Mrs. Welladay's new Tabby Cat lion tamer circus owner string of sausages table cat
THE COVER

We take note of nurses' growing interest in continuing education this issue. The cover photo, provided through the courtesy of the Children’s Hospital in Vancouver, shows school teacher Mrs. Sheila Youngs and patient Shawn, who continues to study even while in hospital. Five teachers offer grades 1 to 12 instruction in the schoolroom or at the bedside, according to the child's mobility and condition.

The views expressed in signed articles are the views of the authors and do not necessarily represent the policies of the Registered Nurses' Association of British Columbia.

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Miss Eleanor S. Graham — Executive Director
Mrs. Claire Marcus — Editor
Candid Camera

Mr. Thomas J. McKenna, honorary treasurer, enjoyed meeting Mrs. Lulu C. Allen, director of student nurses, School of Nursing, Trinoma National Institute of Medical Arts, Liberia, at ICN Congress.

Entering Concordia Hall for a morning session were Misses Nora Paton, left, Thurley Duck, Mary Richmond and Elizabeth Moore.

It was a long day, but veree interesting agreed Miss Therese Sabourin, Mrs. Claire Winning and Mrs. Frances Bjerkman.

Commendation

RNABC has been commended for its generous support of the Canadian Nurses' Association as hostess to the ICN Congress in Montreal. In a letter to Mrs. Monica Angus, president, CNA's executive director, Dr. Helen K. Mussallem, wrote:

"The President, Sister Felicitas, wishes to thank the Registered Nurses' Association of British Columbia for its generous participation in supporting the Canadian Nurses' Association as the hostess to the ICN Congress 1969."

Dr. Helen K. Mussallem, executive director of the Canadian Nurses' Association, in a fun moment with Miss Eleanor S. Graham, RNABC executive director.

ICN plastic tote bags, furry whoofers, dogwood pins and registration badges were part of daily accessories for British Columbia nurses attending congress sessions, as shown by Miss Rosemary Macfadyen, left, Mr. Thomas McKenna, Mrs. Iris Mooney, Miss Marion Ward and Miss Janie Jamieson.
Memories of ICN Congress

It's all over but for the memories for most nurses who attended the 14th quadrennial congress of the International Council of Nurses in Montreal last June. And this largest ICN congress ever held is something to remember.

It was a tremendous gathering of about 9,000 nurses from more than 70 countries. More than 100 registered nurses from British Columbia were there to witness the colorful pageantry of the opening and closing ceremonies, the ceremonial admission of 11 new member associations, and to experience the mind expansion stimulated by an array of speakers. These nurses won't easily forget the little things that made the event memorable; good food, good friends, shopping forays and, inevitably, tired feet.

Tradition, the sense of technological change and the common bond of nursing problems around the world marked this congress. Many issues were raised. Some were solved and more were not; they merely got off the springboard at the congress and will be the meat of continuing work at the international level. During the congress, for instance, the Council of National Representatives (governing body of ICN) set the wheels in motion for a study of ICN objectives and functions that may lead to restructuring. The study group to be set up will report to CNR at its meeting in 1971. Documents dealing with the achievement of better standards in education, nursing practice, service and economic security provide direction and moral support for nurses in new nations.

Leadership Needed

In taking office at the closing ceremony ICN's new president, Margrethe Kruse, executive secretary of the Danish Nurses' Association, chal-
The British Columbia contingent of nurses was so large the photographer had to take two photos. Miss Eleanor S. Graham, executive director, joined this smiling group.

Will Stimulate the Future

Challenged nursing organizations to provide leadership in the planning of nursing for the future.

She described ICN as the centre of an interaction program of organizations, formulating policies and preparing guides, not to standardize but to inspire and assist national organizations in developing their own policies. In specific situations, she said, ICN must make expert help available, and provide facilities for nurses to learn how to run a nurses' organization.

"To assist the national nurses' organizations is ICN's primary function; but ICN has also another important responsibility: to speak for the nurses of the world at international level. This task cannot be performed in isolation. ICN must be an instrument in inter-organizational cooperation.

"ICN is in a privileged position. It is not a governmental agency and therefore not bound by political ties. It is free to express its views, but ICN's influence at the international level depends on the recognition achieved by the nurses' organizations at the national level," she said.

It follows that the strength of a national nursing organization depends on the unity of nurses across the country. Unity of purpose at the Chapter, District and provincial levels can't help but be felt in a wider sphere.

Unity is the international nursing watchword for 1969-1973. It was pronounced by outgoing ICN president Alice Girard of Canada at the close of the congress.

—C. M.
Chapter News

Members of Matsqui-Sumas-Abbotsford Chapter provided a gift of $100 and a loan of $300 at no interest charge to its representative to the ICN Congress in Montreal. Mrs. Elizabeth Gamache, a past president of the Chapter, who presently serves on the Fraser Valley Education Committee, represented the Chapter at the international meeting.

Since returning, Mrs. Gamache has given an in-service program at the hospital in Abbotsford on the Congress and will give detailed reports to the Chapter. "Sometimes a small outlay pays large dividends," notes Mrs. Irene H. Brown of Abbotsford, who sent in this report. Mrs. Brown is a Fraser Valley District councillor.

Kelowna Chapter went all out to observe National Nurses Week. The registered nurses took on the lady teachers of Kelowna in a tackle football game complete with intricate strategy, numerous bruises and moments of humor. Weeks of practice preceded the game, watched by more than 1,000 strongly partisan fans. The nurses won 19-0. Proceeds go toward the local swimming pool fund. Players were cheered on by appropriately costumed cheer leaders from the nursing, medical and teaching circles of Kelowna. The whole town is betting the game will become an annual event.

To close the week on a more intellectual note, writes publicity chairman Jill Thompson, the Chapter organized two one-day workshops with Dr. Dominic La Russo, a former professor at the University of Washington, as speaker.

The nursing profession now requires a greater percentage of nurses with university preparation. Miss Eleanor S. Graham, executive director, told a meeting of the Sunshine Coast Chapter. She said the supply of nurses today is better than it has been since depression days. However, changes in the field of health science have brought about the need for university trained nurses. Miss Graham said there is a shortage of male nurses.

Education $$

For B.C. Nurses

More than $50,000 in nursing education assistance has been awarded to 34 British Columbia nurses for the 1969-70 academic year.

Three British Columbia nurses are among 17 nurses from across Canada awarded a total of $44,000 by the Canadian Nurses' Foundation for graduate study. Kathleen Ruth Miller of Victoria received a $3,000 scholarship to study for a master of science degree at Yale University, New Haven, Conn.

CNF scholarships of $2,500 each were awarded to Rose Murakami of Salt Spring Island and to Ethel M. Smith of Vancouver. Miss Murakami will study for a master of science (A) degree at McGill University, Montreal; Mrs. Smith will work toward a master of science degree in nursing at the University of British Columbia.

All three nurses obtained a Bachelor of Science degree in nursing from UBC's School of Nursing. Miss Miller and Miss Murakami had previously been graduated from the Vancouver General Hospital School of Nursing. Miss Miller has had wide experience in public health and mental health nursing, and from January 1966 to July 1968 was nursing consultant to the Community Mental Health Clinic of the Kingston General Hospital, Ontario. Miss Murakami has had wide experience in nursing, mainly in the Vancouver area, and from August 1967 to late summer 1968 was a clinical instructor at UBC's School of Nursing. Mrs. Smith was surgical nursing instructor at the Vancouver General Hospital School of Nursing from 1960 to 1968.

A total of $36,000 in Federal Health Training Grants was available for the 1969-70 fiscal year, an improvement over last year when the amount of federal money was made available by the provincial government for training bursaries for nurses was drastically reduced. The RNABC and B.C. Hospitals' Association joined in urging the provincial government to fully reinstate the federal training grant program in British Columbia.

Recipients for the Federal grants are:

For master's study—Miss Geraldine Patrick, science in nursing, UBC; and Miss Julie E. Shannon, science in nursing, Ann Arbor, Michigan.

For baccalaureate study leading to science in nursing degree—Mrs. Vera Mauro, Miss Cordelia Pye, Mrs. Susan K. Blagborne, Miss Joyce B. Campkin, Miss Heather Anne Davis, Mrs. Violet F. Erskine, Miss Helen Bernice Garry, Mrs. Gertrude Goodman, Mrs. Bernadette Grant, Miss Annie Hess, Miss Ruth MacDonald, Miss Janet
D. McMurchy, Miss Wilma Jean Mitchell and Miss Anne Mary Richmond, all at UBC; Mrs. K. Margaret Holmes, University of Washington; and for baccalaureate study leading to a degree in nursing, Miss Angela J. Collins and Miss Patricia McLaughlin, both at McGill University, Montreal.

For diploma study—Mr. William Ayotte, University of Saskatchewan (administration of nursing units), and Miss Elsie Dueck, UBC.

The Registered Nurses’ Association of British Columbia this year made $6,000 available in bursary/loans to seven recipients. The RNABC bursary/loans were awarded to: Mrs. Ada Butler for master’s study leading to a degree in science in nursing, at UBC; for baccalaureate study, science in nursing, to Miss Beverly O’Brien, UBC; for diploma study, Miss Jennifer Stone, Mrs. Gayle Colonel, Mrs. Hilda Van Bergen, Mrs. Kathleen Lawley and Miss Gladys Anne Zitko, all at UBC.

Three students in basic nursing programs have been awarded Margaret Sinn bursaries totalling $425. Miss Carol Horton received $150 for third year “Nursing A” at UBC; Miss Betty-Anne Leugner was awarded $125 for second year studies at BCIT; and Miss Doris Ann Varco received $150 for fourth year “Nursing A” studies at UBC.

The fund was established in the will of the late Margaret Sinn of Vancouver, who stipulated that upon the death of the first beneficiary of her estate, the capital of the then remaining balance of the residue of her estate go to the RNABC to provide bursaries for the education of student nurses.

In Memoriam

Sister Mary Gregory, a sister of St. Ann who served St. Joseph’s Hospital in Victoria in a number of capacities for 53 years, died in Mount St. Angela on July 3. She was 81.

Sister Mary Gregory graduated from St. Joseph’s School of Nursing in 1918 and was director of the School from 1928 to 1949 and again from 1951 to 1954. With the late Dr. Higgins, she set up the hospital’s original X-ray department. She became a registered X-ray technician and started the X-ray school, which she ran until 1926. She spent the last period of her service to the hospital in charge of its medical library, which has been named the Sister Mary Gregory Medical Library in her honor. She retired last October.

Mrs. Jean Molson has been appointed librarian in the RNABC provincial office on a half-time basis. Born in England, she came to Canada with her family in 1939 and was educated here. She holds Bachelor of Arts (science major) and Bachelor of Library Science degrees from the University of British Columbia.

Prior to joining the RNABC staff Mrs. Molson was employed in the Woodward Library at UBC for a period of four years and at BCIT for one year. She was a laboratory technician at Shaunessy and St. Paul’s hospitals before taking her library degree.

“It is a pleasure to welcome Mrs. Molson to the RNABC staff,” said Miss Eleanor S. Graham, executive director. “Now that we have a librarian the Association hopes to develop a reference service for members.”

T.V. Refresher Course

A television refresher course designed to help the inactive graduate nurse resume her profession, when taken together with hospital coursework and supervised patient care experience, is ready for distribution.

The "Return to Nursing" course consists of 25 half-hour lessons produced by the Department of Nursing, Russell Sage College, Troy, N.Y., and WHMT, Schenectady, N.Y., and presented on videotape by the State University of New York. Television instructor is Marjory Keenan, R.N., associate professor of nursing, Russell Sage College.

The videotape is available for refresher courses from the American Nurses’ Association-National League for Nursing Centre for Videotape.
Creative Chronic Care - the Priory Method

When deterioration of the body and mind in the aged is due to neglect, it can be reversed. This fact is heavily documented at St. Mary's Priory Hospital, operated by the Benedictine Sisters in Victoria. Reversing the process has proven to be challenging and extremely rewarding, especially so because it is spreading a new method in dealing with the aged and chronically ill.

In an acute hospital, generally speaking, the end result is recovery and the patient happily has a home to which he can return. In extended care this usually is not so; recovery is not imminent and the patient is left with a sick role. If the emphasis is placed on the sick role and the patient is given only custodial care, he will experience a loss of identity and with it deterioration.

Before a remotivation program can be initiated, the staff must recognize and be convinced of the need for rehabilitative care of the aged. An optimistic attitude should permeate the facility and the staff must always have a positive recognition of the potential of the resident.

When our program at the Priory was initiated two years ago, we had 71 women in various stages of retrogression. The majority had serious impairment. Our first step was to strengthen their bodies with exercises designed to meet the needs of the individual. Gradually, as strength increased, they all graduated to a higher level of mobility. Many no longer needed to be confined to chairs with restraints; they were free walkers with a new found freedom to explore. Some, who had been bed patients, were pridefully manipulating their walkers.

**Beauty Bar**

Pride and self-esteem had to be instilled, so a beauty bar was introduced. A new perm and make-up do much to enhance the ego. We hope to stimulate the mind further by making appointments so that the resident must remember on her own to attend. A new wardrobe was added, with attention to shoes, and "voila" our ladies were beauties and they felt it with each compliment.

Social graces in eating had to be taught. Many had lost the desire to feed themselves and had regressed to being fed osterized food. The spoon was introduced again and finally, with much patience, they were able to eat a regular diet at the dining room table. With improvement they graduate to a higher level of dining room in which some effort is made daily to stimulate them with new interests while eating.

For a long time our residents had not participated in any constructive hobby and there was a positive apathy toward crafts and games. It was felt that we had to give them a purpose and what better way to do it than to have them adopt the Solarium crippled children. The most reluctant came forward when favors were made for the children's trays on various festive occasions.

As they gained in strength mentally and physically, we attempted to widen their horizons. We thought cooking would be most familiar to them, so instead of buying birthday cakes we began by having them participate in baking and decorating cakes. When they had the own kitchen the ladies began teaching our highly motivated staff bachelor how to cook.

Some of the staff were invited to dinners cooked by the ladies and they came dressed for the occasion. Uniforms were dispensed with, tables were set in a festive manner with place cards, and there was a head table for honored guests. The ladies were proud and happy hostesses.

**Outings**

To enlarge their horizons further we took them to see the park in a tally-ho drawn by horses. Once more they saw the ocean. the beautiful park and many scenes familiar to them. The ladies now were debutantes and needed to get out into the community. When the community realized this, invitations came forth and our ladies were taken to various teas and functions. They returned invigorated, strengthened and with new interests and enthusiasm. We were able to show them that VIP's do care by having the lieutenant governor and his wife attend a
function. Their gracious concern was appreciated.

We encourage sports to instill a competitive spirit. We have many games, including shuffleboard and bowling, and we find that a tournament is most stimulating, especially if time is given to establish rivalry.

In order to become more and more a part of community life we entered a float in a fair parade. The ladies spent many hours making the flowers and garlands to decorate it and were rewarded for their efforts by winning a trophy.

The ladies showed their appreciation by inviting the senior citizens of Greater Victoria to the “Golden Age Fest”, at which the eldest man (90) and the eldest lady (96) were crowned King and Queen for the day. Various dignitaries were present along with radio, television and press representatives.

Festive Parties

The ladies also were introduced to nature again with cookouts and picnics. Instead of the large monthly birthday parties celebrating all birthdays, we now have individual parties and the staff organizes a gala occasion. Cards are signed. Messages are sent. In this way we found that many could sign their names and read messages. On one occasion the staff brought crystal and wine for the toasting. We do try to make these parties festive.

We also meet spiritual needs by having religious services for which the residents dress in their “Sunday best”. This is followed by singing.

Music was one of the first beneficial therapies. To the surprise of the staff, one completely regressed resident sang “O Clementine” and “By the Light of the Silvery Moon” from beginning to end.

Every day we shower these ladies with love; they are so dear to us and we let them know it. They have responded to this spirit of affection with a new awakening. One lady who often was severely violent now actually laughs, smiles every time you look at her, and purrs with contentment. At one time she suspiciously hoarded her treasures; now she delights in sharing them.

It is always our endeavor to have a gay relaxed atmosphere so as to foster growth within the remotivation program for residents and staff alike. The program will succeed only if the staff is highly motivated with tremendous creative ingenuity and zeal. Growth can be obtained only by providing continuous and studied stimulation.

In the Priory Method we attempt to meet psycho-social needs along with basic needs in order to give the resident the total care concept.

The more interesting everyday life is for residents, the less they tend to live in the past. Helping them toward independence so that they can help themselves for as long as they can is most rewarding to the patient as well as to the staff.

We motivate and encourage personal worth, pride and self-esteem. We strengthen the body and reintroduce the resident to family and community life. With this restored pride, strength and social interaction, you have a person who radiates the joys of a new found happiness.

Honored

The Good Citizenship award and medal given annually by the Sons of B.C., Post No. 1, was presented to Mrs. Vera McIver, director of hospital services at St. Mary’s Priory Hospital, Victoria, in July. Mrs. McIver received the honor for her outstanding work with elderly people.

Mrs. McIver graduated from the Grey Nuns’ Hospital School of Nursing in Regina and had retired from nursing when she took up her challenging duties at the Priory in 1967. In the past two years she has given lectures and written many articles on the remotivation program for the aged developed by her at the Priory. She is a member of the RNABC Committee on Nursing Service.

Mrs. Vera McIver, director of hospital services at St. Mary’s Priory Hospital, Victoria, planning for the care of the aged and chronically ill patients at the hospital with Sister Mary Elizabeth, director of nursing.
The Rare Clinical Specialist - How to Produce One

The nurse clinical specialist, as yet barely known in Canada, must bring to the role adequate higher education and the vast technical skill and knowledge acquired in a clinical area over a lengthy period of time. These and other factors involved in producing a clinical specialist, and her role in a hospital, were described by Miss Barbara Fellows, clinical specialist in medical nursing at the University of Washington Hospital, at the RNABC annual meeting.

Miss Fellows received a Master's degree in nursing service administration at the University of Washington. Although employed by the medical head of the hospital's nephrology division, she works closely with Nursing Service.

The most important area of her work involves the training of all nursing personnel in dialysis, peritoneal and hemodialysis, she said. Other responsibilities are to give patient care and do patient research; provide training programs for nursing personnel all over the world and at the Seattle Artificial Kidney Centre; home dialysis; classes for students in pulmonary therapy, medical records, nursing, etc.; coordination of patient care between physicians, nurses and technicians.

"We feel that any nurse in our hospital should be able to care for the dialysis patients wherever they are in the hospital," Miss Fellows said. Our hospital has over 300 beds, so that might well be a foreboding task. However, trying to minimize the areas where the patients will be dialyzed has helped to make the task easier."

She also trains the renal fellows, who often were more interested in research than the "nitty-gritty but extremely important task of dialyzing patients." It was the clinical specialist's task to help the physicians learn dialysis the easy way by working directly with patients, she said.

In the area of patient care, she reported that four patients receiving dialysis at the hospital three times a week were her responsibility.

"How did I become involved in this area? After completing graduate school I decided to stay in Seattle and I wanted to work at the University Hospital," she said. "At that time the only area open was in dialysis. The knowledge and skills I presently have were acquired in a six and one half year period on the job, taking care of very acutely ill dialysis patients and providing care and supervision for a large group of chronic research patients."

Her experience has led her to believe that a clinical specialist must be able to promote changes without promoting hostility—a skill not possible for everyone. The clinical specialist should work within the nursing service department and needed to have the freedom and time to practice a recognized role. She should have no administrative responsibility and report to the director of nursing service.

"The clinical specialist must identify her place in nursing service in light of contributions and in relation to her preparedness for expertise in a specialty area," Miss Fellows concluded. "She must be able to nurse patients, plan, think, do research, and be recognized for her preparation, ability and expertise."

Salary Boost For Federal Nurses

Ottawa—Federally-employed nurses had their first contract signed here August 29 by the Professional Institute of the Public Service of Canada, it was announced by Leslie W. C. S. Barnes, executive director of the Institute.

The contract will run through to December 31, 1970 and the nurses will receive four or five half-yearly adjustments in their salaries from January 1, 1968 to January 1, 1970. The minimum salary for general duty nurses, which was $4,200 in all regions in July 1967, was raised to $6,014 in British Columbia as of July 1969.

Citing a breakthrough in arrangements for annual leave and a movement toward a national salary scale for general duty nurses as examples, Mr. Barnes said, "I believe that after three years of waiting and some hard bargaining, the Institute has come up with a contract that will bring the working conditions and salaries of federal nurses closer to the realities of a modern and competitive society."

The departments of National Health and Welfare and Veterans Affairs employ the majority of the nurses in public health duties, veterans homes and hospitals across Canada. Other departments, such as National Defence also have nurses on staff. There are many nurses working in Canada's northlands in such places as Whitehorse, Inuvik, Frobisher Bay and Moose Factory.
Did You Notice?

RNABC News checked into a new printing house last issue and it is possible that readers noticed a few changes in type style and over-all design.

The need for changing printers became evident as your bulletin developed. A large and versatile Vancouver printing house was selected for the job and we hope you will agree that the change has produced a better product.

Achieving a pleasing, easy-to-read appearance is an important factor in successful publication. Content, however, is equally important. Now that RNABC is full swing into another busy season, the editor will be watching for newsy notes from members and regular reports on Chapter and District programs.

The editor of an Irish nursing journal told a special interest session at the ICN Congress in Montreal that she was shattered by the silence of nurses as far as writing was concerned. Fortunately, in British Columbia nurses are beginning to share ideas and news with other members of the Association through the pages of their bi-monthly bulletin. We hope the trend continues.

—C. M.

NEXT ISSUE

• Nurses in a New Role
• A New Library Column
• In the Boardroom

Wins Silver Medal

Mrs. Wanda Gordon of Sardis, B.C. won the Governor-General's Silver Medal for obtaining top marks in the entire B.C. Institute of Technology graduating class in June. She graduated with BCIT's first class of two-year nursing students.

Mrs. Gordon attended King Edward High School in Vancouver, graduating from grade 13 in 1962. She entered the School of Psychiatric Nursing, Riverview Hospital, Essondale, that year, graduating in 1964. She worked for a year and a half at Valleyview Hospital, Essondale. In 1966 she married a research biologist and moved to Sardis, where he is with the International Pacific Salmon Fisheries Commission. Mrs. Gordon plans to work as a general duty nurse for the present, but hopes to continue her education towards a degree in nursing and eventually to teach.

Past Presidents Meet

A rare gathering of RNABC past presidents was held at the home of Miss Ada George on August 2 when she hosted a dinner party in honor of Miss Alberta Creaser. Miss Creaser served as president of RNABC from 1953 to 1957.

Miss Creaser now makes her home in Ontario and was visiting in Vancouver at the time. Other guests were Miss Mabel Gray, who is 89 and served as president from 1933-35; Miss Lyle Creelman, president in 1944 and just home from a WHO assignment in India; Miss Esther Paulson, president from 1951-53; and Mrs. Margaret H. Lunn, immediate past president. Miss Evelyn Mallory, president from 1945-49, who now resides in the Okanagan, was unable to attend.

Miss Alice Wright, former executive secretary, and Miss Eleanor S. Graham, executive director, both of whom served on staff during Miss Creaser's presidency, also were guests at the dinner.
The Case for Regional Continuing Education

In continuing nursing education in British Columbia, a growing trend is toward regionalized offerings which offer extensive educational and economic advantages and show promise of having considerable impact on the quality of nursing services. The appropriate sponsoring agencies appear to be the particular District or Chapter of the Registered Nurses' Association of British Columbia and a university extension, a junior college or an adult education department of a public school.

According to Verner, adult or continuing education courses may be related to the function of an institution in three major ways:
1. institutions for which adult education is the major function, e.g. Frontier College;
2. institutions for which adult education is an extension of the primary function, e.g. universities or public schools;
3. institutions for which adult education is a means to the achievement of a primary function, e.g. health and welfare services, business and labor organizations and voluntary and professional associations.

It is often the case that a particular adult education course offering meets the objectives of two or more institutions. In these cases it is appropriate to recognize the unique contributions of the participating institutions by an administrative arrangement entitled co-sponsorship. This term denotes a formalized, mutually agreeable arrangement to share resources and responsibility in an equitable fashion. This goal is usually accomplished through a local planning committee comprised of representatives of the sponsoring institution and resource persons designated by the initial committee. As in any co-operative venture, the particular terms for each individual program must be worked out among all the co-sponsors with each assuming well-defined responsibilities. Certain general guidelines, however, can be listed. A schematic presentation of a proposal for sharing of objectives, resources and responsibilities is presented on the next page.

It is expected that the health care agencies would encourage professional nurses to serve on committees insofar as the objectives of the professional association and health agency overlap. It is also expected that the educational institution might well have staff whose job description encompasses the provision of continuing education offerings in the community in which the educational institution is located. With respect to the budget, the minimal goal is that the income should balance expenditures. It is advisable to include items for all costs and income, even though there may not be a charge for all of the items.

1. honorarium for instructors or resource persons
2. travel and accommodation for instructors or resource persons
3. honorarium for chairman of planning committee
4. audio-visual services
5. materials—paper for programming, stationery
6. publicity
7. space
8. administrative and clerical services
9. food

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<td>Chapter of District of R.N.A.B.C.</td>
<td>1. Improvement of health care services to society with particular emphasis on nursing 2. Professional development of members</td>
<td>Design of course including: 1. Program development 2. Preparation of budget</td>
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10. expenses incurred by committee members - loss of pay through absence from work, travel, etc.
11. fees or other sources of income, such as grants.

Surpluses accruing would be used to subsidize selected professional or socially significant programs that cannot be expected to be totally self-supporting. In communities with long range plans for regional co-sponsored courses, some of the surplus funds could be used to purchase stationery and supplies that identify the sponsors, thus emphasizing the concept of co-sponsorship. Therefore, surplus funds probably should be placed in a trust account in order that their value as educational risk capital for the particular segment of the general population can be realized at the discretion of the co-sponsors.

Recruitment Record, Filmstrip Available

Why become a nurse? An audio-visual unit acquired by the RNABC for recruitment purposes answers this question and many more about nursing as a career. The unit is available for use by Districts or Chapters at Career Days in schools or other recruitment programs.

Consisting of a filmstrip and accompanying record, the unit is designed to be used under the direction of a teacher in classroom situations, by the person conducting the recruitment program or by individual students in their own time. It is produced by McGraw-Hill Company of Canada Ltd., Scarborough, Ontario, as one of a series of units on “Careers for Young Canadians.”

Although maximum results can be achieved by using the recording in conjunction with the filmstrip, each can be used independently of the other. Dual use is strongly recommended by the producers.

Both recording and filmstrip provide authoritative and comprehensive information and give students the opportunity to go “behind the scenes”, in their search for more understanding of the nursing profession.

Mrs. Neylon is director of continuing nursing education in the Division of Continuing Education in the Health Sciences, University of British Columbia, and associate professor at the university's School of Nursing.
Vancouver District's
Program Planning Pays Dividends

The hit or miss last-minute type of program planning may produce a provocative Chapter meeting once in a while. Planned programming is the more certain way of reaching that goal every time. This was the approach taken by the Greater Vancouver District last year, with resulting increased membership interest and attendance.

"Our program was evolved to study such vital topics as the educational system, the RNABC and the position of supervisors," says Mrs. Norma Jorgensen, chairman of the District's committee on public relations. "We, as an Association, are busy building a future without studying where we are now and where we are going. The program we devised was for the purpose of studying these subjects as they exist today. Our hope is to plan our program for the coming year to study the changes that have taken place and how we can progress effectively for the overall betterment of the nursing profession."

Reports of programs held earlier in the year were published to provide ideas for other membership areas. The final meeting in the series is reported in this issue.

At this meeting a panel considered the questions, "What does our Association mean to us? Are we getting our money's worth? Can we communicate with each other within the Association?"

Members of the panel were Mrs. Claire Winning, moderator, who is chairman of the RNABC Committee on Legislation, Constitution and By-laws; Miss Eva Williamson, director of public health nursing, Greater Vancouver Health Services; Mrs. Dorothy Babcock, head nurse, Reactivation Unit, Vancouver General Hospital; and Miss Cathy Christie, senior nursing student, Vancouver General Hospital. RNABC resource persons were Miss Eleanor S. Graham executive director; Miss F. A. (Nan) Kennedy, director of education services; and Miss Evelyn E. Hood, director of personnel services. Their taped discussion, as reported, follows:

Miss Williamson—It is a fine thing and a privilege to belong to this Association, and an obligation. Privilege rests with the fact that the Association approves to a very large degree our responsibilities to society. We present ourselves to society as trained and capable of providing professional service. A great deal of our security as nurses and our responsibilities to society are borne forth by the professional Association. The standards that are set have to do with our behavior as practitioners. The Association assumes responsibility for registration, scrutinizing credentials, and for reviewing complaints. It helps the profession as a body to discipline its own members and to safeguard the society it serves in doing so.

The Association serves us by providing a voice to speak for nurses in those situations that we cannot ourselves be present or cannot be as vocal as we would like to be. The Association provides us with security as nurses practicing in a community where society makes a great many demands on us. The Association sees that we are not exploited unduly and that we have many protections built into our working conditions and our economic security.

Miss Christie—I know very little about the RNABC. I connect it with registering after graduation, as an Association which tells us what we can or cannot do as nurses in this province, and with paying dues. What do I want from it when I graduate? I would like the RNABC to help me continue on with my education, learning new equipment, new procedures. I would like a resource area for advice on materials in outside areas. I am proud that the RNABC keeps nursing education standards uniform and high in this province. I hope that the Association will take care of my interests in working conditions.

Mrs. Babcock—are we communicating with each other? Do we understand each other at all levels? Communication is not good, but why is it so? Many communications are sent to our members (yet) many do not feel committed to our Association. My theory is that unless one
gets involved in something you are not going to get anything out of it; only when you become involved do you learn what is going on and have a sense of being needed and giving something. We do not seem to have been able to stimulate this to any great extent to the mass of working nurses in the Vancouver District. What can we do about it? What do I want from the Association? I want what Cathy has expressed. I expect the Association to protect my interests as far as standards of nursing are concerned. Financially, I would like the Association to be my voice and make sure that my wages are comparable to other areas. I want my profession to have a fine image in the community—our voice to the government.

Miss Christie—How come if nurses pay $37 to the Association per year, that they don’t come to the meetings and get involved in the Association?

Mrs. Winning—There are some who do not think it should be $37 but they do not even try to find out how the money is used. They just gripe outside at coffee sessions and in the halls—anywhere but at a meeting. Is this not an ineffective way of getting across what they are feeling? We would like to see more come to the meetings and air their views.

Miss Williamson—The only way we can know what people think or feel about nursing and the Association affairs, as well as to invest some of their time and effort, is their presence at meetings and to make a contribution in whatever way they can and in whatever place they can. Unless you do become involved in some way, your interest is not going to be recognized and, therefore, what the Association does may not seem to be something for you. This is our responsibility, our obligation.

Mrs. Winning—People are afraid to ask questions if they are new to the area. They are afraid to get up in case they appear stupid to the people who know.

Mrs. Babcock—I felt this same way myself when I first started to attend meetings. However, the more one attends and socializes with everyone, one has a very different feeling. We are all timid at asking questions. If we would just remember that we are no doubt not the only ones who do not know, and may enlighten just about everyone else.

Miss Audrey Lewis of Penticton, B.C., left in September for Belize, British Honduras as a volunteer nurse with the Canadian Overseas Medical Aid program in the Caribbean.

Second Hearing May Be Scheduled

A small committee of faculty and students in the UBC School of Nursing is studying the “D” program in the light of changing patterns of health care and the educational needs of practising nurses. A number of nurses had an opportunity to express their perceived needs and concerns about further formal education on August 25.

As the committee will be continuing its deliberations during the coming year, further expressions of opinion will be welcomed, said Mrs. Margaret S. Neylan, committee chairman. Arrangements for another hearing will be made if there are sufficient requests for an opportunity for face-to-face discussion.

UBC Credit Courses Planned

The Division of Continuing Education in the Health Sciences, University of British Columbia, has announced a calendar for the 1969-70 credit offerings in continuing nursing education. Dates and courses are listed in the bulletin Calendar.

The offerings will be similar to the 1968-69 schedule with some minor modifications in dates and new themes in the various areas of practice as suggested by the planning committees. Additional courses in Vancouver will be developed as requested and as resources permit. Course announcements will be distributed to health care agencies as well as to Chapters and Districts of the RNABC six weeks before the course. Course programs will be provided for registrants.

Consultative services are provided to assist Chapters and Districts develop regional courses. Health care agencies may request consultative services to assist in the establishment, expansion and/or improvement in inservice programs for personnel.

Further information regarding courses may be obtained from the Division at UBC, Task Force Building, Vancouver 8, B.C. Requests for consultative services should be directed to the director of continuing nursing education at the same address.
Directory of Presidents and Councillors

The names and addresses of RNABC Councillors and District and Chapter presidents are published annually in the RNABC News for the information of members. Keep this list handy for reference.

<table>
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<th>DISTRICT</th>
<th>COUNCILLOR</th>
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<td>Mrs. Lanora G. Metzger</td>
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<td>Miss Doris Vosburgh</td>
<td>302-203 S. 11th Ave., Cranbrook</td>
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<td>Boundary Health Unit, Box 310, Cloverdale</td>
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<td>Miss Thurley Duck</td>
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<td>Miss Anne E. Williams</td>
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<td>Miss Eleanor Lawson</td>
<td>1133 Keith Rd., W. Vancouver</td>
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<td>1520 London St., New Westminster</td>
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<td>Alberni Valley</td>
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<td>Trail</td>
<td>Mrs. Susan Holmes</td>
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### Retirement

Miss Frances Benedict retired on July 16 from her position as associate director of nursing education at the Royal Columbian Hospital School of Nursing. She had held the post from August 19, 1949.

Miss Benedict has been an active member of the RNABC, serving on various committees and the Board of Examiners.

A Bachelor of Arts graduate (1923) from the University of British Columbia, Miss Benedict obtained her academic teaching certificate from UBC the following year and taught in British Columbia high schools for six years. She took her nurse training at St. Paul’s Hospital School of Nursing, graduating in 1936. She took a postgraduate course in teaching and supervision in schools of nursing at Seattle College. Miss Benedict held teaching and supervisory positions in a number of hospitals prior to accepting her last appointment.

### CNA Special Meeting

A special meeting of the Canadian Nurses’ Association will be held November 5 in the Salle Richelieu, Chateau Laurier Hotel, Ottawa. The meeting will commence at 9 a.m. for the purpose of voting on revisions to bylaws of the CNA. No other business will be transacted at this special meeting.

Any member of the CNA (practising member of the RNABC) may attend, but only official delegates may vote.

RNABC fee forms will be enclosed with the December/January issue of the RNABC News. If you do not receive a fee form, please inform the RNABC office immediately.
Miss Elizabeth M. Moore has been appointed director of nursing at the Royal Jubilee Hospital in Victoria, replacing Miss Muriel Thompson. Miss Moore graduated from the Royal Columbian Hospital School of Nursing, New Westminster, and took her post-basic clinical course in obstetrics at the Royal Victoria Hospital, Montreal. She received a certificate in teaching and supervision and her baccalaureate degree in nursing (1960) from the University of British Columbia. She has a master's degree (1965) from the University of Washington. Miss Moore has been a general duty, head nurse and supervisor and since 1960 was assistant director of nursing (education) at Royal Jubilee Hospital, Victoria. She is chairman of the RNABC Committee on Nursing Education.

Mrs. Margaret S. Neylan has been appointed director of continuing nursing education in the Division of Continuing Education in the Health Sciences, University of British Columbia. She is an associate professor at the university's School of Nursing and was seconded to the Division of Continuing Education in the Health Sciences in the spring of 1968 to expand the School's non-credit offerings to practising nurses.

Miss Alberta McColl has been appointed associate director of nursing education, Royal Columbian Hospital School of Nursing. Her appointment became effective July 18 on the retirement of Miss Frances Benedict. Miss McColl joined the hospital school faculty in June 1960 as surgical nursing instructor and was psychiatric nursing instructor prior to her new appointment.

Parliamentary

Kathleen E. McAulay,
Registered Parliamentarian

Address questions for this column to Mrs. McAulay at the provincial RNABC office. Questions will be answered as quickly as possible in future issues. Mrs. McAulay will provide a personal immediate reply when the need for this is indicated.

Question: Can a committee conduct business without a quorum?

Answer: No. A committee can act only when a quorum is present (R.R.O. page 213). Unless the bylaws specify otherwise a quorum is a majority of the members of the committee. It is interesting to note that Robert defines “majority” as more than half, not one more than half, as in some other parliamentary authorities. Do some figuring and you will see that this can affect the count.

Question: At a meeting, while the members were debating a motion, I rose to speak. The president assigned the floor to another member who rose after I did. Was this action of the president out of order?

Answer: I cannot answer your question without knowing all the facts. If you will read in Robert's Rules of Order Revised pages 27 to 32, you will find there are many criteria the chair must use in properly assigning the floor. He does say that “where two or more rise about the same time, all other things being equal, the member who rose first after the floor had been yielded and addressed the chair is entitled to the floor.” However, he then goes on to give many examples of situations where this rule does not hold. To give you two examples:

a) “The member who made the motion being debated is entitled to be recognized as having the floor (if he has not already spoken on the question) even though another has risen first and addressed the chair.”

b) “No member who has already had the floor in a debate on the immediately pending question is again entitled to it for debate on the same question provided the floor is claimed by one who has not spoken on that question.”

Letters to the editor must be signed, but the identity of the writer will be protected on request. Please keep letters brief.
LETTERS

A Past President Writes

After much thought as to the wisdom of writing this letter I am left with the conviction that I have a responsibility to express my opinion to the RNABC at this time.

I am in the retired category now, therefore much aware of the usual criticism—that the circumstances were different and views based on the past are not applicable to the present situation. However, I do not propose to deal with current issues. As a past president, I feel a continuity of responsibility toward the RNABC, its stability and purpose and most important, the spirit of confidence and respect from the membership and the public whom nurses serve. It is on that aspect that I am impelled to send this letter and in sending it to the editor of the News Bulletin I do not have publicity in mind. It is because it seems to be the appropriate source for an ordinary member to contact, for the same reason that a citizen writes to the editor. If the thoughts expressed can be of constructive help to the new president and executive, then please use this letter according to your discretion.

I try to keep informed through the nursing publications and the daily news media. The latter source is a mixed blessing and one to be used with caution and discretion. The fact that the new president has given two news conferences in as many months since her election, concerns me. Progress and prestige can be harmed so quickly through misinterpretation, wrong timing and inadequate deliberation. That is to say, the president is not free to express personal viewpoints and opinions, but is in honor bound to keep within the policies of the organization. Another factor is the public image created by what is said. For instance, in the first press interview after the election, a strong inference was given that the Association had not been progressive and had been short-changed by past presidents, who had full-time positions during their term of office. That these officers were aware of the problems and conditions, through personal experience would seem to be an asset rather than a liability. They also attended meetings until late at night and on Sundays, which a married woman with obligations to husband and children might not be free to do. I might add also that until the mid-fifties, the provincial office staff was much smaller and the president and executive members frequently worked many hours on briefs and other materials that have since been done by paid staff members. Nothing is gained by discrediting predecessors'

efforts—indeed most progress and improvement, be it in business or professional fields, has its roots in the past. First the ideas, then the courage and initiative of individuals to implement the ideas. I am thinking of the RNABC Personnel Policies program, initiated in 1947 and carried out by a select committee and the executive secretary. As pointed out in an article by M. Louise Todd in the recent RNABC News, much of the trail-blazing on collective bargaining was done in B.C. The Association was fortunate at that time to have Miss Alice Wright as executive secretary, because she had the insight and particular flair necessary to carry this highly specialized and contentious program until a full-time director could be appointed.

As a member of the executive and later as president during those active and crucial years, I was very much aware of the need for caution and discretion and for the spokesman on this important phase of the Association's work to be fully informed and authorized. In other words, the collective bargaining is only one part of the total RNABC program and because of the nature of the problems and type of relationships involved, much harm and confusion could arise if the elected officers of the Association were to take an active part in it. I may be quite mistaken but I must admit to a feeling of apprehension created by the president's eagerness to communicate to the press and to nurses in general. I trust that she will balance her comparatively brief experience in nursing service and nursing affairs at the executive level, with the realization that as a newcomer, there is much to learn about the past as well as the present and to make haste slowly.

The public can so easily gain the impression that confusion reigns in the nursing profession and its organizations. In a recent press interview the president's statements about the ICN being too large to be educational are misleading. There is a difference between an international forum—a congress, and a local, provincial or national conference. It does seem presumptuous for a new provincial president to express views of this nature after attending what I assume was her first international meeting.

In closing, may I say that it was gratifying to see that more members are willing to run for office. New members on the executive and council with fresh and uncluttered viewpoints and approach are an asset. It is equally important to safeguard and respect the progress, prestige and public confidence built through the years and to maintain the same standard in the future.

I apologize for the length of this letter but having got started, it seemed as well to include all the points I had in mind.—

Esther Paulson, West Vancouver, B.C.
Calendar

October 25—Fraser Valley District's Education Day program, Evergreen Hall, Chilliwack, B.C., 9 a.m. Speakers are Miss Mary Southin, barister, and Dr. Rae Chittick, former dean of nursing at McGill University, Montreal.

October 25-26—West Kootenay District RNABC Continuing Nursing Education: Community and Hospital Mental Health Concepts of Psychiatric Nursing. At Selkirk College, Castlegar, B.C.

October 30-31—University of British Columbia Continuing Education: The Handicapped Child; Dr. Eugenia H. Waechter, resource person. This course is for nurses providing care for handicapped children and their families. Registration by other health professionals will be accepted.

November 5—Canadian Nurses’ Association special meeting at 9 a.m., Chateau Laurier Hotel, Ottawa.

November 13-14—UBC Continuing Education: The Unconscious Patient; Mrs. Bettimae H. Metheney and Mrs. Pamela Mitchell, resource persons. For nurses providing care for unconscious patients. Registration by other health professionals will be accepted.

February 12-13—UBC Continuing Education: Nursing Assessment; Dean Dorothy Smith. For nurses who have attended a regional or in-service course or the February 1969 course in Vancouver.

March 5-6—UBC Continuing Education: Psychiatric Nursing; resource person to be announced. For nurses providing care for psychiatric patients.

March 19-20—UBC Continuing Education: Maternal Health Nursing—Socio Cultural Perspective; Dr. I. Cahill. For nurses providing care during the maternity cycle.

April 2-3—UBC Continuing Education: Nursing the Adult with Long Term Illness; resource person to be announced. For nurses providing care for adults with long term illness in institutional and home settings.

May 7-8—UBC Continuing Education: Nursing Care of the Adult with Acute Illness; resource person to be announced. For nurses providing care for surgical patients.

May 27-29—RNABC Annual Meeting, Bayshore Inn, Vancouver, B.C.