TAKING CHARGE OF YOUR PRACTICE

How a group of Prince George nurses used the nursing standards to improve their work environment

Robahn Moberg, RN
Michelle Edmonds, RN
Angela Gratton, RN
the clock is ticking...

Is your renewal form in the mail?

If you are on Payroll Deduction, the renewal form is still required.

Registration will NOT be renewed without the completed and signed form.

The deadline for renewing your RNABC Registration is March 1.
Inside

6 COMOX'S LITTLE PROGRAM THAT COULD
Acute care nurses at St. Joseph's Hospital advocate for and develop a much needed local detox centre.

9 RNABC'S SELF-EMPLOYED NURSES SURVEY

11 POSITION STATEMENT ON THE SELF-EMPLOYED NURSE

13 CERTIFICATION: DEMONSTRATING COMPETENCE IN YOUR SPECIALTY
B.C. nurses are embracing CNA's national certification program.

16 COVER: TAKING CHARGE OF YOUR PRACTICE
A group of Prince George surgical nurses discovered how RNABC Standards for Nursing Practice could help them improve workload and staffing issues.

20 RNABC'S 1998 ANNUAL MEETING
Program, Standing Rules, Resolutions

24 A COMMUNITY EXPERIENCE FOR HOSPITAL NURSES
Given a chance to work in the community, Barbara Dramer seized the opportunity to work with a wider variety of clients.

28 RNABC'S FAX ON DEMAND AND INTERNET SERVICES
Getting information when you need it.

29 MEMBER INPUT
RNABC continues to seek ways to encourage member input in Association decision-making.

Departments

4 COLUMN ONE

19 NURSING AND THE NET

23 REGULATORY NOTES

26 RNABC NEWS

31 NURSE TO NURSE

34 CAREERS/CLASSIFIEDS

38 INSIGHTS
Investing in Ourselves

By Rob Calnan, RN, RNABC President

Travelling around the province, the most common concern I hear from nurses relates to the increasing acuity and complexity of people's health needs compounded with insufficient clinical support.

This decade is producing a level of dislocation and gut-wrenching changes, the likes of which have not been seen in several decades. In the downsized workplace, individual workloads have been sharply increased and resources pared to the bone, while responsibilities have become ambiguous and expectations diffuse.

In short, we have more work to do but fewer nurses to do it. Relentless deadlines leave us no time to pause, to reflect or to even catch our breath. Furthermore, nurses are more vocal about their concerns regarding their ability to meet standards of practice. If one cannot meet the standards, then one begins to question one's own competence.

So how do we continue to maintain our competence to practice in these trying times?

Monitoring Competence

First, we have the support of our professional organization, RNABC, whose goal is safe and appropriate nursing practice regulated by nurses. RNABC has had a continuous quality improvement model (promote good practice, prevent poor practice, intervene when practice is unacceptable) for years. But is this enough to provide the public with reasonable assurance that continuing competence is a requirement for continuing registration? In fact, both nationally and internationally there is an increasing trend by most vocational and professional groups to examine and enhance ways in which their professional regulatory organizations support and monitor the continued competence of members.

What does it mean to be competent? *The New Collins Thesaurus* (1996) describes competent as able, appropriate, capable, clever, fit, qualified. In the nursing literature, competency in nursing practice embraces such terms as safety, knowledge, ethics, and skill. RNABC defines continuing competence as nurses' ability to demonstrate competence in their current nursing practice. It incorporates continued learning and using new knowledge and skills to improve practice.

How then, during these times of rapid changes in health care knowledge and technology and the ongoing demands of system restructuring, does one broach the subject of continuing competence with nurses? Is this just one more task, one more obstacle, one more hoop to jump through to maintain registration?

An Ongoing Process

Continued competence is not a new commitment for registered nurses. Nurses believe that maintaining competence is an ongoing process. I see nurses in my work settings listening and talking with patients and families regarding their responses to care. I see nurses reading journals, watching videos, talking with other nurses and colleagues. I see nurses mentoring students through preceptorships, taking courses towards degrees, certification and areas of interest. I see nurses involved with their association, union, special interest groups, and volunteering in their communities.

Yet, if you've complete your 1998 registration renewal form, you probably noted that for registration purposes, your competence is measured by how many hours you worked in the last year. Is this truly a measure of competence?

The literature generally describes three realms of competence: psychomotor; cognitive; and affective. Psychomotor com-
Critical thinking is clear thinking that is active, focused, persistent and purposeful. It is a process of choosing, weighing alternatives and considering what to do.

Competencies are knowledge-based physical task skills, such as administering medications, changing a dressing and monitoring vital signs. Cognitive skills on the other hand – also referred to as critical thinking skills – are the essence of nursing.

Critical thinking is clear thinking that is active, focused, persistent and purposeful. It is a process of choosing, weighing alternatives and considering what to do. Critical thinking involves looking at reasons for believing one thing rather than another in an open, flexible and attentive way. Critical thinking is learning to ask pertinent questions and becoming aware of one’s assumptions.

Clinicians who use critical thinking skills gain knowledge from each experience and are better able to transfer that knowledge from setting to setting. A critical thinker reflects on an unsatisfactory experience, analyzes the incident, and makes a plan for future improvement, while another person may give no further thought to such an incident.

Finally, the affective domain is demonstrated through our interpersonal skills with patients, clients, families and colleagues.

Professional Will
How then might we look at continuing competence in the future? A variety of approaches can be used. Required practice hours, performance reviews, self-assessments, continuing education, professional activities, peer feedback, competency assessments or certifications relevant to specific practices and refresher courses are all possibilities. I favor a blend of most or all of these, with individual practitioners identifying how they maintain their competence. If we broaden our understanding of what competence can mean, then there are multitudes of ways we can demonstrate competence to practice.

Last November, your Board of Directors took an important step in supporting nurses to maintain their competence to practice by approving incremental implementation of new continuing competence requirements for registration renewal. You can read more about this in the Regulatory Notes section of this issue.

RNABC knows that certain factors in the work setting beyond the control of individual practitioners may prevent some nurses from practising at an acceptable standard even though they are competent. Such factors include workload, role expectations, opportunities for orientation and inservice education. However, agencies are obligated to provide essential support systems, including human and material resources, to enable nurses to meet practice standards. (RNABC’s Agency Consultation Program was developed to assist staff nurses and administrators in reviewing supports within their agency that enable nurses to meet nursing practice standards.)

To paraphrase Jack Ward Thomas, chief of USDA Forest Service: with a profession comes self-imposed obligations to grow, to improve, to strive, to serve, to be our best – the driving mechanism of a professional is will – not a job.

Part of controlling the controllable is enhancing your competence to practice. Investing in yourself and making sure you are prepared to deal with the changing workplace is what continuing competence is all about. When you complete your form to renew your practising membership this year, consider what it is that makes you competent to practice. Is the number of hours you have worked a true indicator of your competence?
Having long recognized that substance abuse was a major health problem throughout North Vancouver Island, acute care nurses at St. Joseph’s General Hospital in Comox collaborated with several community groups to advocate for and develop a much needed local detox centre.
large area and there are frequently long wait lists for beds. Consequently fewer people in the Comox Valley who were identified as requiring this service actually accessed the service.

The second problem was the need for earlier identification and management of persons entering hospital with substance abuse issues. For a significant number of persons seen in emergency or admitted to hospital for psychiatric, medical or surgical reasons, substance abuse was a complicating factor. These at-risk patients often went unidentified until signs and symptoms of withdrawal were out of control.

The Comox Valley Detox Planning Committee developed and submitted a proposal for a Substance Abuse Intervention Program (SAIP). Funding for the program was received in 1995 as a "Closer to Home" project through the Ministry of Health.

The SAIP is based out of St. Joseph’s General Hospital. It is staffed with two registered nurses providing a seven-day-a-week mobile program. Program hours were designed to meet hospital and community needs as much as possible.

The SAIP has two components, education and clinical intervention in the hospital and community.

Education
The start up and initial phase of the program emphasized education. The target groups for education were the physicians and nurses in the hospital, and eventually the staff in community agencies. Excellent groundwork was laid for implementation of the program with mandatory inservices for all nursing staff on substance abuse issues, and personal values and attitudes.

Resource nurses were identified on each nursing unit and were paid to attend two days of inservice specific to substance intervention. These nurses now serve as clinical resources to their unit colleagues. Team meetings with the Substance Abuse Intervention Nurses (SAIN) provide much needed program feedback and ongoing information sharing opportunities.

Tools for assessment (patient withdrawal assessments) and medical intervention (substance intervention protocols) for various types of substances were adapted from existing tools with the assistance of nursing and medical staff. These tools have proven invaluable in providing both objective assessments of patients’ withdrawal and consistency in medical interventions.

With the introduction of these clinical practice tools, inservice was provided for all nursing staff on how to use them and the CAGE questionnaire (a series of questions to determine if a person may have a problem with alcohol) during the nursing admission and assessment. Ongoing formal and informal inservices were provided as needed.

A SAIP Reference Manual with protocols, assessment tools and nursing care plans, with drug specific information was compiled and distributed to each hospital unit.

Clinical Intervention
As knowledge increased in this area, the program nurses turned their energies to clinical intervention. Clients are referred to the SAIP by nursing staff, physicians, community agencies or self-referral. The purpose of the program is to provide assessment, intervention and development of an appropriate plan of care for inpatients and community clients. The clinical goals of the program could not be met without financial support from Alcohol and Drug Services, which provided funding for two beds for adult males at the Comox Valley Recovery Centre.

In-patients
On admission to hospital, inpatients are asked by unit nursing staff to complete the CAGE questionnaire. Two or more positive responses indicate an 80% or greater chance that the patient is at risk of substance abuse. In such cases a referral is made to the SAIP provided the client gives consent. This has proven to be a highly effective method of referral throughout the hospital, including the emergency unit.

At-risk patients are assessed and then involved with planning appropriate nursing/medical interventions to ensure the best possible outcome. The program nurses provide ongoing support to staff and patients with regular follow-up as appropriate.

Patients who are willing to work on making positive changes to their lives receive education and are provided with support and referral to a wide range of community resources. Ongoing follow-up with the SAIP on an out-patient basis is frequently provided.

Out-patients
Referrals for out-patients are received from clients, family, community resources or physicians. These referrals have grown dramatically as the program has become known within the community. Typically, an appointment is made with one of the program nurses for assessment and development of a plan of care.

Following assessment, a variety of options are available to clients depending on their needs and medical status. Detox needs may be provided through the SAIP’s two social detox beds, which are housed at the local men’s recovery centre. If the client has appropriate supports, home detox with supervision and support of the physician and the SAIP may be an option. Female and adolescent clients requiring residential social detox are referred to Pemberton House in Victoria. All interactions with clients are based on the premise of providing continuity of
care and referral to appropriate community resources. The program has a very close working relationship with the community Alcohol and Drug Services program, Narcotics Anonymous, Alcoholics Anonymous, Marijuana Anonymous, Comox Valley Recovery Centre for Men and Pemberton House in Victoria.

Results
So far, the program has resulted in:
- Shorter hospital stays (from 10.1 days to 5.7 days).
- Fewer admissions for social detox (80 clients had no admission due to intervention by the SAIP).
- Increased identification of at-risk patients and appropriate early intervention.
- A decrease in out of control withdrawals.
- Greater knowledge base of nurses and physicians in the area of Substance intervention.
- Better utilization of health resources.

An external evaluation of the program after the first six months emphasized the strengths of the program. Evaluators regarded the higher number of physician referrals as indicative of increased acceptance and community recognition of the program. Alcohol and Drug Services identified greater follow-up from referred clients who have described being treated with dignity and respect, as a primary reason for continuity with community resources. Clients have stated repeatedly that "being asked" the CAGE questionnaire was a huge relief for them because it helped them to recognize and begin to deal with their substance abuse. Furthermore, the non-judgmental care they received facilitated their accessing community resources and enhanced their chance of successful recovery.

A Success Story
This is a success story of how a community hospital working in collaboration with the larger community took on a major health issue to make a difference in people's lives and in health care outcomes.

It's about the success of a community working together, pooling resources, breaking down barriers and sharing knowledge and skills to provide safe, effective health care at minimal cost to any one service or agency.

This program is both a direct service for people requesting detox from substances and an indirect service for people requiring other health services, but who misuse substances to the point that their health care outcomes might be dramatically and adversely affected without the intervention of the SAIP.

Verna Ardron RN, BN and Denise Ingram, RN provide direct services through the Substance Abuse Intervention Program. Ann Greené RPN, RN, CPMHN(c) is nurse manager for the program.

---

RNABC Continuing Education

Teleconferences
$75 per site

For more information contact:
Norah Corbet, RNABC Continuing Education Coordinator

---

March 12, 1998 1415 - 1515 Pacific Time

Nursing Clinics: A Model Whose Time Has Come
What are nursing clinics? Why would our health care system need such clinics? How can British Columbia nurses explore the nursing clinic option for providing care? Join RNABC Nursing Practice Consultant Heather Mass to explore these and other questions.

Conflict Skills for Nurses
This series helps you learn how to navigate more effectively in situations when differing values, priorities and personalities or too much work and miscommunication result in conflict. Presenter: Wendy Hilliard, LLB, has been a trainer with the Justice Institute's Conflict Resolution Program since 1989. Previously, she taught business law at BCIT and the Open Learning Agency and was a peer counselor with the UBC Women's Resources Centre.

April 7, 1998 1400 - 1500 hours Pacific Time
Session 1: Point of Departure - Awareness of Self and Setting in Conflict

April 21, 1998 1400 - 1500 hours Pacific Time
Session 2: Can We Talk? Communication Techniques to Clear the Air

May 14, 1998 1400 - 1500 hours Pacific Time
Session 3: Put Yourself in My Shoes - Negotiating from the Level of Needs and Concerns

June 11, 1998 1400 - 1500 hours Pacific Time
Session 4: When Emotions Run High - The Energy of Anger
A survey of self-employed nurses shows that they tend to be well educated, are more familiar with nursing standards and have more years of experience than other nurses.

### TABLE 1: EDUCATIONAL PREPARATION OF B.C. NURSES

<table>
<thead>
<tr>
<th>Educational Level</th>
<th>From Self-Employed Nurse Survey</th>
<th>From 1997 Membership Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diploma</td>
<td>23%</td>
<td>62.4%</td>
</tr>
<tr>
<td>Post basic education/ non-nursing degree</td>
<td>20%</td>
<td>10.6%</td>
</tr>
<tr>
<td>Baccalaureate degree</td>
<td>32%</td>
<td>24.3%</td>
</tr>
<tr>
<td>Masters degree</td>
<td>22%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Doctoral degree</td>
<td>3%</td>
<td>.2%</td>
</tr>
</tbody>
</table>

### Profile of Self-employed Nurses

Most self-employed nurses are female (98%) and the majority are 35 years of age or older. Almost 60% are over 45, 33% are between 35-45 years of age and only 7% are younger than 35. Over 80% graduated at least 15 years ago and only 1% graduated less than two years ago. The majority of self-employed nurses have more educational preparation than other nurses as compared to RNABC’s 1997 membership survey (table 1).

### Scope and Context of Practice

Just less than half (48%) of those surveyed work primarily as self-employed nurses, while 41% are both self-employed and employed elsewhere (usually part-time) as a nurse. Another 10% are self-employed as a nurse and employed elsewhere in a capacity other than nursing.

The most frequent areas of responsibility for self-employed nurses are education and administration (table 2). Thirty-nine percent of the self-employed nurses who provide direct care services do so in the community. Other frequent areas of practice are psychiatric/mental health care (28%) and geriatric care (17%).

Sixty-one per cent of self-employed nurses work in their own home/office, while 31% work in the client’s home. Other places of work are educational institutions, hospitals, association/government offices, long-term care/nursing homes, workplace/industry, and community health agencies.

Self-employed nurses use a variety of ways to determine if their practice is within the scope of nursing practice or to determine the number of nursing hours worked. These include consulting with a colleague (69%) and analyzing their activities in relation to RNABC’s standards for nursing practice (47%). Twenty-five per cent said they had discussed their practice with an RNABC nursing practice consultant. Others stated that they had completed a Practice of Nursing...
Worksheet (15%), submitted a worksheet to RNABC's Registration Committee (10%) or discussed it with RNABC's registration staff (10%) or at Nurses in Private Practice Group meeting (10%).

Meeting Standards
When asked about their familiarity with the standards for nursing practice, 77% of the self-employed nurses stated they were familiar with the standards while 16% said they were not familiar with them. Only 7% said they were neither familiar or unfamiliar with the standards.

Compared to nurses surveyed in RNABC annual member study, self-employed nurses find it easier to meet certain nursing standards. Findings from the self-employed nurses survey were compared to the 1997 RNABC member survey results regarding nurses' ability to meet three of the six nursing standards (table 3).

The survey showed that self-employed nurses (70%) are just slightly more aware than other nurses (64%) that RNABC has a legal requirement to have a continuing competence program. Of the various strategies self-employed nurses use to evaluate their competence to practice, client feedback is the most popular (87%), followed by self-assessment against RNABC's standards for nursing practice (79%), a professional portfolio (43%), specialty certification (40%), and peer review (39%). Many self-employed nurses use multiple strategies to evaluate their competence.

The overall findings from the survey show that self-employed nurses are meeting nursing standards, maintaining their competency to practice and fulfilling requirements for registration.

Pam Ottem is an RNABC Nursing Practice Consultant.

---

**TABLE 3:**

<table>
<thead>
<tr>
<th>Ability to Meet Standard 1: Specialized Body of Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>From Self-Employed Nurse Survey</td>
</tr>
<tr>
<td>Very difficult</td>
</tr>
<tr>
<td>0.5%</td>
</tr>
<tr>
<td>Difficult</td>
</tr>
<tr>
<td>Neither</td>
</tr>
<tr>
<td>Easy</td>
</tr>
<tr>
<td>Very easy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ability to Meet Standard 2: Competent Application of Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Difficult</td>
</tr>
<tr>
<td>0.5%</td>
</tr>
<tr>
<td>Neither</td>
</tr>
<tr>
<td>Easy</td>
</tr>
<tr>
<td>Very easy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ability to Meet Standard 4: Code of Ethics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very difficult</td>
</tr>
<tr>
<td>0.5%</td>
</tr>
<tr>
<td>Neither</td>
</tr>
<tr>
<td>12%</td>
</tr>
<tr>
<td>Easy</td>
</tr>
<tr>
<td>Very easy</td>
</tr>
</tbody>
</table>

---

**BARBARA M. YOUNG**
Barrister & Solicitor 11 years
Certified Family Mediator
Former Nurse
- Family Law and Mediation
- ICBC and WCB Claims

**LEVIN, KENDALL, PENTY & CO.**
147 Park Road, Kelowna, B.C. V1X 4K5
Tel: (250)765-9733 Fax: (250)765-7773
Registered Nurses Association of British Columbia

Position Statement

The Self-Employed Nurse

As the health care system changes, opportunities arise for expanding the boundaries of nursing practice and creating new nursing roles. Registered nurses continuously identify unmet needs within the health care system and respond to expectations related to consumer choice. In some instances, registered nurses establish self-employed practice as a response to these developments. In fulfilling its mandate to regulate nursing practice in the public interest, RNABC provides guidance to self-employed nurses in meeting the standards for practice.

Self-employed nurses offer professional nursing services – direct care, education, research, administration or consultation – in a variety of practice settings and roles. Their clients may include individuals, families, groups, communities, corporations, educational institutions and agencies. The self-employed nurse is directly accountable to the client to whom the nursing services are provided and any third party with whom the RN may have contracted for payment of the nursing services.

Nurses considering a self-employed practice are encouraged to discuss their plans with an RNABC Nursing Practice Consultant.

Requirements
Self-employed RNs must:

- have current practising membership in RNABC
- be able to provide evidence of additional education relevant to the area of practice, and experience and competence appropriate to the scope and complexity of the chosen area of practice
- have a written description of the intended practice identifying how the nursing service will be provided
- have written statements of proposed policies for the practice, including a plan for documentation and maintenance of records that is in keeping with the Ministry of Health's Code of Practice for Ensuring the Confidentiality and Security of Health Records in British Columbia, and, as appropriate, arrangements for referrals, including hospitalization
- regularly engage in a process to assess their competence to practice, acknowledge competency gaps, and develop and take action on a plan to address the identified gaps
- have a process for systematically evaluating their practice using such approaches as quality monitoring and peer review
- gain consent for the services they provide using the principles outlined in RNABC's Position Statement on Informed Consent.

RNABC recommends against self-employed practice by new graduates or graduates with limited or no recent nursing work experience. Contractual arrangements in which the new graduate receives direct support and supervision from an experienced registered nurse may be appropriate.

Accountability

Like all practising RNs, the self-employed nurse uses the nursing process of assessment, planning, implementation and evaluation to provide services within the definition of the practice of nursing. Self-employed RNs are accountable for practising in accordance with the Nurses (Registered) Act, the RNABC Standards for Nursing Practice in British Columbia, the International Council of Nurses' Code for Nurses: Ethical Concepts Applied to Nursing, and the Canadian Nurses Association Code of Ethics for Registered Nurses. This incorporates being familiar with all relevant legislation, including that which governs other health care providers, in order to ensure that the service is not restricted by legislation to another profession.
Nurses who are qualified to practice in more than one profession and hold dual registration may provide services of a broader scope. Liability insurance provided by RNABC applies to practice as a registered nurse only. These RNs remain accountable to RNABC for their nursing practice and to other regulatory bodies for those portions of their practice regulated by other regulatory bodies.

Use of Title
The self-employed nurse may use the title RN only when engaging in the practice of nursing. To be considered nursing, the self-employed practice must fall within the definition of the practice of nursing, which is defined in the Nurses (Registered) Act Rules as:

"the performance of others of health care services which require the application of professional nursing knowledge and skills and includes:
(a) promoting, maintaining or restoring the health of the general public,
(b) teaching nursing theory or practice,
(c) counselling persons in respect of health care,
(d) coordinating health care services, and
(e) engaging in administration, supervision, education, consultation, teaching or research for any of the foregoing."

Only time spent in recognized nursing practice may qualify toward the minimum practice hours required by RNABC for practising membership. Time spent in business activities, such as accounting and marketing, are not eligible for inclusion as practice of nursing hours for registration renewal.

The title RN can be used in marketing activities for professional nursing services since it helps the consumer to make an informed decision when choosing a health care provider. Use of title is not permitted, for the most part, in marketing activities for products. Nurses are referred to RNABC's position on use of title in the When Can You Call Yourself a Nurse? booklet for guidelines regarding use of title.

Reimbursement
RNABC believes all essential health care should be publicly funded. Essential health care includes health promotion, illness and injury prevention, curative care, supportive care and rehabilitative care. Remuneration of self-employed nurses providing essential health care should be through the public funding system. Fees charged by self-employed nurses should reflect the scope and complexity of services provided.

Resources Available from RNABC
- The Self-Employed Nurse (pub. no. 123)
- When Can You Call Yourself a Nurse (pub. no. 301)
- Nursing Documentation (pub. no. 151)
- Nurse-Client Relationships (pub. no. 200)
- Position Statement on Informed Consent (pub. no. 64)
- Standards for Nursing Practice in B.C. (pub. no. 128)
- CNA Code of Ethics for Registered Nurses (pub. no. 152)
- ICN Code of Ethics: Ethical Concepts Applied to Nursing (pub. no. 165)
- Liability Insurance for Registered Nurses (pub. no. 16)

REGISTERED NURSES ASSOCIATION OF BRITISH COLUMBIA

September 1997

12 Nursing BC
ALTERNATIVE MEDICINE
An Objective View

6 HOURS CREDIT
A course for:
REGISTERED NURSES
LICENSED PRACTICAL NURSES

Victoria, B.C.
Thu., Mar. 19

Richmond, B.C.
Fri., Mar. 20

Vancouver, B.C.
Thu., Mar. 26

Tuition $69 (CANADIAN)

Presented by
BIOMED
(510) 450-1650

SEE ATTACHED BROCHURE
Certification:
Demonstrating Competence in Your Specialty

Last fall, 38 nurses from British Columbia were among a group of nurses from across the country to successfully complete the first Canadian certification examination in oncology nursing and become certified oncology nurses.

By Mary McCullum, RN and Chris Emery, RN

Oncology nurses surprised the Canadian Nurses Association last year with incredible enthusiasm for the certification process. Speaking at the Canadian Association of Nurses in Oncology (CANO) conference in Toronto recently, Leslie Ann Patry, CNA's certification coordinator, said CNA anticipated that about 100 people would write the first oncology exam and were overwhelmed to receive 425 applications. When the day came, 360 nurses in 35 centres across the country wrote the oncology exam. In B.C., writings were held in Kelowna, Penticton, Vancouver and Victoria.

Certification in nursing is a national professional designation that is awarded by the Canadian Nurses Association. In 1991, 40 neuroscience nurses were the first nurses in Canada to become certified through CNA. Since then nurses in critical care, emergency, nephrology, occupational health, perioperative and psychiatric/mental health nurses have received certification, with oncology nurses being the most recent. Approximately 5,500 nurses in Canada are presently certified in eight different specialties. In 1999, gerontology nursing will become the ninth nursing specialty to be recognized in this way.

Eligibility
The certification designation is achieved by meeting specific eligibility criteria and then passing a certification exam. To be eligible to write a certification exam, you must hold current registration as an RN in Canada and meet the specific experience and education requirements for your specialty. For all specialties (except occupational health) that means 3,900 hours of experience in your specialty over the four years immediately prior to applying. You may also be eligible if you have completed a post-basic program in your specialty and have one year of full-time experience (or part-time equivalent) in the specialty in the three years prior to applying.

The eligibility criteria are currently under review by CNA and may change in the future. Certification is valid for five years after which you can recertify either by writing the exam again or by meeting a continuing education requirement.

The Certification Exam
The certification exam is a practice-based exam that measures knowledge, skills, abilities, attitudes and judgments in specific competency areas required of nurses in a particular specialty. It is developed through extensive collaboration between the specialty organization and the CNA. CANO, for example, approached CNA a...
First B.C. Nurses Receive Certification

RNABC congratulates the following members who received their Certification in Oncology Nursing in 1997.

Mary-Anne Beattie
June Bianchini
Joy Bunsko
Alison Chant
Esther Chow
Tanis Coletti
Susan D’Aluisio
Kamaljit Dosanjh
Christine Emery
Wendy Ennion
Jennifer Finck
Elizabeth Hager
Rufina Hess
Vivienne Hudson
Lori Jakins
Susan Janke
Barbara Kaiser
Cheryl Klikach
Linda Kramer
Shelley LeFranc
Patricia MacDonald
Sylvie Marchand Alary
Mary McCullum
Carole McGillivray
Lenore Nicholson
Theresa Phillips
Sharon Pippy
Christine Ransom
Nancy Runzer
Maureen Sands
Colleen Sherriff
Karen Sill
Susan Snalgrove
Linda Strachan
Frances Uzelman
Lynn Wilkinson
Kathleen Young
Debbie Zamprogno

number of years ago about beginning the journey towards certification. Many CANO members from B.C. were involved in articulating standards for oncology nursing practice, identifying and validating competencies, and most recently in developing, reviewing, evaluating and finalizing the content of exam questions. Nurses from the specialty organization provide the content expertise while the CNA testing staff facilitate the exam development process and provide measurement expertise.

Preparing for Certification

Preparing for certification can be done in a number of ways. No specific workshops, formal training programs or courses are required before taking a certification exam, but applicants must have experience in the specialty and meet the eligibility criteria. The application guide provides a list of reference books, suggested readings and some sample questions for those wishing to pursue self-study. CNA provides direction for setting up a study group and strategies to make your studying more effective. Some specialty organizations also provide study guides. Ultimately though, it is up to individuals to prepare in the ways that best meet their needs.

To prepare for the first oncology exam, members of CANO received a certification preparation guide that itemized competency statements and suggested relevant references to review. The B.C. Oncology Nurses Group, an RNABC professional practice group and the B.C. chapter of CANO, with the support of the B.C. Cancer Agency provided a series of review sessions for oncology nurses. Over 10 Wednesday evenings from June through September, nurses gathered in conference rooms in the Vancouver, Vancouver Island and Fraser Valley cancer agency centres, and were linked together through video technology. Each session was presented by an oncology nurse who volunteered her time to share knowledge of a particular aspect of oncology nursing with her colleagues. Sessions were videotaped so that nurses who were unable to attend could have access to the content.

Some nurses chose to prepare inde-
Applying for Certification
Application guides for writing the exam for each of the specialty certifications are available from CNA by:
- phone (613) 237-2133 or 1-800-450-3206,
- fax (613) 237-3520,
- e-mail certifica@cna-nurses.ca.
- mail 50 The Driveway, Ottawa, ON K2P 1E2.

Remember, CNA administers the testing process, not your specialty group. Cost for RNABC members to write the exam is currently $339.

Certification exams are offered annually at writing centres across the country. All exams are available at each test site. CNA expects close to 2,000 nurses will write certification exams or re-certify this April. Although the deadline for 1998 applications has passed, now might be the time to start thinking about writing the exam in 1999. The deadline to apply for the Mar. 27, 1999 exam writing is Nov. 6, 1998.

There are many benefits to becoming certified, but the decision is a very personal one. Some nurses are inspired by the personal challenge of passing an exam. Certification provides an opportunity to measure your knowledge and skills in specific competency areas defined by your specialty, and to ensure you are current to a national standard. It is a significant accomplishment to meet the eligibility criteria and prepare to write the exam.

The very process of applying and studying for the exam enhances your knowledge and skills, and demonstrates your professional commitment to maintaining competence. For us, it was a challenge definitely worth accepting. Nurses have very few opportunities to have our expertise recognized. Specialty certification is one opportunity we should all try to embrace.

Mary McCullum and Chris Emery are nurse educators with the B.C. Cancer Society. Chris, who is president of the B.C. Oncology Nurses Group, works at the Fraser Valley Cancer Centre. Mary, a former president of BCONG, works at the Vancouver Cancer Centre.
Nurses who made a difference: (l-r) Louise Davis, Angela Gratton, Siobhan Moberg, Kim Ewen, Teri Briere, Michelle Edmonds.

**TAKING CHARGE of Your Practice**

Faced with low staff to patient ratios that threatened patient safety, nurses in the surgical unit at Prince George Regional Hospital decided they could no longer cope with the workload and discovered how RNABC's Standards for Nursing Practice could help them improve their situation.

By Bruce Wells

In an era of hospital cutbacks, layoffs and widespread concerns about quality patient care, a group of registered nurses at Prince George Regional Hospital decided they could no longer cope with inadequate staffing levels and took matters into their own hands. In large part, it was a matter of trying to resolve the problem or face the possibility of putting patients at risk.

Prince George's surgical unit has 44 beds along a long hallway. The unit is divided into two sections (2NW and 2SW) with nurses working in either one section or the other. A few years ago, as budgets were being cut, staffing ratios were changed and several RN positions were replaced with LPNs. Meanwhile, unit occupancy was 98%, patient turnover was frequent and acuity was increasing. In addition, a sixth operating room was to open soon. The base staffing level was one RN and one LPN to 11 patients.

Many of the RNs on the surgical unit were becoming disillusioned. What would happen if something unpredictable occurred? Many were working without breaks, putting in extra hours and generally nearing burnout stage. Some were becoming concerned about their own health and all were very concerned about the quality of patient care or the lack thereof if something didn't change soon.

Kathy Yeulet, patient care manager of surgical services, remembers that morale among nurses was the lowest she had ever seen in all her years working at Prince George.

Initially, the nurses thought they had a labor relations issue, said Siobhan Moberg, one of the unit nurses. However, when it was determined that it wasn't, morale began to sink lower.

Yeulet knew she had to do something. As an RNABC workplace representative, she had been promoting standards for nursing practice to nurses whenever the opportunity presented itself. With the support of Denise Dunton, who had recently been appointed assistant executive director of patient care and who was also the workplace representative program management liaison, Yeulet made a presentation on the standards to nurses from the surgical unit during a clinical inservice.
That’s when the lights went on, said Kim Ewen, another nurse on the surgical unit. Contained in the Standards for Nursing Practice in British Columbia are statements about what nurses do. These statements are descriptions of nursing actions and, as a whole, they are intended to describe the practice of nursing. After Yeulet’s presentation, it was evident to the nurses on 2NW and 2SW that because of the conditions they were working under, they were not always capable of meeting their standards for nursing practice.

Shortly after Yeulet’s presentation, several of the nurses got together with Judy Huska, RNABC’s regional coordinator for the Northeast. Huska gave the nurses more information about RNABC’s Guidelines for Resolving Professional Practice Problems (Appendix 1 of the Standards for Nursing Practice in British Columbia booklet). She suggested they begin documenting examples of when they felt standards were not being met and give these to their manager. She also suggested they contact an RNABC nursing practice consultant to help them clarify and work through the issues affecting their professional practice.

Both Dunton and Yeulet had recognized that the surgical nurses were having difficulty maintaining their professional standards. They knew that agencies have an obligation to provide essential support systems, including human and material resources, so that nurses can meet standards for practice. Although they had argued to senior management for base staffing levels similar to peer hospitals, responses were not favorable.

Admitting she wasn’t sure how RNABC could help, Dunton encouraged the nurses to continue documenting and was very supportive of those nurses who eventually contacted RNABC Nursing Practice Consultant Morrie Steele. At an all day session in Prince George, Steele took the nurses through RNABC’s Standards for Nursing Practice in British Columbia booklet. The nurses described their situation to him and he explained what steps they should take using the Guidelines for Resolving Professional Practice Problems.

Step 1. Confirm the Problem

It was fairly clear that the low staffing levels presented a risk to patients. Several instances were documented showing that nurses were so busy discharging and admitting patients that important interventions, such as epidural and PCA checks, were not done on other patients. Nurses often did not have time to complete their charting or even do rounds. On occasion, some patients only saw a nurse when they rang the call bell.

Moreover, the nurses were finding it difficult on a day-to-day basis to practice according to agency policies and procedures or nursing standards. Compared to similar hospitals, nurses at Prince George also tended to do more delegated medical functions, such as epidurals, which increased their workload.

Step 2. Communicate the Problem

Staff had already communicated the problem. They had presented their case to their supervisor who in turn took it to higher levels of management. Once the nurses began documenting when standards were not being met, copies of these were forwarded to management.

Dunton, herself a nurse, encouraged staff to continue communicating with her. In turn, she responded to their memos with suggestions for dealing with their specific concerns over the short term as well as offering hope for a long-term solution.

Step 3. Document the Problem

If there wasn’t time to do proper charting, how were the nurses going to prepare written documentation of the problems? Because the surgical nurses were so adamant that something had to be done, much of their documentation was written during breaks or when they weren’t at work. At the end of a 12-hour shift, it was difficult to write a detailed description of a problem that had occurred that day and for which standards had not been met.

The nurses on the surgical unit relied on each other for support. “We kept saying to each other, ‘write it up, write it up’,” remembers Teri Briere, who works on the unit. They also received encouragement from Yeulet, who kept telling them this process would work if they just gave it time.

Step 4. Resolve the Problem

Dunton was able to provide casual staff to deal with workload on an interim basis. Meantime, she continued to advocate for a more permanent solution to address the issue of surgical staff to patient ratios and resolve the concerns related to safe practice.

Eventually, the perseverance of the nurses paid off. Alex Berland, the interim CEO recently appointed to the hospital, agreed with the nurses that a solution needed to be found. Approval was given to hire extra staff and a workload management policy was developed. The additional RN staff began in January and according to Yeulet, it has made a big difference to the care of patients and morale of unit staff.

The experience at Prince George Regional Hospital is a good example of why nurses should act on professional practice problems. By doing so, nurses may be able to protect patients from harm and protect the agency and themselves from possible litigation.

The nurses on the surgical unit recognized that they were directly accountable to their patients for their actions or inactions. Furthermore, they recognized that they were accountable to their employer for working to accepted standards and informing the employer that they could no longer meet those nursing standards.

“Our standards have to be met and we have to work so we can meet them,” said Moberg. “They give us the power to know that we can make a difference.”

Bruce Wells is the editor of Nursing BC.
Congratulations RNF Bursary Winners

As President of the Registered Nurses Foundation, a generous donation in memory of Ardra Taylor brought to my attention the courage of the women who served as nurses during the Second World War. Ardra Taylor, a graduate of St. Paul’s in Saskatoon, devoted her life to nursing and participated on the front lines in the Second World War as an American army nurse.

Since 1979, the Registered Nurses Foundation has received many memorial donations acknowledging the commitment and dedication of nurses. This year, over 30 bursaries were awarded to students of nursing. Your contribution can help promote quality health care for the people of B.C. through financial support for the education of nurses.

Tilly Bara
President
Registered Nurses Foundation of B.C.

RNABC Baccalaureate Bursary
Bishop, Julie
(Malaspina University College)

Byrns, C. Jean
(Okanagan University College)

Hansen, Frances
(Okanagan University College)

McIntyre, Kathy (UVIC)

Savard, Anne-Marie
(UVIC Distance Education)

Schall, Valerie (UBC)

Wesley A. Bell Memorial Bursary
McCalder, Lynn (Camosun College)

Challenge Bursary (1 Award)
Hale, Barbara (UBC)

Kenneth Clark and Ellen Woolfitt Bursary
Lord, Anuanda
(Okanagan University College)

Beverley Douglas Memorial Bursary
Anderson, Janice
(University College of the Fraser Valley)

Carlin, Leslie (BCIT)

Dorothy Kergin Baccalaureate Bursary
Dodge, Roberta (UVIC)

Helen Margaret King Bursary
Lamoureux, Mary (UBC)

Clarice Lee Memorial Bursary
Benton, Theresa (BCIT)

Mary Sutherland Bursary
Bumell, Brooke (UBC)

Larson, Michelle (Douglas College)

Vanham, Patti (UBC)

West, Nikki (UVIC Distance Education)

Whitcomb, Maire
(UVIC Distance Education)

Missionary Sisters of the Immaculate Conception Bursary
Gustavson, Kristyna (UBC)

Gordon J. Murphy Memorial Bursary
Adams, Tracey (UVIC)

B.C. Occupational Health Nurses Bursary
Sing, Shelley (BCIT)

Esther Paulson Bursary
Polkey, Erin K. (UVIC)

Pediatric Nurses Bursary
Espezel, Hilary Joan (UBC)

Rempel, Stacey (UBC)

Research Bursary
Ebbehoj, Catherine (UBC)

St. Joseph’s School of Nursing Alumnae Bursary (Victoria B.C.)
Nicol, Evelyn
(UVIC Distance Education)

Sinn-Archibald Memorial Bursary
Friesen-Smith, Erin
(University College of the Cariboo)

Royal Jubilee Hospital School of Nursing Alumnae Bursary
Holmes, Gail (University of Colorado)

Huumanen, Shirley
(Malaspina University College)

Kathleen Ure Bursary
Wright, Nancy (UVIC)

Vancouver General Hospital School of Nursing Alumnae Bursary
Phillips, Christine
(Cross Cancer Institute)

Vivian Grantham Memorial Bursary
Rogers, Lorelei
(Royal Roads University)
RNABC Web Site Member Forums Go Beyond the Limits of Time and Space

By Gabrielle Moore

Have you ever wanted to talk with another nurse about a clinical issue, but found there was no one available in your facility with experience in the matter? Have you ever wondered how nurses in another community are coping with the changes to the health care system? Do you work a shift that prevents you from participating in RNABC chapter meetings? Would you like to participate in a professional practice group, but you don’t live in the Lower Mainland?

If you answered yes to any of these questions then the member forums on the RNABC web site are of interest to you.

Launched in mid-November, the RNABC member forums provide a way for members to start discussions in cyberspace and have other members participate regardless of where they are or what shift they work. For example, a question on skin cancer could be answered by a member presently practising in Australia where that disease is far more prevalent. Time zones and shift schedules do not affect the discussion as members simply type in a message that is then available for all other members to read and reply to at their convenience.

To participate in the member forums go to the RNABC web site at www.rnabc.bc.ca and click your computer mouse on member forums. You will be asked to enter your name in the box provided, be sure to spell it the same as on your RNABC registration card. You are then asked for your registration number, which is your password.

At present, there are two forums, the RNABC members’ forum and the regionalization forum. Within the RNABC members’ forum is a folder for professional practice groups. Do you have an issue you would like a practice group to consider? Post a question here and see what the response is.

Would you like to participate in RNABC, but can’t make chapter meetings. Post a question in the members’ forum and ask for other members of your chapter to respond. If you are wondering how nurses in another community are coping with changes to health care, go to the regionalization folder. This folder is set up specifically to look at these issues.

Because member forums eliminate the need for face-to-face meetings and teleconferences, they offer opportunities for communication that never existed before. For example, outpost nurses could start an online professional practice group and meet only in cyberspace.

Other organizations have successfully used Internet forums for achieving their objectives, RNABC is piloting limited access forums as a means of conducting RNABC business. For example, a separate forum has been set up for the Victoria and Gulf Islands Chapters, which are in the same health region, to collaborate on issues. Participation in this forum is limited to the executive of both chapters. The intention is to allow them to conduct business online by posting issues for discussion and then voting on them.

In future, we may find Internet forums more useful than voice mail and e-mail because they allow groups of people to share information regardless of time zones, geography and shift work.

Gabrielle Moore is RNABC External Relations Coordinator.

INTRODUCING WEB SITE MEMBER FORUMS

A New Way to Talk Nurse to Nurse

Reach your colleagues no matter where they are or what shift they work.

If you have access to the Internet you can start a discussion with any member of RNABC, even if they practice in Australia - and you won’t have to pay long distance charges. Simply go to the RNABC web site, click your computer mouse on member forums and enter your name and registration number. You can post a discussion or add a message to one of the discussions already there. It’s a great way to share ideas.

IT ALL STARTS AT www.rnabc.bc.ca
1998 ANNUAL MEETING
APRIL 2-3, 1998

HYATT REGENCY VANCOUVER
655 BURRARD ST., VANCOUVER

The annual meeting is open to all RNABC members at no charge. Advance registration is not necessary for non-voting participants. Members must show proof of current membership to register. Starting times for the business sessions of the meeting are 1030 hours on Thursday, April 2 and 0845 hours on Friday, April 3. All members attending the meeting can participate in discussions and ask questions of the Board of Directors. Only voting delegates selected by their chapters are entitled to vote.

STATUTORY REQUIREMENTS

RNABC is required by the Nurses (Registered) Act and the Association’s Constitution and Bylaws to hold an annual meeting. The annual meeting is one way the Board of Directors and Association members communicate. It allows the Board to report on its stewardship of the Association’s affairs over the past year and to present financial statements showing the financial position of the Association. It also allows the membership, through voting delegates, to amend the constitution and bylaws and to change the registration fees.

In addition, the annual meeting provides members with an opportunity to give guidance to the Board through resolutions and through questions and discussion of issues that are of interest to members.

BECOMING A DELEGATE

Voting delegates to the annual meeting are selected by RNABC chapters. There are 63 chapters throughout B.C. All members of RNABC are members of the chapter nearest to where they reside, unless a request to change chapter membership has been submitted in writing to RNABC and approved.

Each chapter is entitled to send a specific number of voting delegates to the annual meeting. The number of delegates is determined by the number of members in the chapter as of December 31 of the previous year.

Voting delegates are reimbursed by RNABC for travel, accommodation, and meal expenses in accordance with policies established by the Board of Directors.

THE AGENDA

The proposed annual meeting agenda is printed in this issue of Nursing BC. It was prepared by the RNABC Program Committee, which is chaired by the president. Voting delegates will be asked to approve the agenda at the annual meeting. Delegates will also be asked to approve the standing rules for the meeting. The standing rules have been revised this year in order to improve meeting process.

The president chairs the annual meeting. A parliamentarian is on hand during the meeting to advise the chair on matters related to parliamentary procedure.

RESOLUTIONS

Resolutions to the annual meeting are one way members get business done at RNABC. Resolutions to change fees or amend the Association’s Constitution and Bylaws must go to the annual meeting. The decisions of the annual meeting on these resolutions are binding and must be implemented.

Other resolutions, known as general resolutions, are advisory. The Board of Directors must use its discretion on whether and how to implement the resolution, considering RNABC’s legal obligations, financial resources and other relevant information.

AWARDS PRESENTATION

The annual presentation of RNABC awards will be held in conjunction with the annual meeting. A ceremony honoring the 1998 award recipients will take place April 2, 1998 starting at 1800 hours at the Hyatt Regency Vancouver. Members are welcome to attend. A reception will follow the ceremony.
- Chronic fatigue: how cytokines enter the brain, cause fatigue, depression and impair memory.
- Cardiovascular disease: inflammation within the cardiovascular system and atherogenesis; how anti-inflammatory drugs affect the immune system to curtail risks of myocardial infarction and stroke.
- Alzheimer's disease: chronic inflammation in AD; encouraging results from use of NSAIDs.
- Cancer: immune suppressive effects of depression; life-prolonging effects of group processes.

**Biological Interventions:**

- Sleep: sleep deprivation reduces natural killer cell activity, also identified in major depression.
- Nutrition: antioxidants: Vitamin C, beta carotene, Vitamin E and trace minerals; anti-stress nutrients; how distinct foods affect neurotransmitters underlying moods and immunity.

**Psychological Interventions:**

- How beliefs influence the immune system: sources of immune suppression (e.g., depression) and enhancement (e.g., optimism and trust). Who gets sick and who stays well?
- Managing pain: endorphins, mood, and mental states that can ameliorate pain; preventing immune suppression following chronic pain.
- Mental control, immunity and mood: approaches to reducing anxiety, anger and sadness.
- Pleasure and immune enhancement: learning to slow down, simplify and fully relax.

---

<table>
<thead>
<tr>
<th>VICTORIA, B.C.</th>
<th>RICHMOND, B.C.</th>
<th>VANCOUVER, B.C.</th>
<th>TORONTO (N.YORK)</th>
<th>MISSISSAUGA, ON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wednesday, March 11</td>
<td>Thursday, March 12</td>
<td>Friday, March 13</td>
<td>Monday, April 27</td>
<td>Tuesday, April 28</td>
</tr>
<tr>
<td>EMPRESS HOTEL</td>
<td>BEST WESTERN RICHMOND INN</td>
<td>PLAZA 500 HOTEL</td>
<td>N. YORK MEMORIAL HALL</td>
<td>NOVOTEL MISSISSAUGA</td>
</tr>
<tr>
<td>721 Government Street</td>
<td>7551 Westminster Highway</td>
<td>500 W. 12th Avenue</td>
<td>5100 Yonge Street</td>
<td>3670 Hurontario Street</td>
</tr>
<tr>
<td>(250) 384-8111</td>
<td>(604) 273-7878</td>
<td>(604) 873-1811</td>
<td>(416) 395-6902</td>
<td>(905) 896-1000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TORONTO (CENTRAL)</th>
<th>LONDON, ON</th>
<th>WINNIPEG, MB</th>
<th>EDMONTON, AL</th>
<th>CALGARY, AL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wednesday, April 29</td>
<td>Friday, May 1</td>
<td>Monday, May 4</td>
<td>Tuesday, May 5</td>
<td>Wednesday, May 6</td>
</tr>
<tr>
<td>UNIVERSITY OF TORONTO AUDITORIUM</td>
<td>HOWARD JOHNSON HOTEL</td>
<td>WINNIPEG CONVENTION CENTRE</td>
<td>CROWNE PLAZA EDMONTON</td>
<td>CROSSROADS HOTEL</td>
</tr>
<tr>
<td>45 Willcocks Street</td>
<td>1150 Wellington Road S</td>
<td>375 York Avenue</td>
<td>1011 Bellamy Hill</td>
<td>2120 16th Avenue NE</td>
</tr>
<tr>
<td>(416) 978-4105</td>
<td>(519) 681-0600</td>
<td>(204) 956-1720</td>
<td>(403) 428-6611</td>
<td>(403) 291-4666</td>
</tr>
</tbody>
</table>

Please call meeting sites only if you require driving directions. For all other questions call Mind Matters at: (650) 949-0805
NURSES: This seminar is designed to meet the quality assurance education standards for nurses in Ontario, British Columbia, Alberta and Manitoba. Participants completing the program will receive a certificate of attendance for 6 contact hours. RNs and LPNs licensed in the U.S. will receive 6 contact hours of continuing education for this program via cosponsorship with ICRD. ICRD is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center’s Commission on Accreditation.

PSYCHOLOGISTS: This course provides 6 hours of continuing education credit and is cosponsored by CorText and Mind Matters Seminars. CorText is approved by the American Psychological Association to offer continuing education for Psychologists. CorText maintains responsibility for the program.

SOCIAL WORKERS: This course meets the proposed requirements or provides professional growth for Social Workers in Canada for 6 hours of continuing education. Participants will receive a certificate of attendance.

OCCUPATIONAL THERAPISTS: This course meets the proposed requirements or provides professional growth for Occupational Therapists in British Columbia for 6 hours of continuing education. Participants will receive a certificate of attendance.

OTHER PROFESSIONS: This course is designed to enhance the professional knowledge and skills of Marriage and Family Therapists and allied health professionals for 6 hours of continuing education. Participants will receive a certificate of attendance.

If your profession is not listed please contact your Board to determine how to receive credit. Certificates will be issued to those who attend the entire seminar and turn in a completed evaluation at the conclusion.

Mind Matters Seminars is a leading international organization providing programs relating to the brain and behavioral sciences to health care professionals. We strive to provide the highest quality instruction for a reasonable tuition.
Mental states fundamentally affect the immune system. As a result of attending this useful seminar, participants should be able to:

1. Identify how the immune system is altered with medical disorders including autoimmune diseases, chronic fatigue, cardiovascular disease, Alzheimer's disease and cancer.
2. Evaluate the role of sleep, nutrition, and exercise in immune system functioning.
3. Describe the effectiveness of mind-body approaches for managing maladaptive beliefs, anxiety, depression, anger and chronic pain.

Schedule: Sign-in: 8:15–9:00 a.m.; program begins: 9:00 a.m.; lunch (on own): 12:00–1:00 p.m.; adjournment: 4:00 p.m.

Registration by Credit Card or Mail: No later than 4 weeks in advance, space permitting; otherwise certificates will be mailed. Please call (800) 777-7768 or fax registration with credit card information and signature to (650) 949-8107.

Group Registration: All materials must be sent in a single envelope with complete information for each participant on a separate page. Registration form may be photocopies.

Confirmation Letters: Not required for attendance, but will be sent with directions (including public transportation) to the seminar for all registrations received two weeks prior to class.

Refunds: If you cannot attend the seminar, receive either: 1) full credit for a future seminar, or 2) a refund minus a $15 administrative fee per person. Requests must be made in writing no later than 30 days after the class and will be processed within 8 weeks of receipt of the request.

Cancellation: In the unlikely event that the seminar cannot be held (e.g., blizzard) refunds will not be given, however, the program will be rescheduled.

Register Early: Dr. Hall is a wonderful speaker and it is anticipated that some venues will be sold out. Registration will be limited to enhance your comfort.
THE IMMUNE SYSTEM
Minding the Body and Embodying the Mind
with Nicholas Hall, Ph.D., University of South Florida

Program
Lecture begins: 9:00 a.m. Adjournment: 4:00 p.m.

Understanding the Immune System:

- **Antigens**: the invading “enemy”; how the immune system recognizes bacteria and viruses.
- **Macrophages**: “monster” cells that patrol and seize antigens and signal their presence.
- **Helper T-cells**: directing activities of macrophages and the proliferation of T- and B- cells.
- **Natural killer cells**: “ruthless destroyers” of cancerous and infected cells.
- **B-cells**: our antibody factories with special ability to fight bacterial infections.
- **Antibodies**: specialized proteins that neutralize the “enemy” or target it for attack.
- **Cytokines**: interleukin-1 and -2; beta and gamma interferon; natural defenses against cancer.
(✓) One:  
VICTORIA Wed., Mar. 11  
RICHMOND Thur., Mar. 12  
VANCOUVER Fri., Mar. 13  
TORONTO (N.YORK) Mon., Apr. 27  
MISSISSAUGA Tues., Apr. 28  
TORONTO (CENTRAL) Wed., Apr. 29  
LONDON Fri., May 1  
WINNIPEG Mon., May 4  
EDMONTON Tues., May 5  
CALGARY Wed., May 6

Name (please print) ________________________________
Home address ________________________________
City ___________________________________________ State ________ Zip ______
Work phone (_______) ________________________ Home phone (_______) ______________
Profession ____________________________ Prof. license # ________________________

(✓) One:  
$65 preregistered  
$60 preregistered group rate (per person, 3 or more in one envelope)  
$70 at door (space permitting)

(TUITION IS IN CANADIAN DOLLARS) Make check payable to: Mind Matters Seminars PO. Box 391120, Mountain View, CA 94039

To register by credit card only, call toll free (24 hours): (800) 777-7768 or FAX registration form with credit card information to: (650) 949-8107

Visa □  Card # ________________________ Exp. Date __________
MC □  Signature ________________________________
THE IMMUNE SYSTEM

VICTORIA Wed., Mar. 11
RICHMOND Thur., Mar. 12
VANCOUVER Fri., Mar. 13
TORONTO (N.YORK) Mon., Apr. 27
MISSISSAUGA Tues., Apr. 28
TORONTO (CENTRAL) Wed., Apr. 29
LONDON Fri., May 1
WINNIPEG Mon., May 4
EDMONTON Tues., May 5
CALGARY Wed., May 6

Spring 1998
$65: (Canadian) 6 Hours of Continuing Education Credit.
### 1998 RNABC Annual Meeting Program

#### Thursday, April 2, 1998

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0830</td>
<td>Registration</td>
</tr>
<tr>
<td>1030-1230</td>
<td>Business Session:</td>
</tr>
<tr>
<td></td>
<td>Call to order</td>
</tr>
<tr>
<td></td>
<td>Introduction of Board of Directors and guests</td>
</tr>
<tr>
<td></td>
<td>Adoption of standing rules</td>
</tr>
<tr>
<td></td>
<td>Adoption of annual meeting agenda</td>
</tr>
<tr>
<td></td>
<td>General business:</td>
</tr>
<tr>
<td></td>
<td>- Report on disposition of 1997 annual meeting minutes</td>
</tr>
<tr>
<td></td>
<td>- Appointment of 1998 Annual Meeting Minutes Approving Committee</td>
</tr>
<tr>
<td></td>
<td>- Auditor's report and appointment of auditor for 1998</td>
</tr>
<tr>
<td></td>
<td>- Report of Resolutions Committee</td>
</tr>
<tr>
<td></td>
<td>- Report of Nominations Committee</td>
</tr>
<tr>
<td></td>
<td>President's address - Rob Calnan</td>
</tr>
<tr>
<td></td>
<td>Question Period on Annual Report</td>
</tr>
<tr>
<td>1230-1400</td>
<td>Lunch</td>
</tr>
<tr>
<td>1400-1600</td>
<td>Business Session:</td>
</tr>
<tr>
<td></td>
<td>Executive Director's address - Pat Cutshall</td>
</tr>
<tr>
<td></td>
<td>Debate and voting on resolutions and bylaw amendments</td>
</tr>
<tr>
<td></td>
<td>Open forum</td>
</tr>
</tbody>
</table>

#### Friday, April 3, 1998

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0830</td>
<td>Introduction of candidates for the Board of Directors and President-Elect speeches</td>
</tr>
<tr>
<td>0845-1200</td>
<td>Business Session:</td>
</tr>
<tr>
<td></td>
<td>Call to order</td>
</tr>
<tr>
<td></td>
<td>Issues forum</td>
</tr>
<tr>
<td></td>
<td>Greetings from Canadian Nurses Association</td>
</tr>
<tr>
<td></td>
<td>Call for nominations and distribution of ballots for Nominations Committee</td>
</tr>
<tr>
<td></td>
<td>Debate and voting on resolutions and bylaw amendments</td>
</tr>
<tr>
<td>1200-1330</td>
<td>Lunch</td>
</tr>
<tr>
<td>1330-1530</td>
<td>Business Session:</td>
</tr>
<tr>
<td></td>
<td>Debate and voting on resolutions and bylaw amendments</td>
</tr>
<tr>
<td></td>
<td>Issues forum</td>
</tr>
<tr>
<td></td>
<td>Closing remarks</td>
</tr>
<tr>
<td></td>
<td>O Canada</td>
</tr>
<tr>
<td></td>
<td>Adjourn</td>
</tr>
<tr>
<td></td>
<td>Break mid-morning - 45 minutes (Regency East and Foyer)</td>
</tr>
</tbody>
</table>

### Other Activities

**Activities during breaks:**
- Members' Displays - Regency East
- Candidates' Displays - Regency Foyer

#### Thursday, April 2, 1998

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1600</td>
<td>Registered Nurses Foundation annual meeting</td>
</tr>
<tr>
<td>1800-1900</td>
<td>RNABC Awards Presentation</td>
</tr>
<tr>
<td>1900-1930</td>
<td>Reception</td>
</tr>
</tbody>
</table>

### Proposed Standing Rules for 1998 Annual Meeting

**General**
1. The annual meeting will be run under the provisions of the Nurses (Registered) Act, the RNABC Bylaws, and these standing rules. As indicated in the RNABC Bylaws, in all unprovided cases, the current edition of Robert's Rules of Order Newly Revised shall apply.

**Attendance, Voting and Speaking Rights**
2. RNABC members, voting delegates, staff, advisors and members of the public shall be entitled to attend the Annual Meeting. They shall be required to register and wear name badges before entering the meeting hall and shall be seated in the areas designated for the respective groups.

3. Any questions or disputes regarding delegate status and voting rights shall be referred to the Chair or designate for determination in accordance with RNABC Bylaws.

4. Only registered voting delegates shall be entitled to make motions and vote. RNABC members shall be entitled to speak in debate.

5. On each debatable motion, each voting delegate or member shall be entitled to speak up to 2 times, each time no longer than 2 minutes.

6. To speak a second time on the same motion, a person must wait until those who wish to speak on it for the first time have spoken.

7. The assembly may, by a 2/3 vote or by unanimous consent, allow a person to speak more than twice on the same motion, or longer than 2 minutes each time.

**Agenda, Resolutions**
8. The adopted program shall be the order of business for the meeting and may, after its adoption, be modified by a 2/3 vote or by unanimous consent.

9. Resolutions which were received by the deadline established by the Board and which were published in Nursing BC shall receive first priority at the meeting.

10. Amendments and late resolutions shall be submitted to the Resolution Committee for review before they are considered by the assembly.

11. Late resolutions shall require a 2/3 vote by the assembly to be accepted for debate.

**Discretion of the Chair**
12. To facilitate the orderly and timely conduct of the meeting, the Chair shall be authorized to make procedural decisions, but such decisions may be reversed or altered by the assembly.
RESOLUTIONS
Nancy Lipsett, RN and Ken Agar-Newman, RN
RESOLVED, that this assembly recommend that the Board of Directors furnish adequate space near the assembly room sufficient to provide background information on each resolution as determined by its presenters;
RESOLVED, that this assembly recommend that the Board of Directors make resource staff available to advise and assist in the process of producing a background information space for each resolution presented at the AGM; and
RESOLVED, that this assembly recommend that the Board of Directors allocate resources necessary to present resolution background information once a resolution is accepted by the resolution committee. This would consist of a modest grant to be used toward reproduction of material, display, travel and/or accommodation.

A NURSING VOICE ON REGIONAL HEALTH BOARDS
Penticton Chapter and South Fraser Chapter
RESOLVED, that this assembly recommend to the Board of Directors that the RNABC strongly lobby the Minister of Health to include a registered nurse to represent the RNABC, either on an advisory committee of Interdisciplinary Health Care Providers, or on each Regional Health Board/Community Health Council.

CHAPTER AND PPG ADVERTISING
New Westminster Chapter
RESOLVED, that this assembly recommend the Board of Directors of RNABC consider entitling chapters and professional practice groups to one advertisement without fee in Nursing BC that will be restricted to four column inches or one eighth of a page.

LIBRARY VIDEOTAPE
New Westminster Chapter
RESOLVED, that this assembly recommend that the Board of Directors eliminate the current policy of charging RNABC members for borrowing videotapes.

EDUCATING NURSES ABOUT TORTURE
Nancy Lipsett, RN and Ken Agar-Newman, RN
RESOLVED, that this assembly recommend to the Board of Directors that the RNABC urge the Canadian Nurses Association to comply with Article 10, ratified by Canada, and devise guidelines for nursing education regarding the Convention Against Torture and Other Cruel, Inhumane or Degrading Treatments or Punishments; and
RESOLVED, that this assembly recommend to the Board of Directors that the RNABC require nursing programs in B.C. to include education that will provide basic knowledge and increasing levels of competencies in caring for patients who have been or may be suspected as being victims of government torture and other cruel, inhumane or degrading treatment or punishment.
RNABC's Continuing Competence Program to be phased in over three years

The incremental implementation of RNABC's Continuing Competence Program has received approval from the Association's Board of Directors. Implementation will be phased in over three years starting in 1998. A progress report on each phase and a plan for the following phase will be presented to the Board for consideration before moving to the next phase.

RNABC is required by the Nurses (Registered) Act to "establish and maintain a continuing competency program to promote high practice standards among members." Last year, the Association developed and pilot tested a self-assessment/planned learning tool as one means of meeting the continuing competence program requirements. The tool was developed to assist nurses to identify strengths and gaps in their practice, and develop a learning plan to build on their strengths and close their gaps.

The tool was sent to 182 nurses who volunteered to participate and 457 nurses randomly selected from a variety of practice settings with varying education. A focus group with members was also held to obtain feedback on the tool.

More than 80% of nurses who returned the tool said it assisted them to identify strengths and gaps in their practice. Over 70% said the tool helped them to create an achievable learning plan. Moreover, it motivated them to address the gaps in their practice.

Approximately 85% said the tool helped them improve their understanding of the standards for nursing practice.

The tool has been refined, incorporating feedback from nurses who completed and returned the tool to RNABC.

The primary focus in 1998 will be on educating members about the program and additional continuing competence requirements for registration renewal. The new requirements will be:

- completion of a self-assessment tool related to the nurse's practice;
- evidence of peer feedback as part of the self-assessment;
- development of a learning plan on the self-assessment results and implementation of the plan;
- evaluation of the impact of the learning on the nurse's practice.

All members will receive a self-assessment/planned learning tool which has been developed to assist nurses to assess their practice in relation the Standards for Nursing Practice in British Columbia. While all members will be required to complete a self-assessment, use of this particular tool is optional. Criteria will be developed for members to use in choosing other self-assessment tools or processes.

In 1999, members will be asked to participate voluntarily in the program. The final phase, starting in the year 2000, will require members to report annually on their participation in the continuing competence program in order to renew their registration. No decision has yet been made on what form this reporting will take.

RNABC Roster Of Public Representatives

Recognizing the valuable contribution public representatives make to RNABC, the Board of Directors has adopted a framework for recruiting public representatives to serve on the board and committees. Chapters and professional practice groups will be encouraged to submit names of individuals (who have relevant knowledge and skills to assist RNABC achieve its goal of safe and appropriate nursing practice in the public interest) to the Association's roster of public representatives.

The Board draws upon this roster when seeking public representatives to serve on committees and other positions. As well, names from the roster may be put forward to the Minister of Health for consideration when making appointments to the RNABC Board of Directors.
CONTINUING COMPETENCE:

A Community Experience for Hospital Nurses

Given a chance to work in the community, Barbara Dramer, a hospital nurse, seized the opportunity to work with a wider variety of clients and polish up on a few skills.

By Helen Griffiths, RN

Barbara Dramer admits to having some initial apprehension when she heard she might have an opportunity to move from in-patient psychiatry to community mental health for six months. The potential secondment was first mentioned at a busy time for Dramer who was just finishing her nursing degree. Yet, it was too good an opportunity to ignore.

Dramer has been nursing in psychiatry at Matsqui Sumas Abbotsford (MSA) General Hospital in the Fraser Valley since the unit opened in 1979. With today’s emphasis on shorter admissions to hospital, there now seemed little time to use some of the skills, such as counselling, family work and group therapy, that had drawn her to psychiatry in the first place. She saw this new position as a chance to use these skills more. “Having the focus of the community and working with clients at a different stage in their illness provided an opportunity to brush up on these skills and learn new ones too,” she says.

So when Bernie Mark, director of Mission and Abbotsford Mental Health Centres, officially announced that funding had been found for four MSA Hospital nurses to work in the community for what was called a six-month “cross-training educational opportunity,” Dramer applied. Applicants were selected based on their experience, skills, interest and seniority.

There were two community positions to be filled in each of two mental health centres, one in psychogeriatrics, and the other in adult short-term assessment and treatment (ASTAT). Dramer was offered the psychogeriatric position in Mission.

Mission had never had its own psychogeriatric team. Such services were previously provided by nearby Maple Ridge. But with regionalization of health services, it became necessary for Mission to have its own mental health centre and it needed someone to establish a new program.

Dramer had hoped for an ASTAT position so that she could use her counselling and crisis intervention skills. Besides a student placement in palliative care and some senior clients in her community rotation, she had little geriatric experience. But bolstered by encouragement from the director and confidence from her newly completed degree, Dramer accepted the position.

“It was a tremendous challenge,” she says. “Maple Ridge had provided a very comprehensive service with a psychoneurologist, a pharmacist, a gerontologist, and an occupational therapist... We had only myself, a half-time RPN and eventually a
psychiatrist one morning a week. It was a very much scaled down team and we took on a four-month back-log of referrals that hadn’t yet been seen."

When the program started, it was expected that general practitioners accustomed to referring to the full team in Maple Ridge would have concerns. But the transition was smoother than anticipated. Dramer says feedback from physicians and facilities in the community was, and still is, very positive. "They tell us they’re gratified to be able to call and say, ‘I’m having a problem,’ and know that someone will come out and help."

During a recent family conference regarding a client, Dramer received personal feedback. The family expressed appreciation for her support, information and advice. The continuing care staff also complemented her on how her assessments and recommendations made their jobs easier.

While the new psychogeriatric program in Mission would seem to be a success for the community, the learning experience has been equally beneficial for Dramer. Often working in clients’ homes away from the support of other team members, Dramer had to further develop her assessment and critical thinking skills. For example, she now utilizes seven different assessment tools (that she has learned to score and interpret) in her client assessments to help evaluate the client’s mental status, cognitive functioning, psychosocial status and level of competence.

Dramer’s teaching skills have also been well exercised. It’s expected that mental health centre staff will regularly participate in case presentations and other inservice seminars. Two of her team have been on assessing delusions and financial exploitation. Staff from other disciplines offer feedback based on their knowledge and experience, and everyone learns.

Although Dramer didn’t receive the ASTAT position, she still got her opportunity to polish up on her crisis intervention skills. Mission Mental Health Centre is small enough to allow each team member a turn at processing intake referrals for the entire centre. This gave her an opportunity to work with a wider variety of mental health clients.

In both her role of intake worker and her position on the psychogeriatric team, Dramer has learned much about community resources and how they can be accessed. "Working in a program like this really helps you to bridge the gap (between the hospital and community)," she says. "So when you talk about discharge planning, you have a better idea of what that means for your client in the community. Are they appropriate for referral to the mental health centre? If the problem is substance abuse for example, what would be more appropriate?"

The experience has enriched her in the area of collegiality issues. "In the hospital," she says, "nurses tend to think community nurses have it easy. Now I see it is different, but the stresses are still there."

Despite these stresses, Dramer and the other three nurses seconded to the mental health centres were hoping to stay in their positions after the six-month period. All four nurses had provided valuable services to the community and attempts were made to keep them there. Letters were written, the Fraser Valley Health Regional Board was approached and the nurses prepared written evaluations of their experiences.

In the end, only Dramer was able to remain in the community. When the team at Mission Memorial Hospital, which oversees discharge planning, heard that Dramer’s position was at risk, they gave hospital management a strong message about the negative impact the loss of her position would have on the length of hospital stays. Since the program was so new and Dramer was the only full-time staff person, it was thought that the whole psychogeriatric team might collapse without her. With this feedback, mental health funds earmarked for another program were redirected towards renewing Dramer’s position for another six months.

So while three nurses have returned to their jobs at MSA Hospital, Dramer continues to work in the community with no real assurance that her position will be extended another time. Regardless, Dramer believes the other nurses would agree that the experience of working in the community has enhanced their ability to care for their patients or clients in any setting. If Dramer returns to the hospital it will be with a great deal of new knowledge and experience that will help in preparing her patients for discharge to their homes, families and communities.

For Dramer, taking advantage of a learning opportunity such as this is an essential component, along with taking workshops and formal education, of maintaining her competence to practice nursing. "Clients have the right to expect competent care from their nurses," she says. "For nurses, this involves using various methods to broaden their horizons and keep their skills and knowledge base up-to-date and sound."

Helen Griffiths is a registered nurse and freelance writer.
Nursing Shortage

RNABC President Rob Calnan and Executive Director Pat Cutshall met with B.C. Health Minister Joy MacPhail in December. Among the topics discussed was the emerging nurse shortage and the long term implications of future nurse supply revealed in the recent study commissioned by the Canadian Nurses Association.

The study says there will be a shortage of between 59,000 to 113,000 RNs by the year 2011. This results from the combined effect of:

- an aging nursing workforce
- fewer young people entering the profession, and
- a rapidly aging population with increasing health care needs. Rates of utilization of hospital days suggests that demand for registered nursing services could grow by 46% by 2011.

In 1996, there were 264,000 RNs in Canada (29,800 practicing and 4,592 non-practicing RNs in British Columbia). The largest group of working RNs are in the 40-45 age range. By 2011, they will be in their mid- to late-50s and leaving the profession at a rapid rate, according to the study.

The inability to meet the demand for registered nursing services has the potential to become a major public safety issue in the near future. Unfortunately, health human resources planning in Canada has been sadly neglected. While there has been some focus on physician manpower, it is time to take a more comprehensive approach and develop strategies to ensure the correct number of qualified health providers to meet the future health needs of Canadians.

MacPhail agreed to raise the matter with fellow health ministers.

Parker Nominated for CNA President-elect

Former RNABC president Gloria Parker has been nominated by the Board of Directors for the position of president-elect of the Canadian Nurses Association for the 1998-2000 term.

Parker, director of care for the Tillicum and Veteran’s Care Society in Victoria, was vice-president of CNA before that office was discontinued. She served two terms as president of RNABC in the 1980s. She has also served on a variety of other health-related committees including serving as chair of the B.C. Health Minister’s Advisory Committee on Ethical Issues in Health Care.

RNABC In Brief

Chapter/PPG Advertising
The Board accepted a resolution from the Richmond-Delta Chapter requesting that consideration be given to reducing the rate for chapters and professional practice groups to advertise yearly notices of meetings and executives in Nursing BC. It was referred to the Executive Committee for review.

Reinstatement Fees
The following reinstatement fees will be charged to former members who have lapsed their membership. This fee, which goes towards the cost of processing the reinstatement application, is in addition to the annual membership fee.

- Less than two years since membership lapsed, $30
- More than two years since membership lapsed, $50
- After previous disciplinary action, $100 with $50 refunded if applicant is reinstated.

CNA Delegates
Several changes have been made to the Association’s policies for selecting delegates to annual meetings and biennial conventions of the Canadian Nurses Association. Some are housekeeping changes while others are rewordings to clarify differences between funded and non-funded delegates. A primary aim of the changes is to differentiate between annual meetings associated with the CNA’s biennial convention (held in even-numbered years) and annual meetings held in conjunction with CNA board meetings in odd-numbered years.

Professional Practice Group
A request by the Ambulatory Care Professional Practice Group to dissolve as a PPG was granted by the Board. The group’s remaining funds of approximately $200 were donated to the RNABC Helen Randal Library.
Fewer Doctors Returning to Canada

Physicians who have left Canada are returning in fewer numbers than at anytime in the past six years, according to the Canadian Institute for Health Information (CIHI).

However, the total number of physicians in Canada decreased less than a tenth of a per cent between 1995 and 1996 (for which current figures are available), from 55,006 in 1995 to 54,958 in 1996.

According to CIHI, 218 physicians returned to Canada from abroad, while 731 left Canada to work in other countries. In British Columbia, the number of physicians returning to the province was 45 compared to 83 leaving.

B.C. has the third highest number of physicians in Canada, says the CIHI. In 1996, B.C. had a total 7,505 physicians (4,144 general practitioners and 3,361 specialists). This was nearly 300 more than in 1995. Ontario had the most physicians with 20,216.

B.C.'s population per physician was 520 people per physician, less than the national average of 542. Only Quebec had a lower ratio at 486.

For more information, contact Canadian Institute for Health Information at (613) 241-7860 (ext. 4027).

VGH Nursing School to Close

After 99 years, the Vancouver General Hospital School of Nursing is officially closing its doors this year.

More than 8,700 nurses have graduated from the school since 1899.

On May 3, the school's Alumnae Association is planning a special event to commemorate the 99 years of nursing education and to recognize the 50 year graduates from the class of 1948.

This event will be held in the Laurel Pavilion of VGH from 1130-1530 hours. Historical displays will open at 1130 and a luncheon served from 1230. Cost is $15. Register by April 18 by contacting the VGH School of Nursing Alumnae Association, 855 West 12th Ave., Vancouver, B.C. V6Z 1M9.

Preventing Violence Against Women

A recent symposium of women-serving organizations has recommended a four-step action plan aimed at preventing violence against women.

Every six minutes a Canadian woman is sexually assaulted by a man. Six in 10 women in B.C. report an incidence of violence.

Held in Victoria in January, the symposium, sponsored by the Ministry of Women's Equality, was the first time that women and men from a variety of sectors and region across B.C. have come together to focus on preventing violence against women.

The action plan includes:
• forming a cross-sector partnership to chart a course and support the work already being done in local communities;
• establishing a long-term public education and media campaign;
• collecting and establishing a central registry of best practices; and
• training and education in workplaces, schools and communities.

A report on the symposium will be available from the Ministry of Women's Equality.
INFORMATION WHEN YOU NEED IT

RNABC's Fax on Demand and Internet Services

Now you can get the latest RNABC documents delivered to you immediately by using the Association's new Fax on Demand service or Internet site.

FAX ON DEMAND

Using a touch tone phone and a fax machine, you can easily and quickly obtain fax copies of many of RNABC documents at your convenience. There is no charge for the service and it is available 24 hours a day, seven days a week. You can also hear the latest news from the Association and get information about workshops in your area.

You can order documents any time by calling the toll-free number 1-888-649-2992 or (604) 303-0754 if you're in Vancouver area. Ordering is easy, just follow the voice instructions. You can also get a faxed list of documents available through the Fax on Demand service or a complete list of RNABC documents available from the Helen Randal Library. Remember to enter your fax number, including the area code. The documents you ordered will be sent to your fax machine after you hang up. The list will be updated regularly with new or revised documents.

INTERNET SITE

RNABC's Internet web site www.rnabc.bc.ca puts many RNABC services at your fingertips, even if you are using an older computer:
- Access the latest RNABC news.
- View or print RNABC documents.
- View the list of journals available through the Helen Randal Library.
- E-mail questions directly to the reference librarian and the registration department.
- Order RNABC publications on-line.
- Register for RNABC conferences.

RNABC's web site also links to the web sites of other nursing organizations throughout Canada. The newest service on the web site, the member forums, lets you share your ideas and nursing issues with other members regardless of where they live or what shift they work (see article page 19). Statistics for January indicate 2,468 people took a look at the RNABC web site in that month alone.

MEETING YOUR NEEDS

Both the Fax on Demand and Internet are intended to be primary tools for responding to the many document requests that RNABC receives. Last year, for example, RNABC received over 2,000 requests for publications and distributed more than 121,000 documents. By using these two services, nurses will be able to get information more quickly to assist them with their nursing practice or to review in advance so they will be better prepared if they need to talk to someone at the Association.

In addition to providing faster service to members, the Fax on Demand and Internet site are expected to reduce costs associated with printing, inventory and distribution of RNABC publications.

Neither of these services are intended for the distribution of large or cost-related publications. These are available through the RNABC Helen Randal Library, telephone (604) 736-7331 (ext. 118) or 1-800-565-6505, or fax (604) 738-2272.
INSTRUCTOR

Dr. Anthony M. Ocana (M.D., M.Sc., R.D., C.C.F.P.) is a physician and registered dietitian. He received his bachelor's degree in nutrition and pharmacology/toxicology, and a master's degree in nutrition from the University of Toronto. Dr. Ocana has taught nutrition courses to medical students, dietitians, and nurses. He has a special interest in obesity, eating disorders, fibromyalgia, chronic fatigue syndrome, and disease prevention. He is the director of Health Enhancement, a multi-disciplinary clinic practicing integrative medicine in Vancouver, Canada.

Dr. Ocana has conducted research and has published in peer review journals. He recently won first prize for his talk on nutrition in medical education at the North American Primary Care Research Group Annual Meeting.

(Biomed reserves the right to change instructors without notice.)

SPONSOR

Biomed is a scientific organization dedicated to research and education in the fields of science and medicine. Biomed is affiliated with the Institute for Natural Resources (INR), which is an American public benefit organization that gives continuing education seminars in all 50 American states. Founded in 1984, Biomed and INR together form one of North America's largest providers of continuing education offering over 500 seminars yearly.

Biomed does not solicit or receive grants or gifts from any person and has no connections to any commercial organizations, including pharmaceutical and food companies. In addition, Biomed has no affiliation with any religious or political entity. All Biomed revenue comes from the tuition it charges for its seminars and from the sale of books and educational materials. Biomed's Goods and Services Tax (GST) registration number is: 950150 2842.

Registrants agree by enrolling for the seminar that they will not make an electronic recording of the seminar or any portion thereof without Biomed's express written consent.

Biomed's Canadian address is: Biomed, Suite 877, 1066 West Broadway, Vancouver, B.C., V6H 4E4.

Biomed's corporate headquarters' address is: Biomed, P.O. Box 4218, Berkeley, CA 94704-0218, USA.

Biomed's telephone number is: (510) 450-1650. Biomed's fax number is: (510) 652-1859.

Under no circumstances shall Biomed be liable for a refund to an attendee for any sums in excess of tuition actually paid.

Biomed reserves the right to deny entry to registrants who are late and to refund their tuition.

LEARNING OBJECTIVES

Participants completing this seminar will be able to:

1) discuss appropriate clinical uses for common herbs and the contraindications associated with the use of specified supplements.

2) state, from the standpoint of scientific research, the role of nutritional supplements in the prevention of disease.

3) design sensible supplement regimens for specific patient populations.

4) describe the philosophical differences between traditional alternative medicine.

5) suggest, when and if applicable, appropriate complementary therapies for common patient complaints.

CODE: ALT-H100-RNS ©Biomed
ALTERNATIVE MEDICINE
An Objective View
Instructor: Anthony M Ocana, M.D., M.Sc., R.D., C.C.F.P.
Tuition: $69.00 (CANADIAN)

The seminar registration period is from 8:15 AM to 8:45 AM. The seminar will begin at 9:00 AM. A lunch (on own) break will take place from 12:00 noon to 12:50 PM. The course will adjourn at 4:00 PM, when course completion certificates will be distributed.

PROGRAM

Alternative Therapies: Understanding Ancient and Contemporary Healing Methods
- Understanding the mind-body connection
- Eastern and Western approaches to disease
- Evidence-based medicine (proof in research)
- Principles of ayurveda (body types, balance, and better health)
- Massage, acupressure, and acupuncture
- Aromatherapy (healing the emotions)
- Healing properties of expression (art therapy)
- Music therapy (medicine for the mind)
- Visualization and meditation (calming the mind and centering the soul)
- Religion, faith, and prayer
- Physiologic effects of laughter
- Nature (the original tranquilizer)

Herbal and Hormonal Medicine: What’s Hot, What’s Not, What Works, and Why?
- Principles, problems, pitfalls, and potential complications of herbal medicine
- Phytofactors and phytochemicals
- Ginseng, ginkgo biloba, echinacea, valerian root, and blue-green algae
- Saw palmetto and garlic
- Melatonin: miracles or madness?
- Easing menopausal symptoms (dong quai, black cohosh, wild yam, and phytoestrogens)
- DHEA and testosterone
- Natural antidepressants (St. John’s wort, ginseng)
- Aloe vera
- Drug-herb interactions

The Rational Use of Vitamins and Mineral Supplements. Nutraceuticals and Nutritional Supplements
- Review of basic biochemistry
- Rationale behind RDA
- Does anyone have a healthy balanced diet?
- Principles of antioxidant activity
- Vitamins E, C, and beta-carotene
- Quercitin, garlic, onions, and pycnogenols
- Wheat germ, olive oil, and cayenne pepper
- Lecithin (choline), spirulina (wheat grass), and bee pollen
- Evening primrose oil (GLA), and omega-3 fatty acids
- Coenzyme Q-10
- Glucosamine and chondroitin

Integrative Therapeutics: Combining the Best of Traditional and Alternative Therapies
- Weight loss: Ephedrine, chromium, caffeine, and herbal products.
  New medications and recommendations
- Cardiovascular disease and hypertension: folate, fats, calcium, and potassium. Ornish, Pritikin, and vegetarian diets
- Depression and mood disorders: St. John’s wort, ginseng; endorphins and exercise
- Cancer therapeutics: antioxidants, phytochemicals, prayer and pain reduction

6 HOURS CREDIT
**TUITION:**
$69.00 (CANADIAN)/$51.00 (USA) per person with pre-registration or $84.00 (CANADIAN)/$63.00 (USA) at the door if space remains.

The tuition includes all applicable Canadian taxes. At the seminar, course participants will receive a complete syllabus. Tuition payment receipt will also be available at the seminar.

**TO REGISTER:**
Please complete and return the registration form below. Or register toll-free with Visa or MasterCard by calling: 1-800-937-6878. *This number is for registrations only.*

For seminar availability and other inquiries, please call (510) 450-1650.

Individuals registering by Visa or MasterCard will be charged $51.00 (USA). If the credit card account is with a Canadian bank, the $51.00 (USA) will be converted into the equivalent amount in Canadian dollars (approximately $69.00) and will appear on the customer's bill as such. The rate of exchange used will be the one prevailing at the time of the transaction.

Early registration is recommended. A transfer at no-cost can be made from one seminar location to another if space is available. Individuals cancelling their registrations will be charged a $14.00 (CANADIAN)/$12.00 (USA) per-person nonrefundable fee. Instead of cancelling, individuals can get a voucher of equal value—good for one year—for a future seminar. All requests for refunds and vouchers must be made in writing. Registrants attending more than the first hour of a seminar will not receive refunds. If a seminar cannot be held because of reasons beyond the control of Biomed (e.g., an earthquake), the seminar will be rescheduled; registrants will get free admission to the rescheduled seminar but no refund. A service charge of $25.00 (CANADIAN)/$20.00 (USA) will apply to each returned check.

Please check course date:

- Thu., Mar. 19, 1998 (Victoria, B.C.)
- Fri., Mar. 20, 1998 (Richmond, B.C.)
- Thu., Mar. 26, 1998 (Vancouver, B.C.)

Please print:

Name: ___________________________ Profession: ___________________________

Home Address: ___________________________ Province: ________ Postal Code: ________

City: ___________________________ Lic. Exp. Date: ________

Home Phone: (____) ___________ Work Phone: (____) ___________ Employer: ___________________________

Please enclose full payment with registration form. Check method of payment.

- Check for $69.00 (CANADIAN) (Make payable to Biomed)
- Charge the amount of $51.00 (USA) to my ___________ Visa ___________ MasterCard

Card Number: ___________ Exp. Date: ________

(enter all raised numbers)

Signature: ___________________________

☐ Please send me a map with directions to the meeting site.
APPROVALS

REGISTERED NURSES (RN'S) & LICENSED PRACTICAL NURSES (LPN)

This course is designed to provide nurses with the latest scientific and clinical information and to upgrade their professional skills. Currently, 100,000 registered nurses in Canada and United States have completed this course.

Course completion certificates will be distributed to nurses completing this course.

Biomed's sister organization, the Institute for Natural Resources (INR), is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center (ANCC) Commission on Accreditation. ANR is part of the American Nurses Association (ANA) continuing education system.

INR has been approved as a provider of continuing education by the Florida Board of Nursing (#271118), the Iowa Board of Nursing (#288), and the Kansas Board of Nursing (#LT0140-0927).

Health professionals in fields other than nursing have been invited to attend this seminar.

HOME STUDY COURSES

Biomed has prepared several home study courses for dental professionals. To obtain more information on these courses, please contact:

Biomed
Home Study Dept.
P.O. Box 4218
Berkeley, CA 94704-0218 USA
(510) 450-1650
MEMBER INPUT

RNABC is continuing to look for ways to actively seek member input and participation in Association decision-making.

Following a 1995 annual meeting resolution requesting RNABC to provide for increased member input, the Board of Directors adopted a policy that "Member input and participation in decision-making is an integral part of the proper function of a self-regulating profession, is a value held by RNABC, and merits continuing attention by the Board of Directors..."

"Since then," the Association has initiated a number of activities aimed at encouraging member input and participation. These have been mainly targeted at professional practice groups, chapters, resolutions, annual meeting, board meeting observers, nominations/election, leaders conference, individual members and workplace representatives.

**Resolutions**

Although members tend, for the most part, to submit resolutions to the annual meeting, RNABC has been encouraging chapters and members to use alternatives for dealing with their particular issues, such as submitting resolutions directly to the Board of Directors so they can be dealt with in a more timely manner. So far, there has been limited success with this.

Late resolutions to the annual meeting can now be submitted more easily than in the past and delegates to the annual meeting now receive information to help them present resolutions effectively at the annual meeting.

**Professional Practice Groups**

More effective communication is the goal behind the decision earlier this year to have only one person serve as a liaison between the Board and Professional Practice Group Council. The liaison, who is appointed by the Board, reports to both groups on relevant matters of interest. Other communication strategies include having at least two PPG representatives attend each board meeting as observers and inviting the chair of the PPG Council to attend the annual meeting as a guest of the Board.

To help board and PPG members better understand the role of the other, orientation sessions will be scheduled for new presidents prior to each council meeting. PPG members are also being encouraged to enroll in the RNABC Nurse Resource Network. The Board uses the network in selecting members to serve on internal and external committees.

**Chapters**

RNABC continues to work with the chapters to improve member participation so that chapters can accomplish their objectives. A major emphasis has been on looking at other ways in which chapters might function. This has involved looking at what's working and what's not as well as implications for chapters and the Association. So far, only a few chapters have successfully created new structures to promote member involvement. This will continue to be a Board priority in 1998.

**Board Meeting Observers**

To alleviate some members' concerns that the policies regarding observers at board meeting act as a barrier to member input, observers are now provided with an orientation to the board meeting process. Observers are paired with a board member and invited to network with other board members before the meeting and at breaks. Furthermore, members have an opportunity to speak to the board with prior notice, or if an observer asks to speak during the meeting, this can be done at the discretion of the chair. Observers are also full participants in the Board's informal planning session.

**Workplace Representatives**

To increase communication opportunities between chapters and workplace representatives, chapter executive members are being invited to participate in the one-day orientation that is routinely held for new reps. As well, chapter presidents and reps are being encouraged to develop informal linkages by sharing information about upcoming events of mutual interest, such as nursing week.

**Leaders Conference**

To provide for greater communication opportunities between participants at the Leaders Conference and board members, the board meeting, which coincided with the November Leaders Conference, was arranged so that board members could attend most of the two-day Leaders Conference.

**Nominations/Elections**

Strategies to improve member participation include encouraging district directors to participate in the recruitment of nominees, and making names of candidates available to members upon request at any time. All members are entitled to vote.
Tom Pownall is an Investment Advisor with Fortune Financial, one of Canada's largest independent financial planning firms, a company that manages more than $6 billion in assets for its diversified family of clients. Fortune Financial has been honored as one of Canada's 50 Best Managed Private Companies. With the financial security of the nursing community in mind, we asked Mr. Pownall for his thoughts on the benefits of investing:

The nursing community involves people of all ages. Tom, is there a right age to get involved in an investment program?

The younger the better, of course. It not only develops good investing habits, but there's more time for capital to grow. But any time is a good time to invest. At any age, we all have an opportunity and the responsibility to make the most of our hard-earned dollars, to benefit from the tax breaks that are available by investing them.

So how does it work at Fortune Financial?

I offer a number of investment alternatives, but in most situations, and in a personal, one-to-one way, I determine the financial goals of my clients, and with the funds that they have, I establish portfolios of mutual funds, bonds, stocks, and other securities. My expertise helps to make those investments grow.

People are always concerned about risk. Are these portfolios solid?

While there's always a degree of risk, I do my best to minimize it—my clients like to sleep at night! Portfolios are assembled with great care, and with lots of research. I tend to be conservative in my approach. Investments are made in the securities of the best of companies.

Are you knowledgeable in things like estate planning, and retirement planning?

These and more are part of my service. I also have an informative monthly newsletter to keep my clients up to date on changes and opportunities. I like my clients to be involved. It is, after all, their money.

Do you need a lot to get started with Fortune Financial?

I prefer to start with a minimum amount, but if people are serious about a program, I welcome all inquiries.

Can you handle RRSP's?

A large part of my business involves RRSP's. I can begin new programs, or transfer them from other sources. Right now, of course, is a good time to be thinking about RRSP's. The deadline for making tax-deductible contributions is Feb. 28, 1998.

Why your interest in the nursing community?

I have enormous respect for nurses and the work they do. I also handle investment portfolios for a large number of nurses, and I've learned a lot about the profession—the retirement dreams and the financial needs of those within it.

And nurses, like all of us, need more than a pension for a secure and comfortable retirement?

Indeed they do. There's a need for all of us to look after ourselves financially, and that means establishing goals, and making a commitment to meet them. This is where I can help.

What's your record of success Tom?

We have hundreds of clients in our Vancouver office who have grown with us and have seen their investments appreciate. I would be pleased to provide testimonials.

Do you provide free consultation about what you have to offer?

Absolutely. My phone number at the office is 604-681-1300.

Thanks Tom.

You're welcome.

---

You've dedicated your life to caring for others. Now it's your turn. It's time to think about you, and the importance of your financial future.

- Don't follow the crowd. Do what the wealthy do. Secure your financial future with a planned program of sound investing.
- Retire a millionaire? You can do it. When a commitment is made, when the program is sound, money grows and grows!
- Time flies. When it comes to investment planning, there's no time like now to get started.
- You need a guide you can trust, who can help you to plan your program, help you realize your dreams.

We invite you to meet Tom Pownall for what could be one of the most important hours of your year, maybe your life! Tom is a financial advisor to many in the nursing community, and his informative seminar will open your eyes to opportunity.

Choose a date, a time and a location. Bring your friends. It's informal. It's fun. It's important. It's about your financial future! Please call 681-1300 to confirm your reservation.

Wall Centre Hotel (Across from St. Paul's) Saturday Feb. 14, 12 noon Tuesday Feb. 17, 7:30 p.m. Tuesday Feb. 24, 7:30 p.m.

Plaza 500 Hotel (Across from Vancouver General) Wednesday, Feb. 18, 7:30 p.m. Saturday, Feb. 21, 12 noon Wednesday, Feb. 25, 7:30 p.m.

---

1260-1188 W. Georgia St. VANCOUVER, B.C. V6E 4A2 PHONE (604) 681-1300 FAX (604) 681-0880
I'm a registered nurse in the emergency unit at a community hospital. When I work as the triage nurse, I receive a lot of calls from people asking for advice about how to manage their health problems. For example, last night a mother wanted to know what she should do to treat her two-year-old who had a sore throat and fever. Another caller wanted to know what to do about a very itchy rash. Our hospital has a policy stating we should not give any advice over the phone, but recently I have heard rumors that the policy will be changed to allow us and nurses in other areas, such as pediatrics and maternity, to do this. I am worried that this is not safe. Should nurses agree to give advice to people over the phone?

Telephone Advice

By Heather Mass, RN

Nurses can give telephone advice if they have the necessary knowledge, skills and judgment and as long as the required agency policies and support systems are in place.

Giving telephone advice is not a new role for registered nurses. For example, telephone advice is one of the key services offered by registered nurses working in poison control programs. Public health nurses also regularly advise people regarding well-child care over the phone. Evidence from these services as well as established telephone advice programs in the United States suggests that telephone advice is a safe and effective way to help people to make decisions about their health needs, provided it is offered by well-prepared nurses supported by appropriate agency policies and resources.

Nurses providing telephone advice are often actually triaging. Based on the needs of the caller, nurses offer information about nursing care or direct people to an appropriate provider or level of service so their care needs can be met. In addition, these nurses are frequently teaching, counselling and facilitating access to health care services for callers. All of these activities are recognized components of nursing practice.

Nevertheless, there has been reluctance on the part of some administrators and nurses to have telephone advice become a part of the general practice of nurses. The concern is that callers cannot be properly assessed and may be given the wrong advice as a result. In some situations, the wrong advice could lead to serious harm and result in liability for the agency and the nurse. There is also a concern that nurses will be asked to give advice on problems that really should be addressed by physicians.

Today, however, there is an increasing number of people with health problems who are attempting to make reasoned decisions about when and how to use the health care system. Many of these people are saying that they would like to have access to a telephone “helpline” to get information to help them decide what to do. Unfortunately few communities have such helplines, so more and more people are calling hospitals or health units for this advice and support.

Recognizing this demand and the fact that more and more people are using other sources to obtain health information, some health care administrators and planners are beginning to consider offering telephone advice services. Many are now beginning to view telephone advice as an efficient, responsive and cost-effective way to help people to care for themselves or to access appropriate health care services.

While the case for offering telephone advice as a service is sound, the introduction of a telephone advice program in emergency or maternity units, for example, or the expansion of programs currently offered by health units and clinics will have implications for nurses. These include:

- **Legal and professional liability**
  Once a registered nurse accepts a telephone call and begins to provide advice, information or counselling, a nurse-client relationship and a duty of care has been established. Because of the liability attached to this relationship, it is impor-
tant to have organizational policies to support advice giving as well as documentation and evaluation of such services. These policies should clearly delineate the type of advice nurses may give. For example, a health unit may have a policy allowing nurses to give advice on managing post-immunization fever and discomfort to parents over the phone, but limit the giving of this advice to parents only when the child is over six months of age and where there are no barriers (such as language) that could affect the parent's ability to understand the advice.

As well, policies should stipulate the competencies (knowledge, skills, attitude and judgment) required by nurses who will be offering telephone advice. In addition, policies must require that all callers who are advised to take steps to deal with the problem at home or to make an appointment to see their physician be told to call back or go to the nearest emergency service if symptoms persist or become worse.

- **Ability to accurately assess health problems**
  When providing telephone advice, the ability of the registered nurse to assess the situation can be influenced by several factors including: the lack of opportunity to directly observe the client; possible communication and/or language barriers between the caller and the nurse; the ability of the caller to accurately describe the situation; the caller's emotional state; and the nurse's skill in asking the appropriate questions.

  Nurses offering telephone advice must therefore have the necessary knowledge, skills, attitude and judgment (competence) to assess the health needs of the caller and provide accurate and appropriate advice, including referral to an appropriate level of service or provider. As a support for nurses giving telephone advice, agencies should develop protocols to guide assessment and information or advice giving. It is important to note that protocols are tools that knowledgeable professionals use to augment and support professional judgment.

- **The impact on nursing time**
  In some areas, nurses may be requested to give telephone advice to several callers within the space of one shift. A considerable amount of time may be required to accurately assess and provide appropriate advice to each caller. It is important that nurses track the time required to provide the service and ensure that it does not take away from their ability to provide other nursing services on their unit or in their agency. Tracking the time when most calls are received will help to identify the information necessary to address staffing needs.

- **Documenting telephone advice**
  For follow-up, data collection, and legal and professional accountability, all telephone assessments and advice should be documented. Documentation may be contained in a log book or on a client record form created for this purpose. Documentation should include: date and time of the call; caller's name and telephone number; reason for call; assessment data; and advice that was given.

- **Evaluation**
  The efficiency and effectiveness of using nurses to provide telephone advice, outcomes of the service, and the effectiveness of the resources, such as protocols, used in the service should be evaluated and updated at regular intervals.

  When properly set up and supported, telephone advice offers nurses one more way to provide nursing services to the public.

---

Workers' Compensation and Criminal Injuries
Claims and Appeals
Served 6 years as Vice-Chair of W.C. Review Board

**Inquiry and Discipline Proceedings**
Health and Other Professionals

Vahan A. Ishkanian
Hean, Wylie, Peach, De Stefantis
Barristers & Solicitors
1501 - 4330 Kingsway, Burnaby, B.C. V5H 4H9

**Telephone:** (604) 434-5784
**Fax:** (604) 434-7707

---

RRSP - CONSIDER ALL YOUR OPTIONS!
LYNNE BIRKENHEAD
(604) 687-7526
1-800-770-4470
FPC INVESTMENTS INC.
HLP FINANCIAL PLANNING CORP.
Box 11588, Suite 410, 650 West Georgia Street
Vancouver, B.C. V6B 4N8

---

Heather Mass is an RNABC Nursing Practice Consultant.

If you would like more information about telephone advice or any other professional practice issue, please contact an RNABC nursing practice consultant at (604) 736-7331 or toll-free in B.C. at 1-800-565-6505.

---

January - February 1998
PREPAYING YOUR 1999 MEMBERSHIP FEE

It may seem early, but now is the time to plan for prepaying your 1999 RNABC membership fees. Like many members, you may have the option of having your employer deduct a small amount regularly from your earnings so that at the beginning of 1999, your employer can pay your 1999 membership fee directly to RNABC.

Alternatively, you can create your own payroll deduction system by requesting any employer who uses an external payroll service to withhold a small sum from your regular earnings each pay period for deposit to a savings account of your choice. When the time comes to renew your 1999 membership, you will have the funds available.

If you wish, RNABC can assist you in prepaying your 1999 membership fees. You can authorize RNABC to debit your personal bank account for a number of equal payments in 1998. To arrange for the prepayment of membership fees, complete the form below, attach a blank cheque marked "void" and payable to RNABC, and return both to:

RNABC Accounting, 2855 Arbutus St., Vancouver, B.C. V6J 3Y8.

The periodic prepayment amount will depend on how many deposits you wish to make in 1999 and the amount to be prepaid. Indicate your choice below. (Number of payments and amount may be adjusted if your request cannot be processed before the first deposit is required.)

The annual fees for the membership years commencing March 1, 1999 and 2000 will be increased over those of the preceding year by an amount equivalent to the percentage increase in the Consumer Price Index for British Columbia for the immediately preceding month of August over that for the month of August one year previously. The 1999 fees accordingly will not be known until late September, 1998.

The amount of any fee increase and GST will be announced in Nursing BC, and your final payments in 1998 may be adjusted slightly to reflect the increase.

If your bank or financial institution does not recognize an authorized debit for whatever reason, such as insufficient funds in the account, the prepayment arrangement will be canceled immediately and you will be refunded the previously prepaid membership dues and applicable GST. You can terminate this arrangement at any time by requesting, in writing, a refund of the membership dues prepaid and applicable GST.

PERSONALLY APPROVED PAYMENTS - CONSUMER AUTHORIZATION

I/we, as the account holder(s), authorize the financial institution whose name appears on the attached voided cheque, to debit my/our account at the identified branch under terms and conditions agreed to by me/us with the payee (RNABC) until such time as written notice to the contrary is given by me/us to the payee. The branch of the financial institution at which I/we maintain the account is not required to verify that the payment(s) is/are drawn in accordance with this authorization. A debit in paper, electronic or other form in the amount may be drawn on my/our account [ ] bi-weekly or [ ] monthly ________ times during the 1998 calendar year commencing (day) _______ (month) ________ to prepay:

[ ] RN - $284.62/year ($256 annual fee + $17.92 GST + $10 admin fee + .70 GST) plus B.C. Consumer Price Index August-August and associated GST.

[ ] LGN/affiliate RN - $263.22/year ($236 annual fee + $16.92 GST + $10 admin fee + .70 GST) plus B.C. Consumer Price Index August-August and associated GST.

I/we will notify the payee in writing of any changes in the account information or termination of the authorization prior to the next due date of the pre-authorized debit. Items charged will be reimbursed subject to notification by me/us to the branch of the account within 90 days under any of the following conditions:

- I/we never provided the authorization to the payee.
- The pre-authorized debit was not drawn in accordance with this authorization.
- My/our authorization was revoked.
- The debit was posted to the wrong account due to invalid/incorrect account information supplied by the payee.

I/we understand that a written declaration to this effect must be given to my/our financial institution. I/we acknowledge that delivery of this authorization to the payee constitutes delivery by me/us to the above noted financial institution.

__________________________  __________________________
signature of account holder(s)  date

__________________________  __________________________
signature of account holder(s)  date

RNABC Registration No. [ ] [ ] [ ] [ ] [ ]

__________________________  __________________________
surname  first name  middle initial
apo. no/street

city/town  prov.  postal code

A blank cheque marked "VOID" must accompany this application.

RNABC ACKNOWLEDGEMENT

[ ] A copy is being returned for your files.
COMMUNITY HEALTH OPPORTUNITIES

Casual Relief Roles with a Dynamic Health Care Team

Here's your chance, as part of Community Health Services, to apply your skills with people of all ages and cultural backgrounds. Work schedules could include days, occasional evenings and weekends, as well as full-time vacation relief. Salary and benefits are in accordance with the current BCNU collective agreement.

Qualifications for all positions include current practising membership with the RNABC. Local area travel will be involved and transportation arrangements must meet the operational requirements of the Vancouver/Richmond Health Board. A second language and multi-cultural experience are assets.

HOME CARE NURSES

You will assist clients with acute, chronic and palliative health care needs to achieve the highest level of health and functioning possible. An experienced nurse with strong clinical and decision-making skills, you enjoy working independently and as part of an interdisciplinary team. Your qualifications include a BSN and 2 years' community health nursing experience or recent medical/surgical experience. Ref HCN/NBC.

HEALTH PROMOTION & PREVENTION NURSES

You will provide preventative and health promotion services to post-partum clients and infants in the Healthy Beginnings Program including home visits, child health clinics, breastfeeding and other support groups; and work in schools, preschools, daycares and community development work. Your qualifications include a BSN and 2 years' experience in community health, maternal/baby/child, and/or school health. Skills in community development and health promotion strategies are an asset. Ref HFPN/NBC.

LIAISON/UNIT INTAKE NURSES

You will have overall responsibility for the initial intake and coordination of referrals to community services: be highly skilled with the task of "trijage" and will operationalize an integrated service delivery model as you gather data, assess the client, determine eligibility and develop a plan of care to facilitate a smooth transition to community: promote continuity of client care as a liaison between hospital and community services; and act as an education resource to hospital staff regarding community health services. Your qualifications include a BSN and 2 years' community health nursing experience or recent medical/surgical experience. Ref L/UI/NBC.

SHIFT CARE NURSES

You will provide short-term, intensive nursing care to patients who wish to remain at home in their last stage of life. You have experience with people in terminal stages of illness and are available for primarily night shifts on short notice. Qualifications include an RN diploma and 2 years' clinical experience, some within a palliative care setting. Experience nursing clients with HIV/AIDS is an asset. Ref SCN/NBC.

LONG-TERM CARE CASE MANAGERS

You will assess and re-assess individuals referred for long-term care services in order to determine eligibility for long-term care benefits, functional needs and level of care both at home and in facility settings. Your qualifications include a BSN and at least 2 years' experience in a setting related to a long-term care program. Ref LCCM/NBC.

Please send a detailed résumé, quoting appropriate reference, by 5:00 p.m., February 16, 1998 to:
Human Resources Advisor, Vancouver/Richmond Health Board, 1060 West 8th Avenue, Vancouver, BC V6H 1C4; fax: (604) 734-7897.

CLASSIFIEDS

RELIGIOUS ASPECTS OF NURSING CARE
- A concise reference to the practices of 37 religions that helps with planning care for inpatients of health care facilities. Order by sending name, address, postal code and cheque or money order for $10 (includes postage) to K. Griffith, Box 72072, Vancouver, BC V6R 4V4, Canada. Proceeds to nursing scholarships.

Heartmates(R) Plus - Hope & Health for Spouses & Families of Heart Patients - An 8 week education & support program entirely focused on emotional recovery for spouses of heart patients. Workshops for cardiac patients, spouses, couples & families. Counselling for any member of the cardiac family. Contact Jan Spilman, R.N., M.Ed. (604) 926-0699.

The American Southwest - Fourteen-day educational tours focusing on Southwest archaeological sites, the American cliff dwellings and Pueblo culture. Canyonlands natural history, including Bryce, Zion, Arches and Canyonlands National Parks. Experienced guides, local escorts, small groups, comfortable accommodations. For a free brochure contact Nature Venture Tours Ltd. 1-604-461-7770 or 1-888-817-8417.

CAREERS

Outpatient Clinics - Short-term postings. Choose from a variety of exciting assignments 4-12 weeks in duration. Above average earnings, fully paid airfare and accommodations. Previous experience in outpatient nursing preferred. Emergency, trauma, critical care or occupational health experience also considered. Add some variety and challenge to your nursing career. Call to discuss opportunities available. Drake Midox Health Services. Tel (604) 682-2801, Mon.-Fri., 8:30 am to 5:00 pm, Fax (604) 682-8026.

Join our Cardiac Rehab Team and gain valuable community experience - Cardiac Critical Care nurses are required by YMCA Cardiac Rehabilitation Program (CARE) to help supervise exercise classes held M, W, F in New Westminster, 6:30-8:00 a.m., Surrey, 6:45-8:15 a.m. and Burnaby, 4:45-6:15 p.m.; Coquitlam, M, W, Th, 4:00-5:30 p.m. Pays $22.50/class to start. Help Cardiac Patients exercise in a safe and supportive atmosphere. Nurses may sign up for as few as many classes as they want. Call 321-5801.

Welcome Wagon Opportunities - Welcome Wagon has openings for motivated self-starters in permanent part-time positions - must have use of a car and computer or typewriter. Flexible hours - business and organizational skills an asset. Call 604-665-9010.

BODIMETRIC PROFILES CANADA - a national paramedical company serving the requirements of the life insurance industry is in requirement of part time registered nurses to complete insurance medical examinations, urine samples, blood samples and ECC. This position is a fee for service opportunity enjoyed by approximately 1,600 RNs throughout Canada. We require representation in all areas. Rural locations will enjoy service to their local community and all representatives are asked to provide service only in a proximity local to their residence. This service is mobile and appointments are scheduled at convenient times by the nurses, allowing excellent time management. Venipuncture experience required in most areas.

VANCOUVER/RICHMOND HEALTH BOARD
due to volume of blood acquisition requests. Will train and provide all equipment. Apply in writing to: Bodimetric Profiles Canada, 360 Edworthy Way, New Westminster, BC, V3L 5T8.

Camp Potlatch Needs an RN - Camp Potlatch, a wilderness residential summer camp for children 7 to 16 years, is looking for a capable registered nurse. This nursing position is a great opportunity to gain health care experience with children in an incredible setting. Potlatch will sponsor the successful RN through a OFA III first aid course valued at $650. The position begins June 8 to September 3, 1998. Remuneration is the OFA course, $4,500 salary and free room and board. Potlatch is non-smoking and a criminal record check is required. Apply with a resume and cover letter to 7595 Victoria Dr., Vancouver, V5P 3Z6, fax 325-0596 or call 324-2267.

Administrator - A 77-bed intermediate care facility and a 34-bed intermediate care facility is seeking an Administrator to replace the retiring incumbent. An innovative professional with a minimum of 5 years experience and recognized training in health care management is being sought to manage and to guide both facilities through the many changes ahead. The ideal candidate will be familiar with developing health care policies in British Columbia. Competitive salary and benefits offered. Reply in confidence to: Mr. Derek Albon, Chair Personnel Committee, The M.S.A. Manor Society, The Maplewood House Society, 1919 Jackson Street, Abbotsford, B.C. V2S 2Z2. Applications must be received by 4:00 p.m. February 16, 1998. No phone calls or faxes please.

Are you concerned about the impact of health care reform on your professional practice?
Are you concerned about your profession's place in 21st Century health services?
Do you need additional strategies and tools to progress and thrive in the new paradigm?

You are invited to a two day session with:
Dr. Ginette Rodger, RN
Dr. Rodger will provide you with a perspective on professional practice in the 21st Century and the tools you need to succeed in the Information Age

Victoria: March 2 & 3, 1998
Victoria Conference Centre
Registration: $250 + GST

For more information or to register, please contact Luc Therrien at
Lemire Rodger & Associates
8139 - 80 Avenue
Edmonton, AB, T6C 0S7
Tel: (403) 466-8890
Fax: (403) 439-5914
email: retool@istar.ca

Dr. Ginette Rodger
- Recognized national and international nursing leader
- Researcher in the area of nurse-client interactions
- President of her own consulting company
- Candidate in the last Federal Election
- Chair & member of many provincial and national organizations
- Over 100 presentations/discussions with nurses across Canada and abroad
- Has a Passion for the future of Nursing and Health Care
NORTH PEACE HEALTH COUNCIL
Fort St. John Hospital and Health Centre
9636 - 100 Avenue
Fort St. John, B.C. V1J 1Y3
Telephone: 250-785-6611
Fax: 250-262-5294

We urgently require Registered Nurses for casual work on our Medical, Surgical, Critical Care, Obstetrics and Emergency units. Please reply to Director of Nursing or Personnel Assistant at 262-5205.

Casual Nursing Opportunities

Kelowna General Hospital, a 327 bed acute care facility with an additional 376 extended care beds in two offsite facilities, is dedicated to excellence in the delivery of health care services to the residents of the Okanagan Valley. In an effort to meet the needs of a dynamic community, we currently require experienced nursing professionals in a number of areas. In addition to graduation from an accredited School of Nursing or College and current RNABC registration (or eligibility for registration) the required qualifications are as follows:

General Med/Surg ... recent acute care experience within the last 5 years.

Psychiatric ... certificate in Psychiatric Nursing plus one years' recent general duty experience OR one year's psychiatric nursing experience in a unit comparable to KGH.

Hemodialysis ... certification in nephrology Nursing or Critical Care Nursing plus two years' recent general duty nursing experience OR two years' recent experience in a Hemodialysis or Critical Care Nursing Unit including familiarity with hemodialysis, peritoneal dialysis and related monitoring. Basic Rescuer Certification required.

I.C.U. ... certification in Critical Care Nursing plus two years' recent general duty nursing experience OR two years' recent critical care nursing experience including familiarity with invasive hemodynamic monitoring and care of ventilated patients. Basic Rescuer Certification and Advanced Cardiac Life Support Certification required.

Operating Room ... successful completion of Level Two BCIT Operating Room Nursing Program or equivalent OR two years' current O.R. experience including neuro vascular, orthopedic, thoracic and EENT surgical procedures experience.

Obstetrics ... successful completion of Level Two BCIT Obstetrical Nursing Program or equivalent OR one years' recent Obstetrical nursing experience in a unit comparable to that of KGH.

Pediatric ... one years' recent clinical experience in a Pediatric unit comparable to KGH.

Cardiac Step Down ... certification in Critical Care Nursing plus one years' recent general duty nursing experience OR two years' recent Surgical Step Down nursing experience including familiarity with cardiac monitoring. Basic Rescuer Certification required.

Rehabilitation ... previous experience in rehabilitation nursing is preferred.

Extended Care ... previous experience in extended care is preferred.

If you are interested in joining our organization, please forward your resume, in confidence, stating your preferred area of work, to: Human Resources Consultant, Kelowna General Hospital, 2268 Pandosy St., Kelowna, B.C. V1Y 1T2. Tel: (250) 862-4303 Fax: (250) 862-4368.
Emergency RN's Casual Positions

Kelowna General Hospital is dedicated to excellence in all aspects of health care delivery to the residents of the Okanagan Valley. The following opportunity will see you apply your expertise with a health care centre that recognizes and rewards individual achievement.

Emergency RN's are required on a casual basis. You have current R.N.A.B.C. registration and at least two years' of recent Emergency experience or post-grad certification in Emergency. You must possess strong organizational and communication skills and be able to relate well with others.

Please forward your resume, in confidence, by February 28, 1998 to: Human Resources Consultant, Kelowna General Hospital, 2268 Pandosy St., Kelowna, B.C. V1Y 1T2. Tel: (250) 862-4301 Fax: (250) 862-4386.

Kelowna General Hospital

Continued from page 38

use current national statistics and calculate our provincial share. Shocking, right? But remember we wouldn't see the graduates of these programs for three years or more. Meanwhile some nursing schools have vacant seats, and RNABC's 1997 statistics show that the number of B.C. practicing RNs is below that of 1994.

- Do not permit panic-based quick fixes, such as compressed time nursing programs, that will compromise the quality of nursing education that serves as the foundation for professional practice for future nurses.

- Promote a demand for nursing education, especially from young people who will have a long working life. There are lots of subsidiary considerations here as well. In practical terms, we recruit from half the available population — the female half. Can we really afford this? Another issue is how we portray nurses and nursing practice to others. The images out there range from poor downtrodden victim to caring, competent and making a difference to people's lives. Ask any 20 year old which is more attractive.

I'd like to revisit the "support to work effectively" phrase in the first strategy listed. One of the most important actions we must take is persistent and determined action to create and sustain conditions of practice that support satisfying and productive nursing practice. I am optimistic about the increasing numbers of nurses who are taking charge of their practices and their practice settings through the systematic use of practice standards. Read about the Prince George Regional Hospital nurses on page 16.

In this article I am being neither flip nor unscientific. There is a place for thoughtful analysis of the CNA study, and how and in what way we might consider its conclusions. I leave that for another time and place. Here I am saying in the plainest language that I can muster, we will have a nursing shortage. Soon. We can avoid the worst of it if we act and persuade others to act.

Where will you be 10 plus years from now? Similar environment, fewer nurses? Is this good for the health of British Columbians? Think about it. Especially, think about what you can do. Personally, then do it!

January - February 1998
What? No Nurses?

By Pat Cutshall, RN, RNABC Executive Director

Unlike Nostradamus, I’m not much on predicting future events. I do think, however, that it’s important to think about the possibilities.

Have you considered the recent information from the Canadian Nurses Association that we can expect a dramatic shortfall of nurses in the next 10-15 years?

You thought about what this may mean for your professional practice in the future?

We learned last November that a CNA commissioned study predicts a shortage of somewhere between 59,000 and 113,000 RNs in Canada by 2011. The study points to the disproportionately large number of nurses today who are 40 years and older. Many of these nurses will begin leaving nursing in another 10 years. The study also notes that fewer young people are entering nursing, and calls attention to the likelihood of increased demand for nursing services in the future because of an aging population.

If you want more detail on the CNA study, refer to page 26 of this issue of Nursing BC, or better yet, read the summary of the study reported in the January issue of The Canadian Nurse. The full report can be borrowed from RNABC’s Helen Randal Library or purchased from CNA.

It seems to me that some fairly serious discussion is in order. The discussion should start within the profession and ultimately extend to the Canadian community at large. After all, we’re all affected by this.

We could start our discussion with “is it true?” Can we rely on this study as sound? Or is it, as some have implied, “just another interest group vying for attention and dollars?”

I will leave the questions on the scientific acceptability of the study to the methodologists. While it’s always convenient to rip any study to shreds on method if you want to deny the results, my own reaction is that I haven’t seen anything better. And I’ve been looking. Also it comforts me to know that the author is a highly respected demographer who was commissioned to do her work independent of CNA. Finally, and perhaps most important for me is that this all rings true.

- I’ve been around long enough to know about the cyclical nature of nursing shortages; B.C. had a shortage in the mid 70s and again in the late 80s. We’re due again in roughly five years’ time.
- The early signs in two previous shortages are already upon us. Agencies are reporting that they cannot fill vacancies for specialty positions.
- Look around at your nursing colleagues. Do you see a 20 year old for each 40 year old? A 30 year old for each 50 year old? I think not.
- Read the occupational projections literature, be it national, North American or international. Registered nursing appears on almost every top 10 list for future career opportunities, based on projected demand. That demand won’t go away, and any continued restraint on public funding for nursing services will ultimately result in nursing services being sought and paid for in the private sector.
- Efforts to substitute informal caregivers, or caregivers with less education, never achieve more than partial success before they boomerang into increased demand for a safer, more informed and more versatile professional. Another lesson from history.

The bottom line in my personal reality check on the soundness of the CNA study is that it may not be 100% perfect (it doesn’t claim to be), but we’re fools if we allow ourselves to be distracted from its fundamental truth. The question is not whether there will be a nursing shortage. Rather, the question is how deep and how long will the next shortage be?

Can we avert the calamity of the CNA study’s worst case scenario? Probably, although there are very serious academics specializing in futures studies who would be more inclined to say “maybe.” They have written health system futures scenarios showing dramatically reduced RN numbers and a dominance of technology and technological support workers.

One thing is certain. A failure to act will exacerbate a future shortage. The right actions now can minimize such developments.

Actions can be taken by individual nurses, by employers, by educational institutions, by nursing organizations and by government. Here are some of the recommendations from the CNA study author, Eva Ryten. Everyone listed above can do something about these:

- Help our newest nurses to get and keep jobs before they are forced or seduced into an alternate career path. Among other things, this means the opportunity to work and the support to work effectively.
- Increase the number of spaces available in basic nursing education programs. Ryten says at least 10,000 more spaces are needed. That would mean roughly doubling the size of our B.C. programs if we continued on page 37
CENTRE FOR HOLISTIC STUDIES

ALTERNATIVE/COMPLEMENTARY HEALING:

Practical Acupuncture (200270) Lam/Liang. 26 eve. Tues/Thurs March 3: 1900-2200, $795


The Elements of Essalin Massage (200268) Ostrem. May 15: 1900-2130; May 16: 0930-1730. $120

Therapeutic Touch, Level I (202752) McCoy. Feb. 7: 1000-1600. $100

The Reality of Our Health Care System (203201) McArthur/Ramsay. March 14: 1000-1130. $15

Foot Care for Health Care Providers (200770) McDonald. Feb. 26: 0900-1300; Feb. 27: 1300-1700 or Feb. 28: 0900-1300. $55

Beginnings (200218) Beamish. March 20: 0900-1200. $15

ANCIENT WISDOM:

Foundations of the Kabbala (22254) Marmorstein. 4 eve., Monday, March 16: 1930-2130, $95

Kabbala of Light and Sound (200255) Marmorstein. May 3: 1100-1700. $105

Introduction to Shamanic Journeying (200227) Tietjen. Feb. 20: 1900-2100; Feb. 21: 0930-1230. $100


BLUERPINTS FOR HEALTH:

Active Meditation (200204) Watson. Feb. 28: 0900-1700. $65

Creativity: Discover Inner Resources (200207) Beesack. March 7 & 8: 0930-1630. $185

Dance Your Spirit (200206) Harte. 8 eve. Tues., Feb. 17: 1930-2200. $175

Dreamworks (200251) Doyle. March 21: 0900-1600. $80


Advanced Professional Practice:

Stress Management (200791) Turner. 10 eve. Mon., Feb. 23: 1900-2030. $125

Personal and Social Change in a Post Modern Age (200271) Innes. 4 eve., Mon., March 2: 1900-2100. $85

Health and Illness (200789) Fuller. 5 eve., Thurs., Feb. 26: 1900-2100. $85

Understanding Depression and Addiction (200782) Hoffs. March 4: 1900-2100. $15

Therapeutic Touch for Special Care Units (200774) Shipanoff. March 21: 0900-1300. $35

Pain Education Update (200790) Turner/Muir. March 7: 0900-1600. $125

FAMILY AND YOUTH PROGRAMS:

Parents and Teens Communicating Through Conflict (203403) Simmons. 3 mornings, Sun., March 8: 0900-1200. $75

Enhancing your Child's Emotional Intelligence (202743) Marlow. Feb. 24: 1000-1600. $75

Helping Your Child in Pain (203410) Kostner. Jan. 28: 1900-2200. $45


Fertility Awareness (203412) Smith. Feb. 21: 0900-1600. $65

Optimum Health at Midlife (203411) Blades. Feb. 7: 1000-1400. $30

New Nutrition (200419) Edwards. 8 eve., Tues., April 7: 1900-2100. $110

Aromatherapy for PMS and Menopause. March 12: 1900-2200. $20

Here is just a sampling of some of the many courses offered by Langara College Continuing Studies this spring. For further information or for a calendar please call 323-5322.
Clearly, a great opportunity.

Laser Vision Correction

$999.

For a limited time. (Both eyes)

If you’ve been considering laser vision correction, but are concerned about the high costs involved, here's your chance! Now, for a limited time, LASIK Vision Canada is pleased to offer professional nurses and their spouses this unique opportunity to experience the many benefits of laser eye surgery. You can have vision in both eyes corrected and finally say goodbye to those bothersome glasses or contact lenses for only $999 (current market price $4800).

Expertise and Experience
With thousands of successfully treated patients and a facility second-to-none, LASIK Vision Canada is one of Canada's premiere laser refractive surgery centres. Our Medical Director, Dr. Hugo Sutton, is a pioneer of the procedure, as well as one of North America's most experienced laser refractive surgeons. This expertise, along with a full complement of highly-trained support staff and a reputation for friendly, personalized service makes LASIK Vision the clear choice.

Call Now and Save
To qualify for the substantial savings of this offer you must complete your treatment by April 30, 1998. Call Lasik Vision Canada today and bring your future into perfect focus!

*Valid ID is required.

LASIK Vision Canada

101-1281 West Georgia Street, Vancouver, BC V6E 3J7 www.laser-eye.com

Call 1-888-673-EYES