As the country watches one of the largest wildfires in Canadian history wreak havoc on Fort McMurray, we are inundated with images of destruction, tragedy and suffering. But out of all this turmoil we have seen heroes emerge, from all walks of life, to offer compassion and bring hope in a time of need.

When we say hero, most people immediately think of the firefighters battling the flames, but not many think of the nurses forced to evacuate at a moment’s notice, some transporting precious cargo in the form of new born neonatal babies, others ensuring there is no lag in care for the severely sick.

These nurses have been working non-stop, giving everything they have and then some more – whatever it takes to get the job done. In some cases, the nurses are unsure about the whereabouts or status of their own loved ones, yet they push through physical and emotional exhaustion and continue to care for their patients.

Their level of professionalism in this chaotic time coupled with their commitment to patient care is truly remarkable.

The nurses in Fort McMurray are the embodiment of what it means to be a nurse – courageous, committed, caring, placing the well-being of patients above all else.

While we may not physically be there, on the ground, the more than 12,000 MNU members are standing with the nurses of Fort McMurray, holding them up, cheering them on and being so proud to call them colleagues.

The Manitoba Nurses Union is donating $5,000, on behalf of our membership, to help those affected by the natural disaster. So far, member organizations of the Canadian Federation of Nurses Unions (CFNU) have contributed $57,101 to the cause.

If you would like to make a personal donation, you can do so by texting REDCROSS to 30333 to give $5, or visit www.redcross.ca to make an online donation. The federal government will match all donations.

Sandi Mowat
Front Lines is published by the Manitoba Nurses Union (MNU). Founded in 1975, MNU continues to be an active member driven organization dedicated to meeting the needs of its members. Approximately 12,000 nurses province-wide belong to MNU. That’s 97% of unionized nurses in Manitoba.

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MNU is affiliated with the Canadian Federation of Nurses’ Unions and the Canadian Labour Congress. MNU is a member of the Canadian Association of Labour Media. MNU adheres to all Privacy Legislation requirements.

Publication Agreement #40021526

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MNU president Sandi Mowat opened the event by speaking about the issues of the past year and highlighting some of the issues that the organization will face in the coming year.

She touched on the extensive work MNU has done in regards to post traumatic stress disorder.

“You can take a great deal of pride in the fact that Manitoba’s Presumptive Legislation, which included nurses, was implemented January 1, 2016,” she said.

She went on to say that there is plenty more work still to be done in this area, especially in regards to the need for inclusion of psychosocial and psychological hazards in Manitoba’s Workplace Health and Safety Regulation. She said that MNU will continue to pursue this very important issue.

“We cannot have healthy patients and a stable health care system without healthy nurses and safe workplaces,” she said.

Next, she spoke about the upcoming Central Table Bargaining; the agreement which covers approximately 10,000 members is currently in its fourth and final year. The agreement, negotiated in 2014, contained a total of 10 per cent in wage increases and market adjustments. The final 1 per cent increase will occur on October 1, 2016.

Greetings from CFNU

Mowat’s speech was followed by greetings on behalf of the national nurses’ unions.

CFNU president Linda Silas spoke about the organization’s lobbying efforts in securing a new Canada Health and Social Accord.

She said that when it comes to health care “we expect better from all levels of government”.

She went on to speak about some of the issues faced by other nursing unions across the country stemming from the fact they do not represent all categories of nurses.

She praised the founding members of MNU for their progressive thinking 41 years ago by saying that they were wise to form a union that is representative of all nurses.

Resolutions and Motions

On the second day of the annual general meeting, the delegates engaged in spirited debate over a resolution dealing with salary scales and scope of practice. Several motions were discussed one of which involved adopting a standardized uniform, similar to what was done in Nova Scotia a few years ago.

Yellow Ribbon Awards

The meeting wrapped up with the presentation of the Yellow Ribbon awards, presented annually to members who have shown a commitment to activism and advocacy, especially at the grassroots level.

This year, the awards were presented to:

Joanne Reimer,
Public Health Worksite #1

Joanne is the current vice-president of worksite #1 and has been an active union member for more than 15 years. Many nurses have benefited from
her mentorship over her career and continue to do so through her advocacy and guidance especially in dealing with the exhaustive interview processes and related grievances.

Renate McGowan, Bethesda Worksite #101
Renate’s passion for unionism became evident from the moment she became a nurse. Over the years, she has been a strong voice for the nurses at Bethesda, most recently culminating in the Independent Assessment Committee hearing to raise concerns on the obstetrical unit. Her work ethic, emphasis on holistic patient care and positive attitude is an invaluable asset to both her colleagues and patients.

Kimberley Fraser, HSC Local #10
Kim has been a constant support and mentor for the nurses on PICU. Her courage in speaking out about her experiences and the long-term impact of working on such an incredibly challenging unit has empowered nurses to come forward and share their stories about workplace trauma.

Marguerite Smith, Treherne Worksite #127
Marguerite helped with the organization of worksite 127 and has been an active union member for 27 years. Marguerite is a constant and strong advocate and is never too busy to provide a helping hand, pass on advice or impart her knowledge and experience.

Yellow Ribbon recipients (left to right)
Marguerite Smith, Joanne Reimer, MNU president Sandi Mowat, Kim Fraser and Renate McGowan.
The Trans-Pacific Partnership (TPP) is a 12-nation trade agreement that has been described as upgrade and expansion of the North American Free Trade Agreement (NAFTA). The agreement, which covers 40 per cent of the world’s economy, is comprised of 12 countries and creates a free-trade zone around the Pacific.

The participating countries are:

TPP’s Impact on Health Care
Canada relies on two key reservations to protect its public health care system. These exemptions shield government measures in the health sector from some, but not all, of the TPP’s investment and services obligations.

The first of these, Annex I, includes a general reservation that allows Canadian provincial and local governments to maintain all their existing non-conforming measures i.e. any law, regulation, procedure, requirement or practice, which violates certain articles of the investment agreement, including those in the health sector.

The second, Annex II, protects existing non-conforming measures and allows the Canadian government to adopt new measures that would otherwise be TPP-inconsistent.

Ban on Medicare Expansion
The TPP investor protections gives foreign investors the ability to sue governments and
would make it more difficult and extremely costly for the Canadian government to establish new public health programs in areas that were previously delivered through private providers.

So, while the current Medicare system is protected under Annex I, the establishment of a national pharmacare program, i.e. an additional program, would be viewed as being in violation of the trade agreement.

The TPP financial services chapter actually makes it easier for foreign insurers to challenge the expansion of public health insurance by allowing investor-state disputes which is where investors or private enterprises can make a legal claim against a government should they believe the minimum standards of the treaty obligation are being violated.

**Increased Drug Costs and Safety Concerns**

Under the TPP, Canada would be mandated to extend the length of drug patents which will delay the introduction of lower cost generic drugs. Canada’s per capita drug costs are already the fourth highest among countries in the Organization for Economic Co-operation and Development (OECD). According to the latest OECD data, Canadians pay an average of US$713 annually for pharmaceuticals, significantly higher than the OECD average of US$515.

Furthermore, the TPP includes many new patent rights for U.S. and Japanese drug companies to comment on, review and appeal Canadian regulatory decisions, which could adversely affect drug approvals and safety. Faster regulatory approvals of medicines have been shown to lead to a higher incidence of safety problems, including warnings and withdrawals.

**The NCLEX-RN and Privacy Protection**

In 2015, the American based NCLEX- RN was introduced in Canada as the new licensing exam for registered nurses. The pass rate for graduate nurses plummeted and nurses’ unions immediately raised concerns over the exam’s content, inadequate translation and lack of preparatory materials in French.

Many nursing organizations have called for the removal of the exam, however, under the TPP, it would be extremely difficult for Canada to get rid of the exam. In fact, if provincial governments or the regulatory bodies tried to stop using the exam, the U.S. company providing the exam could trigger an investor-state dispute under the TPP.

While most people are aware of the issues with the exam content and the poor results of Canadian nursing students, there has been much less publicity surrounding the concerns over the privacy of nurses’ personal data. According to the TPP chapter on e-commerce, data, including personal information (i.e. nurses’ personal data compiled during NCLEX) will no longer need to be stored locally and can be stored in the United States, with the risk of being subjected to intrusive U.S. security laws such as the Patriot Act.

**Temporary Entry of Health Professionals**

In the past, temporary entry provisions in trade agreements have had major implications for the health sector. In the 1990s thousands of Canadian nurses moved to the United States under NAFTA’s temporary entry provisions.

While the TPP has a temporary entry provision, Canada has excluded “all health, education and social services occupations and related occupations”. This means that Canada offers no new access to health services professional in the TPP, other than what is already provided under existing agreements.

**CURRENT STATUS**

This agreement was signed by the former Harper government before the 2015 federal election. One of the biggest criticisms about this partnership is that the negotiations have been extremely secretive.

On February 4, 2016, the newly elected Liberal government signed the agreement at an official ceremony in Auckland, New Zealand, despite having minimal opportunity to review the policies.

The government was required to sign the agreement, at the set
time, to maintain their role as equal partners. By not signing at the same time as the other participating countries, Canada might have lost its status as a potential full partner in the agreement, with all of the corresponding rights and powers. However, it is important to note that this signing ceremony does not make the agreement official. The Canadian government must still ratify the agreement by a majority vote in the House of Commons before it can be officially go into effect.

The government has promised broad consultations with interested Canadians, however these consultations had not yet occurred at the time of signing. It is expected that public consultations will occur at a later date, prior to ratification.

Source: Excerpts of this article and most of the information included was compiled from Major Complications: The TPP and Canadian Health Care, by Scott Sinclair, senior research fellow with the Canadian Centre for Policy Alternatives. To view a copy of the full report please visit www.policyalternatives.ca and enter the report's title in the search box.

EMPLOYMENT SECURITY

Options for dealing with deleted positions

I have received a deletion notice. What does this mean?

When a reduction or restructuring of the working force becomes necessary, nurses may be laid off in reverse order of seniority within their occupational classification i.e. the nurse with the lowest seniority is the first to be laid off.

Once the 90-day notice is served, new master rotations are developed by the employer in consultation with the union and the affected nurses. A cut-off date for the calculation of seniority and the date of implementation is then established.

Those nurses whose current position do not exist in the new master rotation are identified and served notice that their position will deleted with the date the deletion is to take effect (implementation date).

In the case of St. Boniface Hospital, an entire unit is being closed therefore all the nurses working on this unit have received notice that their positions have been deleted. While their specific positions no longer exist, there is still a need for the nurses who previously filled those positions.

The former 5A unit at the St. Boniface Hospital has been split into two separate units, a cardiology medicine and post-recovery unit and an acute cardiac care unit. Under the restructured format, there are a total of 61 positions, an increase of 10 nursing positions.

However, it is important to note that the nurses of the former 5A are ineligible to apply for 22 of the 61 positions, since they do not meet the requirements to work on an intensive care unit. The Acute Cardiac Care Unit will be staffed with nurses who have completed the Winnipeg Critical Care Nursing Education Program, which is a requirement for all nurses working in critical care units. This leaves 39 positions that can be filled by the former staff.

I’m on a leave of absence. Will I have a job to come back to?

The incumbent (owner) of the deleted position is notified and has the rights afforded by Article 27, even if she/he is on a leave of absence or temporarily in a term position. This also applies to nurses on maternity or education leave.

E.g. A nurse on education leave owns a .5 position, which is being
A recent announcement about the restructuring of the cardiac care unit at St. Boniface Hospital in Winnipeg, resulting in the deletion of 51 positions, has led to many questions around job security and the rights of the nurse under the collective agreement.

For the purposes of this article, the situation at St. Boniface Hospital will be used as an example however please note the provisions mentioned in this article are available to all nurses covered under the collective agreement.

I have a term position.

A nurse is occupying a deleted position, as a term, will continue in that position until 2400 hours of the last day of the notice period. This marks the expiration of the term position. The nurse occupying the term will revert to her/his previous position/status in accordance with Article 306.

On the other hand, if a nurse is working a term position on a different unit and her/his job has been deleted, the nurse will receive notice and will be afforded all the options of a nurse whose position has been deleted.

My position has been deleted. What are my options?

Option 1: Apply for a new position

The newly created positions are posted and filled in accordance with Article 30 Vacancies, Term Positions and New Positions. Any nurse who has received a deletion notice is encouraged to apply for all positions in their facility, for which they qualify.

E.g. the nurses on 5A will be given priority should they choose to apply for the positions on the cardiology medicine and post-recovery unit. All else being equal, these jobs will be awarded based on seniority.

Keep in mind that if a nurse applies for and is awarded and accepts a position, she/he does not get the opportunity to change her/his mind later and bump.

Option 2: Bump into a position where the current incumbent has lesser seniority

Once the posting and selection process is completed, the nurses impacted by the restructuring who have been unable to secure a new position via the vacancy selection process will have the ability to exercise their seniority rights to displace (bump) a nurse with lower seniority in a position of equal or lower classification.

Please note RNs cannot bump LPNs, but Nurse IIs or IVs can bump Nurse IIs.

When bumping starts, the occupied positions available to the nurses, who are exercising their right to bump, are all of the positions in the facility whether they are long-standing or new.

E.g. Nurses from 5A who opt to be placed on the bump list will each be given an appointment with the employer to determine the most suitable job based on their qualifications, seniority and areas of interest. Once these are determined, the responses are entered into a computer system which generates a list of all possible positions at the facility available to the nurse. The nurse will then be given 24 hours to make a decision.

It is important to note that the bumping system is not infinite i.e. If a nurse applied for and is awarded and accepts a position, she/he is not entitled to later change her/his mind and displace another nurse.

Option 3: Accept lay-off (Article 27 Layoff and Recall)

The final option available to nurses whose positions have been
deleted and have been unable to secure a position by either the posting or bumping process is to accept lay-off.

All nurses on lay-off will be subject to recall in the future. Furthermore, nurses who are on lay-off from a site have to be recalled before any applications from nurses who work in other sites can be considered.

When a nurse is laid-off she/he is entitled to pick up additional available shifts up to her/his former EFT.

**How is my vacation affected?**

The employer is required to make every possible effort to honour vacation that has already been booked.

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**More Information**

Please review the following articles and MOU in the collective agreement for further information or clarification:

*Article 27 Layoff and Recall*

*Article 30 Vacancies, Term Positions and New Positions*

*Memorandum of Understanding #9 Re: Job Security*

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MNU was invited to submit a poster, highlighting its PTSD research, to the Western Emergency Department Operations Conference. The conference brought together experts from around the world to focus on emergency department process improvements and efficiencies.

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*Admin of a local attendees (left to right)*

Justine Klassen, Boundary Trails Nurses Worksite 7/32, Sonyia Mayo, Victoria Hospital Nurses Local 3 and Dawn Henrikson, Carberry Nurses Worksite 11 get ready to learn more about their roles and responsibilities as local/worksite presidents and vice-presidents.
Domestic Violence Leave

New Legislation Ensures Job Security

As of April 1, 2016, a new Manitoba law is now in effect, offering victims of domestic violence paid and unpaid leave from work, guaranteeing job security if they have to take time off. This first of its kind legislation in Canada, will give victims five paid days, five unpaid days and an additional 17-week unpaid period, which employees can take in the order which best meets their individual circumstances.

“This legislation is a great and much needed addition to the employment standards act,” said MNU president Sandi Mowat. “As an ER nurse, I have seen my fair share of victims of domestic violence. These victims already had so much to deal with – the bottom line is they should not be further penalized at work when they are already victimized at home.”

The groundwork for this legislation began a few years ago, and was in fact spearheaded by the labour movement.

The Canadian Labour Congress and the University of Western Ontario’s Centre for Research and Education on Violence Against Women and Children joined together and launched a Canada-wide online survey to better understand the prevalence of domestic violence and it’s impact on workplaces. MNU along with unions across Canadian facilitated the distribution of the survey to ensure that a diverse sample was achieved to provide the most accurate picture of the issue.

The 60 question online survey included questions on whether the respondent was personally experiencing, or had ever experienced domestic violence, and if they knew of anyone at their workplace who was experiencing or perpetrating domestic violence.

Those with personal domestic violence experience were asked additional questions such as how the domestic violence impacted their work and their co-workers, whether they discussed the violence with anyone at work, and what types of workplace supports they received.

According to the data, 82 per cent of respondents who had experienced domestic violence said it hurt their job performance. Nearly 40 per cent said it made them late or miss work, with 8.5 per cent saying it got them fired. Furthermore, close to 30 per cent of co-workers reported that their work performance suffered due to the stress they were feeling for their victimized colleagues.

Who can take domestic violence leave?
To be eligible for domestic violence leave, the employee must have worked for the same employer for at least 90 days. The employee must also provide as much notice as is feasible under the circumstances, as well as reasonable verification of the need for the leave when taking a paid leave. It is also within the employer’s right to request verification for unpaid days of leave as well.

Providing reasonable verification
There are no standard criteria for “reasonable verification” since this will vary from case to case. The intent is to confirm that the employee is indeed requesting the time off to deal with an issue related to domestic violence.

Employees can use domestic violence leave to:
- Seek medical attention for themselves or their
minor child for a physical or psychological injury or disability caused by domestic violence;

- Obtain services from a victim services’ organization;
- Obtain psychological or other professional counselling;
- Temporarily or permanently relocate to a safe place; and
- Seek legal help or law enforcement assistance, including participating in any civil or legal proceeding related to the domestic violence.

How long is domestic violence leave?
There are two parts to domestic violence leave, both designed to meet individual circumstances.

1. Employees can take up to 10 days per year in consecutive or intermittent days; or

2. Employees can take up to 17 weeks per year in one continuous period.

Your job is protected
Employees are entitled to be paid their regular wage for up to five days of domestic violence leave per year. In situations where the employee's regular hours of work or wages vary i.e. they work part-time or in a casual position, they are entitled to be paid five per cent of their total regular wages (without overtime) in the four weeks immediately prior to the day of leave.

It is important to note that employers who pay for benefits that are not required under The Employment Standards Code e.g. sick leave benefits, can use these benefits for the paid days of the domestic violence leave.

At the end of the leave, the employee must be allowed to return to their job, or a comparable job.
if the one they were doing is no longer available, with the same or greater benefits and pay.

The one exception to this rule is a situation where there is no job available for reasons completely unrelated to the leave e.g. an employee on an unpaid leave would not be protected from losing their job if the employer shut down part of their operations and reduced their workforce based on a seniority system.

Apart from this exception, in all other circumstances, a job will be available for the returning employee and employers cannot discriminate or attempt to punish the employee for taking a domestic violence leave.

Furthermore, employment is deemed to be continuous while on leave, therefore returning employees are still entitled to any benefits they had before the leave and their accumulated years of service, including any additional benefits that would have been earned while on leave.

Confidentiality
Your employer is not allowed to disclose any information related to the leave unless it is required by law or the employee has given consent.

For more information:
Domestic Violence Leave
Employment Standards
204-945-3352
www.manitoba.ca/labour/standards

Domestic Violence at Work – Resource Centre
Canadian Labour Congress
http://canadianlabour.ca/issues-research/domestic-violence-work
MNU’s Education Day featured a panel discussion on physician assisted death. The panel brought together experts from the fields of palliative care, ethics, nursing and liability services who provided their unique perspective on physician-assisted death, end of life care and its potential impact on the delivery of nursing care.

Dr. Marie Edwards  
Associate Professor  
College of Nursing, University of Manitoba

Dr. Cornelius J. Woelk  
Medical Director of Palliative Care – Southern Health-Santé Sud  
Medical Director - Boundary Trails Regional Cancer Program hub

Cheri Frazer,  
Co-coordinator  
Dying with Dignity, Winnipeg Chapter

Chantal Léonard, CEO  
Canadian Nurses Protective Society

From PAD to MAID  
Updated legislation provides protection for nurses

Canada’s physician assisted death bill is now being referred to medical assistance in dying (MAID), recognizing the important role of non-physicians in the process.

Along with the name change, comes proposed changes to the Criminal Code of Canada to permit medical practitioners and nurse practitioners to provide medical assistance in dying, without risk of criminal offense.

In addition to medical practitioners and nurse practitioners, the bill also includes the following Criminal Code exemptions:

Exemption for Person Aiding Practitioner with MAID (s 227(2) and s 241(3))

While it is not specifically defined in the legislation, this exemption may be in reference to nurses and other health care professionals who may be asked to assist in the provision of MAID:

A. “No person will be guilty of an indictable offense if they do anything for the purpose of aiding a medical practitioner or nurse practitioner to provide a person with medical assistance in dying”

B. “No person is a party culpable to homicide if they do anything for the purpose of aiding a medical practitioner or nurse practitioner to provide a person with medical assistance in dying.”
Safeguards for MAID

The following safeguards must be met in order to legally provide MAID:

A. Medical practitioners and nurse practitioners must be in the opinion that the person meets the eligibility criteria;

B. Requests for MAID are to be in writing and be signed/dated after the person has been informed that their death has become reasonably foreseeable;

C. Requests are to be made in the presence of two witnesses. Those directly involved in providing health care services to the person making the request are not allowed to be witnesses.

D. Individuals must be informed that they can withdraw their request at any time;

E. A second medical or nurse practitioner must provide a written opinion confirming the individual meets the eligibility criteria;

F. There has to be at least 15 days between the day on which the request was signed and the day in which MAID is provided (a shorter period can be deemed appropriate if death is imminent); and

G. Immediately before providing MAID, the individual must be given an opportunity to withdraw their request and ensure they give express consent to receive MAID.

NEXT STEPS

The bill will go to a committee for further analysis and discussion before goes to a vote in the House of Commons. All Liberal, Conservative and NDP MPs will have a free vote in order to vote with their personal conscience as opposed to the consensus of their constituency. The bill will also have to receive Senate approval before it becomes law.
Accessing Employer Sponsored Educational Development funding

Under the terms of the negotiated agreement, each member has a potential of $200 to spend on nursing education per fiscal year (usually April 1–March 31). If the money is not accessed, it does not carry over to the next year.

Because this funding is employer paid, members can access it by contacting their employer, usually a manager or educator, for the appropriate form. It is important to note that this request (application) should be made prior to attendance and that reimbursement is to occur after satisfactory completion of the education.

Also, the member (not the employer) chooses whether to request this funding as opposed to utilizing another source of funding.

Reasonable requests should not be denied and there is no requirement to use other sources of funding first. There have been instances in which employers were unaware or have given inaccurate information about this funding. If you are unable to obtain an application form from your employer, please contact MNU and/or your labour relations officer.

Employer required sessions

Employer Sponsored Educational Development is not to be used to fund employer-required sessions. Education that is required by the employer is covered under the following:

Article 2407 (c) Education Leave

(a) “Where the Employer requires a nurse to attend educational conferences, workshops, programs or seminars during working hours, the Employer shall pay registration or tuition fees, and approved expenses and shall ensure that the nurse suffers no loss of salary.”

(b) “Where the Employer requires a nurse to attend educational conferences, workshops, programs or seminars during non-working time, the Employer shall pay registration or tuition fees, and approved expenses and shall pay for the time of such attendance at straight time rates.”

One of the most frequent questions I get from members is about accessing MNU educational funding.

Often what members are referring to as “MNU educational funding” is actually employer funding, negotiated in the collective agreement, under Article 2407 (c) - Employer Sponsored Educational Development.

Article 2407 (c) states

A nurse shall be granted, upon written request, funding up to a maximum of $200 per fiscal year, to attend approved workshops, courses, and other programs that are relevant to nursing practice. Such requests must be submitted to the senior nursing manager or designate prior to attendance at such program. The $200 allowance referenced herein shall be for reimbursement of tuition or registration and recommended/required books and shall occur upon satisfactory completion of the workshop, course, or educational program.

This provision is applicable to all nurses covered by the MNU Collective Agreement, including nurses on lay-off, leave of absence, full-time, part-time or casual. The funding is not pro-rated and is neither taxable nor is it considered a taxable benefit.

By Debbie Winterton
Professional Practice & Education Officer

Educational Funding
Before you attend any educational sessions, it is important to clarify whether the employer is requiring versus requesting you to attend. Only required sessions are covered by these provisions (a) and (b). Expenses include travel, accommodation and meals. If you have difficulty in accessing funding related to Article 2407, please contact the Manitoba Nurses Union provincial office and/or your labour relations officer.

What funding does MNU provide?

Keith Lambert Memorial Scholarship Fund
This funding is for labour oriented programs/courses that are sponsored by organizations outside the Manitoba Nurses Union. Applications for funding of MNU sponsored events (tuition fees only) will be considered when the Keith Lambert Fund account carries a balance in excess of $10,000. These funds cannot be used for salary replacement. Members can apply more than once per calendar year, but total funds received by a member cannot exceed $1,000 per calendar year.

MNU Continuing Education Scholarship
This scholarship is the result of a resolution passed at the 2013 MNU Annual General Meeting to encourage continued learning. Two scholarships of $1,500 are available annually to MNU nurses enrolled in a nursing degree or post-degree program. Distance and on-line courses that are part of a nursing program also qualify. The deadline for applications is October 15 of every year. RNs, LPNs and RPNs that are MNU members may apply for this scholarship in any year of their program.

For more information on these scholarships including criteria and application forms please visit www.manitobanurses.ca

Local/Worksite Funds

Some locals and worksites have their own education funds and the criteria and funding amount varies from facility to facility. Please contact your local/worksite president to find out what type of funding is available, as the MNU provincial office is not involved with these individual funds.

Nursing Recruitment and Retention Fund (NRRF)

There may also be funding available through the Nurses Recruitment and Retention Fund (NRRF). Each regional health authority has a Regional Continuing Education Committee which manages these funds. As a result, the rules and criteria vary from region to region.

However, each regional committee is co-chaired by a MNU member. Check with your regional/local/worksite president to find out who is the MNU co-chair the regional committee.

The WRHA Continuing Education Fund is an example of educational funding available to nurses working in the WRHA, through the Nursing Recruitment and Retention Fund.

This fund provides $500 of education funding annually, per calendar year, to any nurse working in the WRHA. The application must be received within 30 days of completion of the education. You can use these funds towards registration fees, airfare, gas, hotel, and car rental, but not meals or parking. Certificate exams or re-certifications are covered, but not any education that is required by your regulatory body for registration.

Another part of the WRHA Continuing Education Fund is an education subsidy available to nurses who are scheduled to work and have to take an unpaid education leave of absence to attend. University and long-term courses do not qualify for this subsidy. There is a separate form and process for this funding. MNU members are advised to contact their regional/local/worksite president for specific information on what is available in their region.

Members can also contact Debbie Winterton, MNU Professional Practice and Education Officer. dwinterton@manitobanurses.ca 204-942-1320, extension. 216
During the last round of Central Table Negotiations, the Manitoba Nurses Union and the provincial government entered into a Memorandum of Understanding (MOU 35: Collaborative Discussions to Optimize Patient Care), agreeing to work together to ensure that Manitobans have timely access to quality health care.

“This committee provides a good opportunity to work together to improve not just patient care, but working conditions for nurses,” said MNU president and committee co-chair Sandi Mowat. “Consensus must be achieved before a decision is made and this ensures that our voices are heard. Furthermore, this MOU is part of our collective agreement which means any decisions made cannot go against what is already negotiated in the agreement.”

As per the terms laid out in the collective agreement, the committee focuses on areas such as:

• Improving scheduling practices to reduce the use of overtime and agency nurses;
• Creating a balance of full- time and part-time positions (increasing EFTs of part-time nurses);
• Improving the quality of work-life balance through the implementation of group self-scheduling;
• Improving weekend staffing resources through broader implementation of the weekend worker;
• Ensuring safe practices and the reduction of WCB injuries; and
• Ensuring the skill sets of specialty nurses are used to maximum effect in the delivery of quality health services.

“There has been some confusion around the increasing of EFTs for part-time nurses,” Mowat said. “This will be strictly voluntary. Under MOU 20 in the collective agreement, the nurse must make a request to the employer to increase his/her EFT. The employer cannot mandate a nurse to move to a higher EFT.”
Are You a Nurse on a Leave of Absence?

Please contact your MNU representative if you are having any issues while on your leave.

E.g. WCB issues, long term disability issues, MPI issues or any general questions or concerns

info@manitobanurses.ca
204-942-1320
www.manitobanurses.ca

MNU’s “Wounded Healers: Addressing the psychological impacts of violence and trauma in the nursing profession” will be presented at the fifth international conference on violence in the health sector, from the 26th to the 28th of October 2016 in Dublin, Ireland.

The conference will focus on advancements in addressing violence in the health sector by sharing best practices and standards achieved from educational, research, practice, service and organizational perspectives nationally and internationally.

This is the largest world-wide conference dedicated to work related aggression and violence within the health and social services sector.

For More Information, including registration and accommodation please visit

http://oudconsultancy.nl/dublin_5_ICWV/violence/invitation-fifth.html

MNU’s PTSD Research Gains International Recognition
The Canadian Council of Registered Nurse Regulators (CCNR) recently released their final report for the 2015 NCLEX-RN pass rates. To identify pass rates across Canada, CCRNR referenced first time pass rates and the ultimate pass rate (UPR).

The UPR identifies the percentage of how many exam writers passed the exam in a given year, regardless of how many attempts it took to pass. It is important to note that the use of the UPR paints a more positive view regarding the NCLEX as opposed to delineating the facts quarterly:

• In the first quarter (January to March 2015), MB had a 42.6% pass rate

• In the second quarter (April to June 2015), MB had a 75.6% rate however, the cumulative total from January to June results in a 68.6% total pass rate

From January to September, the last time quarterly results were released, it was identified that Manitoba experienced a 72.2% pass rate, a small decrease from the second quarter results.

<table>
<thead>
<tr>
<th>QUARTER</th>
<th># DELIVERED</th>
<th># PASSED</th>
<th>% PASS RATE</th>
<th>CUMULATIVE PASS RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAN – MARCH 2015</td>
<td>47</td>
<td>20</td>
<td>42.6%</td>
<td>-</td>
</tr>
<tr>
<td>APRIL – JUNE 2015</td>
<td>176</td>
<td>133</td>
<td>75.6%</td>
<td>68.6%</td>
</tr>
<tr>
<td>JULY – SEPT 2015</td>
<td>unavailable</td>
<td>unavailable</td>
<td>unavailable</td>
<td>72.2%</td>
</tr>
<tr>
<td>OCT – DEC 2015</td>
<td>unavailable</td>
<td>unavailable</td>
<td>unavailable</td>
<td>unavailable</td>
</tr>
</tbody>
</table>

*A request for the statistics regarding the number of tests administered, number of tests passed and pass rate for quarters three and four was requested from CRNM, however it was confirmed that they are not able to publicly release those specific stats.
In 2015, 490 Manitoban graduates wrote the NCLEX-RN accounting for 5.4 per cent of graduates across Canada. According to the report, Manitoba experienced an 83 per cent UPR and 74 per cent first-time pass rate however, it is important to break the numbers down:

• Of the 490 writers, 363 passed their first time (74% pass rate) and 127 failed.

• From the 127 that failed, 70 moved forward to write the exam a second time (55% of failed first attempts).

• Of the 70 second-time writers, 44 passed (62.9%)

There were no third written attempts in Manitoba for 2015.

As the data shows, Manitoba may fare well in comparison to previous quarters, the pass rates are still far below the former CRNE rates in which 90 per cent passed their first time, and 73 per cent passed their second time.

While the UPR presents a positive figure regarding the total number of graduates who are passing the exam, it does not acknowledge the specific contributing factors influencing the decreased pass rates for both first and second attempts.

### ANNUAL

<table>
<thead>
<tr>
<th>NUMBER OF GRADS</th>
<th>PASSED</th>
<th>FAILED</th>
<th>TOTAL WRITERS</th>
<th>ULTIMATE PASS RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>407</td>
<td>83</td>
<td>490</td>
<td>83.1%</td>
</tr>
</tbody>
</table>

### WRITTEN ATTEMPT BREAKDOWN

<table>
<thead>
<tr>
<th></th>
<th>PASSED</th>
<th>FAILED</th>
<th>TOTAL WRITERS</th>
<th>PASS RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRST ATTEMPT</td>
<td>363</td>
<td>127</td>
<td>490</td>
<td>74.1%</td>
</tr>
<tr>
<td>SECOND ATTEMPT</td>
<td>44</td>
<td>26</td>
<td>70</td>
<td>62.9%</td>
</tr>
</tbody>
</table>
**LEGISLATIVE AMENDMENTS:**

**Ontario Legislation Update:**
On March 23, 2016, the Ontario provincial government announced that amendments will be made to the Nursing Act Regulation to eliminate the three-write exam limit for the NCLEX-RN.

The College of Nurses of Ontario confirmed that a decision regarding the number of written attempts will be made at their upcoming council meeting in June 2016. The three written attempt is currently in effect.

It is expected that the written attempt cap will either be increased or removed (unlimited attempts). CNO’s council will be considering the relationship between the number of attempts on the exam and public safety.

Here is the current legislation across Canada.

<table>
<thead>
<tr>
<th>PROVINCE/TERRITORY</th>
<th>REGULATORY BODY</th>
<th>MAXIMUM NUMBER OF WRITTEN ATTEMPTS PERMITTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRITISH COLUMBIA</td>
<td>COLLEGE OF REGISTERED NURSES OF BRITISH COLUMBIA (CRNBC)</td>
<td>3 *A 4th attempt can be permitted with CRNBC board approval</td>
</tr>
<tr>
<td>ALBERTA</td>
<td>COLLEGE AND ASSOCIATION OF REGISTERED NURSES OF ALBERTA (CARNA)</td>
<td>3</td>
</tr>
<tr>
<td>SASKATCHEWAN</td>
<td>SASKATCHEWAN REGISTERED NURSES ASSOCIATION (SRNA)</td>
<td>3</td>
</tr>
<tr>
<td>MANITOBA</td>
<td>COLLEGE OF REGISTERED NURSES OF MANITOBA (CRNM)</td>
<td>3</td>
</tr>
<tr>
<td>ONTARIO</td>
<td>COLLEGE OF NURSES OF ONTARIO (CNO)</td>
<td>3 *see note above</td>
</tr>
<tr>
<td>NOVA SCOTIA</td>
<td>COLLEGE OF REGISTERED NURSES OF NOVA SCOTIA (CRNNS)</td>
<td>3 *A temporary license may be provided should the individual fail a second time. The license is valid for 4 – 12 months and is retroactive to January 1, 2015.</td>
</tr>
<tr>
<td>NEW BRUNSWICK</td>
<td>NURSES ASSOCIATION OF NEW BRUNSWICK (NANB)</td>
<td>New Brunswick is suspending the need to pass the NCLEX for two years, while adjustments are made.</td>
</tr>
<tr>
<td>NEWFOUNDLAND/LABRADOR</td>
<td>ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND AND LABRADOR (ARNNL)</td>
<td>3 *Appeal can be made to ARNNL to receive a 4th attempt.</td>
</tr>
<tr>
<td>PEI</td>
<td>ASSOCIATION OF REGISTERED NURSES OF PEI (ARNPEI)</td>
<td>3</td>
</tr>
<tr>
<td>NWT/NUNAVUT</td>
<td>REGISTERED NURSES ASSOCIATION OF NWT/NT (RNANT/NU)</td>
<td>3</td>
</tr>
<tr>
<td>YUKON</td>
<td>YUKON REGISTERED NURSES ASSOCIATION (YARNA)</td>
<td>3</td>
</tr>
</tbody>
</table>

*Current data as of April 15, 2016*
The current MNU collective agreement expires on March 31, 2017 and preparations for bargaining are already underway.

On Thursday June 23, 2016 you will have the opportunity to vote for your Provincial Collective Bargaining Committee (PCBC) representative.

This year, voting will be done online. You will be receiving an instruction letter and PIN in the mail, which will give you access to the Simply Voting website. Rest assured, this is a secure system and your votes will be kept anonymous.

We encourage all members covered under the Central Table Agreement to participate in the voting process.

Successful candidates will be notified by the Nominations Committee on Friday, June 24, 2016.

If you have any questions or concerns, please contact Tracy Wood at the MNU office.

twood@manitobanurses.ca
204-942-1320 ext. 228

WE’RE GETTING READY FOR BARGAINING!

PCBC ELECTIONS MOVE ONLINE
As we prepare for the next round of Central Table negotiations, it is especially important that we have your correct contact information, including an active email address. We will be using email and other methods of communications to keep you updated on the bargaining process.

If your contact information has changed, please contact our office to make sure you don’t miss out on any important news or updates.

To update your contact info call:
204-942-1320

Update online via the Member Portal:
www.manitobanurses.ca

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- Darlene Jackson . . . Northern Region
- Kathy Nicholson . . . Interlake Eastern Region
- Karen Tessier . . . . Winnipeg Long Term Care Region
- Julie Lackner . . . . Winnipeg Community & Health Care Region

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- Cheryl Lange . . . . . . Health Sciences Centre Nurses Local 10
- Karen Cannell-Jamieson . . Grace Nurses Local 41
- Christine Boychuk . . . St. Boniface Nurses Local 5
- Kathleen Hillstrom . . . St. Boniface Nurses Local 5
- Dana Orr . . . . . . . Riverview Health Centre/Misericordia
- Colleen Johanson . . . Seven Oaks General Hospital/Concordia Hospital

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Manitoba Nurses Union
A COMMITMENT TO CARING