN
- All publications and presentations arising from the research study must acknowledge CACCN
- A final report is to be submitted to the board of directors of CACCN within three months of the termination date of the grant
- The research study is to be submitted to the *Dynamics* Journal for review and possible publication.

Application requirements:

- A completed application form
- A grant proposal not in excess of five single-spaced pages exclusive of appendices and application form
- Appendices should be limited to essential information, e.g., consent form, instruments, budget
- A letter of support from the sponsoring agency (hospital, clinical program) or thesis chairperson/advisor (university faculty of nursing)
- Evidence of approval from an established institutional ethical review board for research involving human subjects and/or access to confidential records. Refer to CNA publication *Ethical Guidelines for Nursing Research Involving Human Subjects*
- A brief curriculum vitae for the principal investigator and co-investigator(s) describing educational and critical care nursing background, CACCN participation, and research experience. An outline of their specific research responsibilities
- Proof of CACCN active membership and Canadian citizenship
- Facility approval for commencement of study.

CACCN Research Grant Application located at <http://www.caccn.ca/en/awards/index.html> or via CACCN National Office at caccn@caccn.ca.

The CACCN Board of Directors retains the right to amend the award criteria.

The Editorial Awards

The Editorial Awards will be presented to the authors of two written papers in *Dynamics*, the Journal of the Canadian Association of Critical Care Nurses, which demonstrate the achievement of excellence in the area of critical care nursing.

Award funds available: \$1,250.00 total

- \$750.00 award will be given to the author(s) of the best article
- \$500.00 award will be given to the author(s) of the runner-up article
- It is expected that the award funds will be used for professional development
- More specifically, the funds must be used by the recipient within 12 months following the announcement of the winners, or within a reasonable time, to cover and/or allay costs incurred while attending critical care nursing-related educational courses, seminars, workshops, conferences or special programs or projects approved by the CACCN, and to further one's career development in the area of critical care nursing.

Deadline for submission: Fall, Winter and Spring Journal manuscripts annually.

Send **manuscripts for publication** to CACCN National Office at caccn@caccn.ca or fax to 519-649-1458 or mail to: CACCN, PO Box 25322, London, ON N6C 6B1

Eligibility

- The author is an active member of the Canadian Association of Critical Care Nurses (minimum of one year)
 - Should there be more than one author, at least one has to be an active member of the Canadian Association of Critical Care Nurses (minimum of one year)
- The author(s) is prepared to present the paper at Dynamics of Critical Care Conference (optional)
- The paper contains original work, not previously published by the author(s)
- Members of the CACCN board of directors, awards committee or editorial committee of *Dynamics*, the Journal of the Canadian Association of Critical Care Nurses, are excluded from participation in these awards.

Criteria for evaluation

- The topic is approached from a nursing perspective
- The paper demonstrates relevance to critical care nursing
- The content is readily applicable to critical care nursing
- The topic contains information or ideas that are current, innovative, unique and/or visionary
- The author was not the recipient of the award in the previous year.

Style

- The paper is written according to the established guidelines for writing a manuscript for *Dynamics*, the Journal of the Canadian Association of Critical Care Nurses
- For the *Dynamics* manuscript submission guidelines, please refer to the CACCN Information for Authors at <http://www.caccn.ca/en/publications/dynamics/authors.html>

Selection

- The papers are selected by blind review by the awards committee in conjunction with the CACCN board of directors.
- The awards committee reserves the right to withhold the awards if no papers meet the criteria.

Presentation

The awards are presented by representatives of the sponsoring company or companies at the Dynamics of Critical Care Conference.

The CACCN Board of Directors retains the right to amend the award criteria.

The Spacelabs Innovative Project Award



The Spacelabs Innovative Project Award will be presented to a group of critical care nurses who develop a project that will enhance their professional development.

Award funds available: \$1,500.00 total

- \$1,000.00 will be granted to the Award winner
- \$500.00 will be granted for the runner up
- A discretionary decision by the review committee may be made, for the award to be divided between two equally deserving submissions for the sum of \$750.00 each.

Deadline for submission: June 1 each year

Send applications to CACCN National Office at

caccn@caccn.ca or fax to 519-649-1458 or

Mail to: CACCN, PO Box 25322, London, ON N6C 6B1

Mailed applications must be postmarked on or before June 1

Do you have a unique idea?

Award criteria:

- The primary contact person for the project must be a CACCN member in good standing for a minimum of one year
- Applications will be judged according to the following criteria:
 - the number of nurses who will benefit from the project
 - the uniqueness of the project
 - the relevance to critical care nursing
 - consistency with current research/evidence
 - ethics
 - feasibility
 - timeliness
 - impact on quality improvement.
- If the applicant(s) are previous recipients of this award, there must be a one-year lapse before submitting an application
- Members of the CACCN board of directors and the awards committee are not eligible.

Award requirements:

- Within one year, the winning group of nurses is expected to publish a report that outlines their project in *Dynamics*.

The CACCN Board of Directors and Spacelabs Healthcare retain the right to amend the award criteria.

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Educational Award

Award value: \$1,000.00 each (two awards)

Deadlines: January 31 and September 1 of each year

The CACCN Educational Awards have been established to provide funds (\$1,000.00 each) to assist critical care nurses to attend continuing education programs at the baccalaureate, master's and doctorate of nursing levels. All critical care nurses in Canada are eligible to apply, except members of the CACCN board of directors.

Criteria for application:

1. Be an active member of CACCN in good standing for a minimum of one (1) year
2. Demonstrate the equivalent of one (1) full year of recent critical care nursing experience in the year of the application
3. Submit a letter of reference from his/her current employer
4. Be accepted to an accredited school of nursing or recognized critical care program of direct relevance to the practice, administration, teaching and research of critical care nursing
5. Has not been the recipient of this award in the past two years
6. Incomplete applications will not be considered; quality of application will be a factor in selecting recipient.

Application process:

1. Submit a completed CACCN educational award application package to National Office (forms package online at www.caccn.ca)
2. Preference will be given to applicants with the highest number of merit points
3. Keep a record of merit points, dating back three (3) years
4. Submit all required documentation outlined in criteria—candidate will be disqualified if documentation is not submitted with application
5. Presentations considered for merit points are those that are not prepared as part of your regular role and responsibilities
6. Oral and poster presentations will be considered.

Post-application process:

1. All applications will be acknowledged in writing from the awards committee
2. Unsuccessful applicants will be notified individually by the awards committee
3. Recipients will be acknowledged at the Dynamics of Critical Care Conference and their names will be published in the journal.

CACCN Chapter Recruitment and Retention Awards

This CACCN initiative was established to recognize the chapters for their outstanding achievements with respect to recruitment and retention.



Recruitment Initiative:

This initiative will benefit the chapter if the following requirements are met:

- Minimum of 25% of membership is **new** between April 1 to March 31, the chapter will receive one (1) full Dynamics tuition
- Minimum of 33% of membership is **new** between April 1 to March 31, the chapter will receive one (1) full Dynamics tuition and one (1) \$100.00 Dynamics tuition coupon.

Retention Initiative:

This initiative will benefit the chapter if the following requirements are met:

- If the chapter has greater than 80% renewal of its previous year's members, the chapter will receive three \$100.00 coupons to Dynamics of that year
- If the chapter has greater than 70% renewal of its previous year's members, the chapter will receive two \$100.00 coupons to Dynamics of that year
- If the chapter has greater than 60% renewal of its previous year's members, the chapter will receive one \$100.00 coupon to Dynamics of that year.

BBraun Sharing Expertise Award

Award funds available: \$ 1,000.00

Deadline for submission: June 1 each year

The BBraun Sharing Expertise Award will be presented to an individual who exhibits stellar leadership and mentoring abilities in critical care.

The candidate is an individual who supports, encourages, and teaches colleagues. The candidate must demonstrate a strong commitment to the practice of critical care nursing and the nursing profession. These qualities may be demonstrated by continuous learning, professional involvement, and a commitment to guiding novice nurses in critical care.

Each nomination must have the support of another colleague and the individual's manager. It is not necessary for the candidate to be in a formal leadership or education role to qualify for this award.



Send applications to CACCN National Office at caccn@caccn.ca or fax to 519-649-1458 or

Mail to: CACCN, PO Box 25322, London, ON N6C 6B1

Mailed applications must be postmarked on or before June 1

Eligibility criteria:

- Nominee must be a CACCN member for a minimum of one (1) year
- The nominee must have at least three (3) years of critical care nursing experience
- At least one nomination letter must be written by a CACCN member
- Preference is given to a mentor who has CNA Certification
- The nominee must demonstrate an awareness of, and adherence to, the standards of nursing practice as determined by the provincial nursing body, and the Standards of Critical Care Nursing (2009)
- CACCN board of directors are not eligible to apply for the award.

Three (3) letters of support are required:

- The nominator must outline the qualities of the candidate, and reasons the candidate should be chosen to receive the award
- Two additional letters must testify to the eligibility of the candidate, as well as outline his/her attributes (one must be written by the nominee's manager)
- All three letters must be sent by electronic mail by each person on the same day with the subject matter: "BBraun Sharing Expertise Award—Candidate's Name" to the Director responsible for awards at National Office (caccn@caccn.ca).

Selection process:

- Each nomination will be reviewed by the Awards Committee in conjunction with the CACCN Director of Awards & Sponsors
- The successful candidate will be notified by email and regular mail
- The successful candidate will be recognized at the annual Awards Ceremony at the Dynamics conference and her/his name will be published in *Dynamics*
- The funds may be used to attend educational programs or conferences related to critical care
- The Awards Committee reserves the right to withhold the award if no candidate meets the criteria outlined.

The CACCN Board of Directors & BBraun Medical retain the right to amend the award criteria.

The Brenda Morgan Leadership Excellence Award

Award funds available: \$1,000.00 plus award trophy



Deadline for submission: June 1

The Brenda Morgan Leadership Award was established in June 2007 by the CACCN Board of Directors to recognize and honour Brenda Morgan, who has made a significant contribution to CACCN and critical care nursing over many years. Brenda was the first recipient of the award. Brenda is highly respected for her efforts in developing, maintaining and sustaining CACCN in past years.

This award for excellence in leadership will be presented to a nurse who, on a consistent basis, demonstrates outstanding performance in the area of leadership in critical care. This leadership may have been expressed as efforts toward clinical advances within an organization, or leadership in the profession of nursing in critical care. The results of this individual's leadership must have empowered people and/or organizations to significantly increase their performance capability in the field of critical care nursing.

The Brenda Morgan Leadership Excellence Award has been generously sponsored by CACCN in order to recognize and honour a nurse who exemplifies excellence in leadership, in the specialty of Critical Care.

Send applications to CACCN National Office at

caccn@caccn.ca or fax to 519-649-1458 or

Mail to: CACCN, PO Box 25322, London, ON N6C 6B1

Mailed applications must be postmarked on or before June 1

Eligibility criteria:

Persons who are nominated for this award will have consistently demonstrated qualities of leadership and are considered visionaries and innovators in order to advance the goals of critical care nursing.

The nominee must:

- Have been a member of CACCN for a minimum of five (5) years
- Have a minimum of five (5) years of critical care nursing experience
- Be registered to practise nursing in Canada
- Have demonstrated volunteerism and significant commitment to CACCN
- Have participated in CACCN activities at local or national levels
- Been a member of the CACCN chapter executive or national Board of Directors
- Have helped to plan a workshop or a conference or indirectly provided support of CACCN activities through management activities—supporting staff to participate in CACCN projects or attend conferences
- Hold a valid adult or pediatric specialty in critical care certification—Certified Nurse in Critical Care—CNCC(C) or CNCCP(C) from the CNA (preferred)

- Have demonstrated a leadership role or have held a key leadership position in an organization related to the specialty of critical care
- Consistently conducts themselves in a leadership manner
- Have effectively engaged others in the specialty of critical care nursing
- Have role modelled commitment to professional self development and lifelong learning
- On a consistent basis, exemplifies the following qualities/values:
 - pro-active / innovator / takes initiative
 - takes responsibility/accountability for actions
 - imagination/visionary
 - positive communication skills
 - interdependence
 - integrity
 - recognition of new opportunities
 - conflict resolution skills/problem solving skills.

Application process:

- The application involves a nomination process
- Please submit two letters describing how the nominee has demonstrated the items under the criteria section of this award
 - Please use as many examples as possible to highlight what this candidate does that makes her/him outstanding
 - The selection committee depends on the information provided in the nomination letters to select award winners from amongst many deserving candidates
- Members of the CACCN board of directors and the awards committee are not eligible
- Award recipients will be notified in writing of their selection for the award
- Recipients will be honoured during the awards ceremony, at the annual Dynamics Conference
- Recipient names and possibly a photo will be published in *Dynamics*.

Selection process:

- Each nomination will be reviewed by the award committee in conjunction with the CACCN Director of Awards and Sponsorship
- The Brenda Morgan Leadership Awards committee will consist of:
 - Two members of the board of directors and Brenda Morgan (when possible)
- The awards committee reserves the right to withhold the award if no candidate meets the criteria outlined.

Terms and conditions of the award:

- The award recipient will be encouraged to write a reflective article for *Dynamics*, sharing their accomplishments and describing their leadership experience. The article should reflect on the recipient's passion to move critical care nursing forward, their leadership qualities and how they used these effectively to achieve their outcome.

The CACCN Board of Directors retains the right to amend the award criteria.

Cardinal Health Chasing Excellence Award



Award value: \$1,000.00

Deadline: June 1 annually

This award is presented annually to a CACCN member who consistently demonstrates excellence in critical care nursing practice. The Cardinal Health Chasing Excellence Award is \$1,000.00 to be used by the recipient for continued professional or leadership development in critical care nursing.

The Cardinal Health Chasing Excellence Award is given to a critical care nurse who:

- In critical care, has a primary role in direct patient care
- Has been a CACCN member in good standing for three or more years
- Holds a certificate from CNA in critical care CNCC(C) or CNCCP(C) (preferred)
- Note: Current members of the national board of directors are not eligible.

The Cardinal Health Chasing Excellence Award recipient consistently practises at an expert level as described by Benner (1984). Expert practice is exemplified by most or all of the following criteria:

- Participates in quality improvement and risk management to ensure a safe patient care environment
- Acts as a change agent to improve the quality of patient care when required
- Provides high-quality patient care based on experience and evidence
- Effective clinical decision-making supported by thorough assessments
- Has developed a clinical knowledge base and readily integrates change and new learning to practice
- Is able to anticipate risks and changes in patient condition and intervene in a timely manner
- Sequences and manages rapid multiple therapies in response to a crisis (Benner, Hooper-Kyriakidis & Stannard, 1999)
- Integrates and coordinates daily patient care with other team members
- Advocates and develops a plan of care that consistently considers the patient and family and ensures they receive the best care possible
- Provides education, support and comfort to patients and their families to help them cope with the trajectory of illness and injury, to recovery, palliation or death
- Role models collaborative team skills within the inter-professional health care team
- Assumes a leadership role as dictated by the dynamically changing needs of the unit
- Is a role model to new staff and students
- Shares clinical wisdom as a preceptor to new staff and students
- Regularly participates in continuing education and professional development.

Nominations:

Two letters describing the nominee's clinical excellence and expertise are required, one of which must be from a CACCN member. The nomination letters need to include three concrete

clinical examples outlining how the nominee meets the above criteria and demonstrates clinical excellence in practice. In addition, a supporting letter from a supervisor, such as a unit manager or team leader, is required.

Selection:

Each nomination will be reviewed by the awards committee in conjunction with the CACCN director of awards and sponsors. The successful recipient will be notified by mail, recognized at the annual awards ceremony at the Dynamics conference and her/his name will be published in *Dynamics*. The awards committee reserves the right to withhold the award if no candidate meets the criteria.

References:

- Benner, P. (1984). *From novice to expert. Excellence and power in clinical nursing practice*. Menlo Park: Addison-Wesley.
- Benner, P., Hooper-Kyriakidis, P., & Stannard, D. (1999). *Clinical wisdom and interventions in critical care: A thinking-in-action approach*. Philadelphia: Saunders.

Canadian Intensive Care Week "Spotlight" Challenge



The CACCN Canadian Intensive Care Week "Spotlight" Challenge will be presented to a group of critical care nurses who develop an activity and/or event that will profile their local critical care team during Canadian Intensive Care Week.

Award funds available: \$450.00 total

Deadline for submission: August 15

Send applications to CACCN National Office at caccn@caccn.ca or fax to 519-649-1458 or mail to: CACCN, P.O. Box 25322, London, ON N6C 6B1

Mailed applications must be postmarked on or before August 15. *Share your Canadian Intensive Care Week activities!*

Award criteria

- The primary contact person for the project must be an active member of CACCN (for at least one year).
- Applications will be judged according to the following criteria:
 - increase the visibility of critical care services in your local community
 - uniqueness/creativity of the activity/event
 - relevance to objectives of Canadian Intensive Care Week
 - feasibility of activity/event

Award requirements

- Event/activity must be held during Canadian Intensive Care Week
- Following the event/activity, a report must be submitted with photographs*, if possible, for publication in the *Dynamics* Journal within 45 days of the event being held
- All submissions become the property of CACCN and may be used in current/future publications (print and electronic)

The CACCN Board of Directors retains the right to amend the award criteria.

* CACCN Photographic Consent forms must accompany all photographs submitted



WHY CACCN?

Vision: The voice for excellence in Canadian Critical Care Nursing

CACCN Mission Statement

The CACCN is a non-profit, specialty organization dedicated to maintaining and enhancing the quality of patient- and family-centred care by meeting educational needs of critical care nurses.

Engages and empowers nurses through education and networking to advocate for the critical care nurse.

Develops current and evidence informed standards of critical care nursing practice.

Identifies professional and political issues and provides a strong unified national voice through our partnerships.

Facilitates learning opportunities to achieve Canadian Nurses Association's certification in critical care.

CACCN Values Statement

Our core values are:

Excellence and Leadership

- Collaboration and partnership
- Pursuing excellence in education, research, and practice

Dignity & Humanity

- Respectful, healing and humane critical care environments
- Combining of compassion and technology to advocate and promote excellence

Integrity & Honesty

- Accountability and the courage to speak for our beliefs
- Promoting open and honest relationships

Revised April 2013

Application for membership

Name: _____

Address: _____
(Street)

_____ (City) _____ (Province) _____ (Postal code)

W (____) ____ - _____ H (____) ____ - _____ F (____) ____ - _____

E-mail: _____

Employer: _____

Position: _____

Area of Employment: _____

Nursing Registration No.: _____ Province: _____

Chapter Affiliation (if known): _____

Sponsor's Name: _____
(If applicable)

Type of membership:

- New Member—one year \$75.00 + taxes New Member—two years \$140.00 + taxes
 Renewal—one year \$75.00 + taxes Renewal—two years \$140.00 + taxes
CACCN # _____
 Student Member—one year \$50.00 + taxes

Membership fees: add GST/HST based on province of residence

Are you a CNA/RNAO member? Yes No

Signature: _____

Date: _____

This application is for both national and chapter membership.

Make cheque or money order payable to:

Canadian Association of Critical Care Nurses (CACCN)

Mail to: CACCN, P.O. Box 25322, London, ON N6C 6B1

Or fax with Visa/MasterCard number, expiry date to: 519-649-1458

Telephone: 519-649-5284; Fax: 519-649-1458; Toll-free: 1-866-477-9077

e-mail: caccn@caccn.ca; website: www.caccn.ca

Visa/MasterCard: _____ Expiry: _____

Automatic renewal

CACCN has implemented an "Automatic Renewal" feature. Under the auto renewal, if you provided a credit card number, your membership will automatically renew on your next membership expiry date, so you will no longer have to worry about remembering to renew! Depending on the month and type of membership selected (one or two years) when your membership application is completed, one or two years later, CACCN will charge your credit card for membership dues based on your membership at the time of renewal. Following automatic renewal, CACCN will mail your membership card/receipt. You will no longer have to worry about a thing, as your member benefits will continue without interruption! For FAQs on Automatic Renewal, visit www.caccn.ca/JOINUS

DYNAMICS

Information for Authors

Dynamics: The Journal of the Canadian Association of Critical Care Nurses (CACCN) is distributed to members of the CACCN, to individuals, and to institutions interested in critical care nursing. The editorial board invites submissions on any of the following: clinical, education, management, research and professional issues in critical care nursing. Critical care encompasses a diverse field of clinical situations, which are characterized by the nursing care of patients and their families with complex, acute and life-threatening biopsychosocial risk. While the patient's problems are primarily physiologic in nature, the psychosocial impact of the health problem on the patient and family is of equal and sometimes lasting intensity. Articles on any aspect of critical care nursing are welcome.

The manuscripts are reviewed through a blind, peer review process.

Manuscripts submitted for publication must follow the following format:

1. Title page with the following information:

- Author(s) name and credentials, position
- Place of employment
- If there is more than one author, the names should be listed in the order that they should appear in the published article
- Indicate the primary person to contact and address for correspondence.

2. A brief abstract of the article on a separate page.

3. Body of manuscript:

- Length: a maximum of 15 pages including tables, figures, and references
- Format: double spaced, 1-inch margins on all sides. Pages should be numbered sequentially including tables, and figures. Prepare the manuscript in the style outlined in the American Psychological Association's (APA) Publication Manual 6th Edition
- Use only generic names for products and drugs
- Tables, figures, illustrations and photographs must be submitted each on a separate page after the references
- References: the author is responsible for ensuring that the work of other individuals is acknowledged accordingly. Direct or indirect quotes must be acknowledged according to APA guidelines
- Permission to use copyrighted material must be obtained by the author and included as a letter from the original publisher when used in the manuscript.

4. Copyright:

- Manuscripts submitted and published in *Dynamics* become the property of CACCN. Authors submitting to *Dynamics* are asked to enclose a letter stating that the article has not been previously published and is not under consideration by another journal.

5. Submission:

- Please submit the manuscript electronically as a Word attachment to the editorial office as printed in the journal. Accepted manuscripts are subject to copy editing.
- All authors must declare any conflicts of interest and acknowledge that they have made substantial contributions to the work and/or contributed substantially to the manuscript at the time of acceptance.

Revised November 2011



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