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RNABC Governing Bodies

Association activities are divided into two general areas, each with its own governing body. The Board of Directors is responsible for all programs except those pertaining to collective bargaining activities, which are the province of the Labour Relations Council.

Board of Directors

EXECUTIVE COMMITTEE — President Stephany Grasset, Vice-President Jeanie Trommingdal and Directors-at-Large Barbara Burke, Sherry Fossum, Jan Kotaska, Freya Metler and Anne Wylie.

DISTRICT DIRECTORS - District 1: Joan Doree, Betty Lauridsen, Don Ramadan, District 2: Marilyn Jackson, Sheila Service, District 3: Judy Rothenberg, District 4: Nadiene Eaton, District 5: Mary Carrol, District 6: Lynette Best, Joyce Campbell.

NON-NURSE MEMBERS - Brian McCrea, selected from chapter nominees; Mary Jane Mulligan, provincial government appointee; Barbara Rolls, Consumers' Association of Canada.

Labour Relations Council

COMMITTEE OF OFFICERS - Chairman Doris Shepherd, Vice-Chairman Molly Reid, Treasurer Beatrice Patriquin and Executive Councillors Sandra Dunning and Erica Preddy.


BARGAINING UNIT REPRESENTATIVES - Provincial Hospital Agreement, Sue Gubbels; Public Service Agreement, Rycki Maltby; Other Collective Agreements, Vacant.

Our Cover

Presidents meet

Chief executive officers of the association’s local chapters gathered in Vancouver in early October for the semi-annual Chapter Presidents’ Meeting. Our cover photo shows part of a half-day session on maintaining good relations between RNABC’s professional and labour relations arms. This fall’s meeting was the first to be planned by a committee of chapter presidents and board members and the first to last three days. Previously a two-day event, the meeting was expanded to three days to allow skills workshops and more time for orientation for the presidents. The orientation included an introduction to facilities at the association’s Vancouver offices. Pages 12-13 carry a photo essay on the presidents’ meeting.
RNABC conference probes students' clinical experience

The selection of clinical experiences for basic nursing education students will be the focus of an RNABC-sponsored provincial nursing education conference to be conducted in Vancouver at the end of January.

The two-day meeting will provide a forum for about 50 nursing education and practice representatives from all parts of B.C. Invitations are being sent to the province's 13 basic nursing programs, to selected health care agencies providing clinical settings for students and to continuing nursing education interests.

The January conference is the first of two related meetings planned next year.

New group set

The RNABC Board of Directors has approved formation of a new association special interest group that will cater to the needs of home care nurses throughout the province.

The group intends to offer "a pool of knowledge and an opportunity to collectively learn new techniques, procedures and ideas," said one of its founding members, Sue Grant of New Westminster.

More information can be obtained from: Marit Howitt, 214-2416 W. 3rd Ave., Vancouver, B.C. V6K 1L8.

Other RNABC interest groups are involved in activities for community health, emergency, occupational health, operating room and supervisory nurses.

New UVic deadline

An earlier deadline is in effect for applications to the post-basic degree program at the University of Victoria School of Nursing.

Beginning in 1980, the deadline is January 31 and not March 31 as in previous years.

The two-year program offers baccalaureate degrees to nurses who are already registered. More information is available from: School of Nursing, University of Victoria, P.O. Box 1700, Victoria, B.C. V8W 2Y2.

A similar program in early March will cover the utilization of clinical education experiences.

"The ultimate goal is to try to improve clinical practice experiences so that students become better equipped practitioners," said RNABC Statutory Functions Coordinator Dorothy Barker, who is working with the committee planning the conferences.

The two themes were developed from the results of a questionnaire completed by participants in the most recent RNABC nursing education conference in December 1977.

"Two predominating concerns were identified," according to Barker. "One was the nature of the clinical experience in basic programs."

Members of the planning committee are RNABC Professional Affairs Coordinator Pat Cutshall, New Caledonia College Health Sciences Director Glenyce Sinclair and Burnaby General Hospital Assistant Administrator (Patient Care Services) Anne Toupin.

Disciplinary action

After conducting separate hearings involving three registered nurses, the RNABC Discipline Committee has decided to:
- Officially reprimand Sandra L. Johnson of Vancouver (registration number 454096).
- Suspend for an indefinite period Donna Morse of Victoria (registration number 472968).
- Officially reprimand Valerie Ann Wakelyn of Victoria (registration number 206147).

Nurse reinstated

In a special hearing, the RNABC Board of Directors decided to reinstate Irene Doull of Comox (registration number 427719), whose registration had been suspended indefinitely in June 1977.

Help wanted

RNABC members with ideas to contribute or time to spare are invited to assist with three association projects.

Mandatory registration

A task committee is reviewing the question of making nurse registration mandatory in British Columbia. The existing legislation allows non-registered graduate nurses to practise in the province, and this is being reviewed as part of the RNABC Safety to Practice Program.

Members' ideas on the subject would be welcome. Please write to: Committee to Review Mandatory Registration, RNABC, 2130 W. 12th Ave., Vancouver, B.C. V6K 2N3.

Tax deductions

What are the unique characteristics of nursing that argue for making continuing nursing education expenses tax deductible? Association members with ideas on that subject can help with RNABC input to a Canadian Nurses Association brief to federal Finance Minister John Crosbie.

Send your thoughts to: Executive Director Marilyn Carmack at the RNABC office in Vancouver.

Parlez vous CNA?

The Canadian Nurses Association comes to British Columbia next year for its biennial meeting, June 22-25 in Vancouver, and RNABC is acting as the "hostess" province.

A provincial coordinating committee is preparing for the event, and there are plenty of opportunities for RNABC members to help with hosting activities. Bilingual volunteers would be especially welcome.

Members interested in participating should contact either their local RNABC chapters or General Activities Coordinator Joan McCullagh at the RNABC office in Vancouver.
Nurses asked for strike mandate

Nurses employed directly by the provincial government will be asked in mid-December to give their negotiators a strike mandate to carry to talks for a new collective agreement.

Ballots for the province-wide strike vote will be distributed to some 1,500 registered psychiatric nurses and 1,100 registered nurses in B.C. government institutions and public health units around the province. They are represented jointly by the RNABC Labour Relations Division and the Registered Psychiatric Nurses Association of B.C.

The results of the vote will be announced immediately after the vote. There were no plans for immediate job action.

No date had been set for the beginning of negotiations, as this issue went to press.

The strike vote followed a decision by delegates to a joint wage and policy conference in September. They were irate at the provincial government's refusal to implement binding arbitration decisions to settle their 1978-79 collective agreement. (See “Proposals set for government”, September 1979 RNABC News.)

The conference delegates wanted to demonstrate the nurses’ determination to take strong measures to avoid similar delays in settling a new agreement to take effect January 1, 1980.

As this issue went to press, some nurses had not received retroactive pay under the expired agreement. Among the other binding arbitration awards stalled by the Government Employee Relations Bureau were:

- Implementation of a 35-hour work week.
- Academic bonuses.
- Improved temporary substitution provisions.

The nursing associations were also seeking interest on retroactive pay withheld by GERB.

“IT's this repetition of postponement and impertinence, this scandalous disdain for fair play, this total disregard for the welfare of our members that prompted delegates to pursue the concept of job action against a foot-dragging employer,” declared RNABC Senior Labour Relations Officer Glen Smale.

Faced with a new round of negotiations and important items still outstanding from the previous agreement, he said, delegates had to look at the entire process with a “jaundiced eye”.

Since 1976, some 42 out of 48 months have been spent with the government nurses' contract either in negotiations or arbitration, according to Smale. The joint bargaining unit was established in 1974.

A vote in 1977 produced an 89-per-cent strike mandate, but job action was averted when GERB upgraded a previously unacceptable offer.

Talks start for hospitals

The first stage in negotiations between British Columbia's 12,500 hospital nurses and 113 hospitals got underway in mid-October when representatives of the two sides exchanged proposals for a new collective agreement.

Formal negotiations were set to begin November 12 between the RNABC Labour Relations Division and the Health Labour Relations Association.

The division had sent HLRA's proposals to all staff representatives in late October, and RNABC's proposals were also circulated for posting on hospital bulletin boards.

Management's proposals were termed “for the most part unacceptable” by RNABC Senior Labour Relations Officer Malcolm Wilkinson, the staff person assigned to the hospital negotiations.

HLRA's demands include:

- The right to terminate non-registered graduate nurses who do not register within six months.
- Changes in the salary structure, the probationary period and some benefits, particularly affecting part-time nurses.
- No posting of some job vacancies.
- Elimination of the nurses' right to attend professional meetings.
- Cutting the portability period from 90 to 30 days.

Nurse delegates to the provincial wage and policy conference conducted in September established RNABC's negotiating proposals and affirmed their determination to get a decent collective agreement in 1980. (See “Hospital nurses stand tough”, September 1979 RNABC News.)
Delay on LRB ruling spurs nurses’ approach to agency

Essential Services Advisory Agency Chairman Clive McKee has been informed of delays in reaching a long-awaited decision on whether 136 registered nurses employed by the Capital Regional District are covered by the Essential Services Disputes Act.

The nurses provide community health services in the Victoria area and have been without a collective agreement since March 31, 1979.

McKee was approached because the B.C. Labour Relations Board has delayed a decision on the question since early August.

The impasse came after the RNABC Labour Relations Division applied in July for binding arbitration of a new agreement under provincial essential services legislation. That was disputed by the employer’s representative, the Greater Victoria Labour Relations Association, which contends the nurses are not covered by the law.

RNABC Senior Labour Relations Officer Malcolm Wilkinson said McKee was notified of the delay to put on the record the division’s concern with the length of time needed to apply the Essential Services Disputes Act.

Negotiations broke down in July when GVLRA refused to budge on its demand to eliminate existing contract benefits.

GVLRA also refused to implement a cost-of-living agreement reached in 1977 under the old collective agreement. The division then applied for a separate arbitration on that issue, but the employer contended that it was inappropriate for arbitration. GVLRA requested an investigation of the COLA issue by an LRB officer, whose report was before that body as this issue went to press.

Three seek Council seat

Three nurses were in an election contest for a seat on the RNABC Labour Relations Division, as this issue went to press.

The election was to fill a vacancy created by the resignation this summer of Sheila Smith, a public health nurse with the Richmond School Board. She had represented nurses in bargaining units outside the provincial hospital and public service agreements, the two major contracts held by the RNABC Labour Relations Division.

Nurses were in late October to decide which of the following nurses would succeed Smith: Jeanette Faubert of the Vancouver Health Department, Brenda Jemmlason of Noric House in Vernon, or Mary Raben of the Greater Vancouver Mental Health Services.

The new member of the division’s governing body was to be announced in mid-November, in time for that month’s Council meeting.

Nominations for the election had been solicited by mail from staff representatives.

This is the first mail ballot election for this position. The division’s Special Rules of Order do not specify a method of filling a vacancy, and it had been done previously by appointment by Council.

The contested position is intended to assure input from smaller bargaining units.

Gorge votes against HEU

Nurses at Gorge Road Hospital in Victoria have rejected an attempt by the Hospital Employees Union to take over their bargaining unit.

In a representation vote conducted in early October, the nurses voted 44-38 to retain the RNABC Labour Relations Division as their certified bargaining agent. The hospital employs about 90 nurses, including casuals.

The vote was by secret ballot and supervised by the B.C. Labour Relations Board. The LRB could have ruled on HEU’s application without a vote, but reportedly ordered one because of requests by nurses.

HEU began its raid attempt in late August with a surprise organizing meeting from which head nurses and supervisors were excluded. About 30 nurses reportedly signed HEU membership applications at the meeting, and the union applied to the LRB to take over the certification.

RNABC elected officers and staff conducted open information meetings for Gorge Road nurses, and arranged private talks on request to discuss the situation.

More private hospitals organized

Sixteen private hospitals were organized by the RNABC Labour Relations Division as of October, compared to three last March when the division began a concerted effort to represent nurses in that field.

A total of 136 nurses are represented by the division, according to Senior Labour Relations Officer Pat Fraser, who is responsible for organizing private hospitals.

Fraser estimates there may be as many as 600 potential certifications in the B.C. private hospital industry, although many would involve only a few nurse employees.

New RNABC certifications are: Dr. F. W. Green, Cranbrook; Inglewood Private Hospital & Lodge, West Vancouver; Noric House, Vernon; Shaughnessy Manor, Vancouver; Tom Uphill Home, Fernie, and Willington Private Hospital, Burnaby.

Certification applications pending before the B.C. Labour Relations Board are: Gillian Manor, Sidney; Haven Hill Rest Home, Pemberton; Kensington Private Hospital and New Vista Home, both in Burnaby, The Pines, Kimberley; Pouce Coupe Community Hospital, Pouce Coupe, and Yucalita Lodge, Campbell River.
POINT-BY-POINT

Official reaction to Kermacks

RNABC produced an official reaction to the Kermacks Report in late September — a point-by-point judgment of the controversial nursing education study released last May by the provincial government.

The verdict: the report is an adequate first step, but a good deal more work is needed.

Released as a discussion paper, the 350-page study was to review how British Columbia’s educational programs meet the government’s health care objectives. All categories of nursing care workers were covered by the nine-month project conducted by nursing education consultant Claire Kermacks of North Vancouver. (See “Controversial nursing study released”, April/May/June 1979 RNABC News.)

The association’s reaction paper consists of two sections: a broad overview of some major issues raised in the Ministry of Education discussion paper, and an item-by-item commentary on the recommendations made by Kermacks.

Although RNABC agrees with all or part of some of the recommendations, the association reaction concentrates, in the interest of brevity, on areas which raise special concerns.

The process of developing an official RNABC response began at the association’s annual meeting in May, which followed by less than a week the Ministry of Education’s release of the Kermacks Report.

On the eve of the three-day conference, the Board of Directors established a task committee to review the government’s discussion paper. Kermacks also offered to chair an informal evening information session for annual meeting delegates, responding to questions raised by some 100 chapter representatives.

During the summer, the task committee collected input from a variety of sources, including chapters and other groups. (See box on Page 8.) In addition, the association commissioned a critique of the Kermacks Report by Rose Imai, professional services director of the Canadian Nurses Association.

(Members of the task committee were: Dr. Margaret Campbell, UBC professor of nursing; Helen Elbert, UBC associate professor of nursing; Helen Ggemery, retired director of nursing at the UBC Health Sciences Centre, and Helen Lane, director of nursing at Nanaimo Regional General Hospital.)

Imai’s work and that of the task committee were reviewed in early September by the Executive Committee of the Board, which also drafted an official response for the association. Two weeks later, the full Board reviewed and approved the draft prepared by the Executive.

The complete text of the reaction paper is presented on the following pages.

Overview

Nursing is the largest single component of the B.C. health care system, in terms of numbers of workers and the near-constant nature of their contacts with consumers. No other group covers as great a range of activities and services. This must be kept in mind when considering the Kermacks Report because it carries serious implications, not only for nursing, but for the health care system as a whole.

While the recommendations of the Kermacks Report are discussed individually elsewhere in RNABC’s submission, this section of the association’s reaction paper presents a number of broad issues which deserve special attention. They deal with the Kermacks Report as a whole and with some of its major implications for registered nurses, the largest group within the nursing community.

Scope

From the outset, the Ministry of Education study seemed so broad in scope as to be overwhelming. Any one of its seven general terms of reference could, and perhaps should, have been the subject of a major research project. It is to Claire Kermacks’ credit that she made so much of the very limited time and resources provided by the ministry.

None of this is to suggest that the report contains no shortcomings. It does. In too many instances, there are no data to support far-reaching recommendations. What data there are relate almost exclusively to conditions as they are now. Despite this, the data are used as the bases of recommendations for actions to meet future needs — although those needs soon may no longer exist because of policy changes by
the Ministry of Health. The lack of detailed, explicit projections from that ministry calls most of the recommendations into question.

Compounding the limitations of the data is the fact that a single ministry undertook a major project affecting two others with very little input from them. How much did the Ministries of Health and Human Resources contribute directly to the direction and conduct of the study? From all appearances, their participation was essentially after the fact. This must have some impact on the validity of the final report and its recommendations, many of which touch directly on the operations of those two ministries.

**Implications for registered nurses**

Obviously, the Kermacks Report is filled with implications for RNABC members and the people they serve, but there are some issues to which the association must call special attention.

a. The Kermacks Report recommends several actions related to basic nursing education programs. While RNABC is ready to continue working with educational institutions and others in this area, there must be explicit recognition that the profession of nursing is best qualified, by knowledge and experience, to judge programs intended to educate future registered nurses. There can be no diminution of the association's legislated right and responsibility to approve programs preparatory to nurse registration. This remains a firm RNABC position.

b. Parallel to the association's legislated authority over basic programs are its voluntary efforts to improve continuing nursing education in B.C. These efforts centre on a provincial continuing education approval program operated jointly with the Registered Psychiatric Nurses' Association of B.C. Educational institutions and other program planners have made increasing use of the program since its inception in 1974. As a result, RNABC has developed extensive expertise; and it seems logical to exploit that in the orderly development of much-needed post-basic clinical courses. RNABC stands ready to assume any responsibilities in this area that the government may see fit to delegate. In any case, the association will cooperate in any venture that means more and better continuing education for registered nurses.

c. A contentious issue in the Kermacks Report is its proposal to eliminate registered psychiatric nurses from the health care work force. Beyond expressing concern that any “grandfathered” registered psychiatric nurses meet qualifications under the Registered Nurses Act, it is not RNABC's prerogative to comment on such recommendations. Should they be adopted, the association would work with all interested parties to ensure a transition that is in the best interests of a safe health care system.

d. The Kermacks Report developed some data on a number of critical issues, all of which appear in the recommendations. But the work in this area can be considered no more than a good first step; decision-makers must have more hard facts on which to base health and welfare policy. RNABC urges further study of the following matters, conducted jointly by all appropriate ministries, and with any association involvement that may be appropriate:

--- Provincial competency-based curricula for basic nursing programs.

--- Career mobility among various functional levels of nursing.

--- Establishing priorities for post-basic clinical courses.

--- Adequate funding of post-basic clinical courses.

**Comments on recommendations**

The Kermacks study contains a series of 43 recommendations with serious implications for British Columbia's health care system. On the following pages, the recommendations are presented verbatim, each followed by RNABC comments. All but the last two recommendations appear; these dealing only with the disposition of the report.

**RECOMMENDATION 1**

That the classification of nursing care workers, which identifies the competencies and context of practice for five functional levels, be accepted by the Ministry of Health; and after further validation and necessary modification, be used as the basis for defining major categories of nursing care workers who provide or supervise direct patient care, and for developing educational programs.

No one disagrees that a classification system is necessary to define expectations of various categories of nursing care workers and to develop educational programs. But before the proposed classification is accepted by the Ministry of Health, further study is imperative:

--- Test the validity of the methods used to determine competencies and skills required of those providing or supervising nursing care.

--- Identify categories of nursing care workers needed for present and projected nursing care services in B.C.

In the absence of objectives and priorities stated explicitly by the Ministry of Health, one cannot assume that the proposed classification is valid for the present or the future.

The recommendation also raises other questions without answering them. These are presented point-by-point:

--- Although based on competencies and skills required at various functional levels, the proposed classification does not deal with several issues. There is no identification of the relationships between the five functional levels and the nursing care services, nor of how or if such relationships were determined for the study.

--- There is no indication of relationships between the proposed Nurse I, II and III categories and any educational programs. What is not apparent, as a result, is the usefulness of the classification for the development of educational programs appropriate for each level.

--- The study data on the licensed practical nurse do not support the existence of this category of worker. Among the anomalies are the following:

--- Kermacks reports that a greater proportion of licensed practical nurses than registered nurses were employed in non-nursing positions and seeking nursing positions (Page 4-173).

--- The Licensed Practical Nurses Association of B.C. has expressed concern about the loss of jobs by its members (Page 4-173).

--- The study data suggest great similarities between competencies required of both licensed practical nurses and registered nurses.

**RECOMMENDATIONS 2 AND 3**

That the Registered Psychiatric Nurses Act be repealed; and that currently registered psychiatric nurses be eligible to become registered nurses by means of a “grandfather” clause under the Registered Nurses Act (such a clause to be limited to a specified time).

That the two psychiatric nursing programs preparatory to psy-
(Continued from Page 1)

chiatric nurse registration be combined with their general nursing diploma program counterparts in each institution; and that the enrolments in the general nursing programs be increased to accommodate the numbers previously enrolled in the psychiatric programs.

This issue is addressed in the introductory section of RNABC’s submission. Briefly, the association cannot comment on the proposed repeal of the Registered Psychiatric Nurses Act. Should the proposal be adopted, however, RNABC would assist in devising means by which registered psychiatric nurses could become qualified as registered nurses.

RECOMMENDATION 4

That a recruitment program be initiated to attract more men into basic nursing education programs; and that similar content and learning experiences be provided for men and women in these programs.

This is actually two distinct recommendations in one, and there is insufficient information to support either part of the recommendation as a priority. The second part should be adopted, however, if only to reaffirm the right to equal education regardless of sex, race or other considerations.

RECOMMENDATIONS 5 AND 6

That the title “aide” be used to designate workers in categories at the first functional level of the classification and that credentials be provided by educational institutions on program completion that would specify what skills and in which settings the aid is prepared to perform.

That the title “practical nurse” be changed to “nursing assistant”.

Both of these could be considered matters of convenience and taste. Surely, what nursing care workers are called is less important than the system used to assign them to appropriate functional levels. RNABC’s primary concern lies with that system, which is discussed in our comments on Recommendation 1.

RECOMMENDATION 7

That all basic programs for nursing care workers be offered within the general post-secondary education system.

The association finds this recommendation unnecessarily restrictive. Implementation would mean that no basic programs would be available to residents of outlying areas seeking preparation for lower levels of nursing employment. In many regions without post-secondary educational institutions, health agencies can now offer preparation at lower levels. It is important also to emphasize that clinical components of basic programs at all levels must remain available through health agencies.

RECOMMENDATION 8

That the Ministry of Education assume responsibility for developmental, instructional and administrative costs of nursing education programs; and that the individual student assume responsibility for fees and other related course costs; and thereby, in the case of post-basic courses, the employer (through the Ministry of Health) pay at least 60 per cent of the individual’s salary during the study leave.

This recommendation raises a longstanding concern of RNABC and a sore point with most B.C. registered nurses—the chronic lack of funding of post-basic nursing education. This is a serious problem with which successive provincial governments have failed to deal.

While the association agrees in the most emphatic terms that something must be done and indeed has in the past made statements similar to the first and third clauses of the recommendation, it must note the following weak points:

a. No consideration is given to existing joint funding arrangements involving educational institutions, health agencies or the federal government.

b. The recommendation’s first clause does not seem congruent with the second.

c. While helping individuals meet the costs of post-basic education would be desirable, it is a serious omission that this recommendation does not refer to conditions under which employers would and could provide such assistance.

RECOMMENDATION 9

That education programs for nursing care workers at each functional level be developed to facilitate career mobility from
one level to the next; and that basic and post-basic programs at a functional level also be coordinated and articulated.

The terms of reference assigned the Kermacks study make an implicit assumption that career mobility is a desirable goal, and this recommendation reflects that. But there is no data to support the recommendation or to allow an assessment in terms of cost or effectiveness.

Opportunities for career mobility should exist, but this may be neither desirable nor appropriate at each functional level. Consider the following:

- Given that the "aide" is the first level in a classification, and that existing academic requirements for admission to aide programs are minimal, can safe performance at the next level be assured simply by the acquisition of additional nursing skills?
- In general, aide programs are short. It may not be worth the time, expense and effort required to develop additional courses or modules which would lead to the next higher functional level.
- Preparing nursing care workers at any level requires more than the acquisition of certain nursing skills. Each worker also develops perceptions and behaviours that are appropriate to the level for which he is trained initially. It is questionable that acquiring additional skills will alter significantly the original ways of perceiving and behaving.

RECOMMENDATION 10
That the Ministry of Education give consideration to means of promoting and facilitating evaluation of nursing education programs. The meaning of this recommendation is not clear. What would be the focus of the intended evaluation — structure, process, educational product or all three? Which authority would be responsible for conducting the evaluation, the individual educational program or the Ministry of Education? Would the evaluation be an internally or externally based process?

Clearly, the concept of internal evaluation should be integral to any educational process; and each nursing education program should budget for and assume responsibility for that. External evaluation should be the responsibility of a knowledgeable outside authority; and with respect to programs to prepare Registered Nurses that must remain RNABC, as stipulated by the Registered Nurses Act.

RECOMMENDATIONS 11 AND 12
That a project be initiated by the Ministries of Education and Health to collect and store data on institutions and agencies in the province that would be able to provide suitable experience for nursing students.

That nursing programs in various regions of the province be encouraged to establish committees on the utilization of clinical resources.

The provincial data bank proposed in Recommendation 11 seems an expensive way to collect information for more coordinated utilization of clinical resources. It would mean collecting the information, transmitting it to the central government bank and then re-transmitting it to local institutions.

Recommendation 12 is a better way to attack the problem. It is a solution that, as Kermacks points out, has been used with some success in the Lower Mainland. Regional committees would avoid putting a middle-man between the local health agencies and educational institutions which need to coordinate clinical resources.

RECOMMENDATION 13
That educational institutions and professional nursing associations develop recruitment and counselling material for prospective nursing students and vocational counsellors. RNABC supports this recommendation.

RECOMMENDATION 14
That no additional aide programs in nursing be initiated in other institutions until provincial competency-based curricula for health and human service workers at the aide level are developed.

While this recommendation focuses on competency-based curricula, that is not the only issue. More important are valid projections of anticipated needs in the "aide" category, including numbers and kinds of aides required. This kind of a projection cannot be made, as the necessary information does not exist. The association's concern here echoes that expressed with regard to the proposed classification system: we lack explicit objectives and priorities from the Ministry of Health on which to base valid projections.

RECOMMENDATION 15
That the apprenticeship proposal for the training of practical nurses be shelved.

RNABC's opposition to the provincial apprenticeship proposal is well-documented. Concerns center on the apprenticeship plans' impact on hospital funding in a time of restraint, on the potential diversion of nursing staff from patient care to supervision of apprentices, and on methods used to evaluate graduating apprentices.

RECOMMENDATION 16
That the enrollment in practical nursing programs be stabilized, pending development of a provincial competency-based curriculum by the Ministry of Education with the cooperation of the Council of Practical Nurses.

The association's comments here parallel those on Recommendation 14. The issue is not a provincial competency-based curriculum, which is beyond the study's terms of reference, but having more than "guess-timates" of anticipated manpower needs.

RECOMMENDATIONS 17 AND 18
That the practical nursing curriculum place more emphasis on long-term care; and that it be developed so that articulation with aide and general nursing programs is possible.

That continuing education programs in long-term care and gerontology be developed in educational institutions for practical nurses.

These recommendations are made without any relevant supporting data. The study offers no evidence to suggest that licensed practical nurses could or would fill vacancies in long-term care facilities— even if they had further preparation and even if vacancies were shown to exist.

RECOMMENDATION 19
That general nursing programs be improved by:
- Putting greater emphasis on long-term and ambulatory care;
- Increasing the focus on the total person and his situation, and not just the current health/illness problem;
- Improving the balance of experience with respect to caring for patients with emotional, mental and lifestyle problems;
- Assuring adequate content and practice in working with other nursing and health care personnel.

(Continued on Page 10)
The term. Appendix B of this submission identifies some characteristics of competency-based curricula, and it should be noted that general nursing programs already possess some of these. The study fails, however, to address many implications for nursing education, if the intent of the recommendations is to add other characteristics (e.g. students proceeding at their own rate and choosing learning experiences; emphasizing mastery; making evaluation criterion-referenced rather than norm-referenced).

The study’s description of curriculum development using the “new perspective” (Page 4-179) focuses on only one characteristic of competency-based curricula: objectives defined on the basis of analysis of the real world of practice. A serious shortcoming of this is the emphasis on the present—on what is done now—rather than on what should be done, now and in the future. One danger inherent in this is the tendency to look only at tasks in the work situation, without considering required cognitive and affective skills. Another drawback to the model suggested by the study is the lack of a set of beliefs to provide a framework for the logical organization of content.

RECOMMENDATION 23

That priority in professional development for nurse faculty be placed on maintaining clinical skills and improving teaching skills, particularly in relation to use of the school lab and the clinical area.

The problems cited in the study are difficult to evaluate in terms of frequency of occurrence, which probably varies from one education program to another. Professional development among nursing faculties is important, but priorities should be based on the needs of individual faculties.

RECOMMENDATION 24

That the hospital schools of nursing be phased out; and that the last classes be admitted to St. Joseph’s School of Nursing, Victoria General Hospital, to the Royal Jubilee Hospital School of Nursing, and to the Vancouver General Hospital School of Nursing in 1979 or 1980.

- RNABC supports this recommendation. For more than a decade, the association has advocated that the preparation of registered nurses be conducted within the post-secondary educational system; and implementation of this recommendation would be long overdue.

The two Victoria schools have already indicated their intent to close, leaving only the Vancouver General Hospital School of Nursing. The only question to be raised is whether the proposed closing dates for that program are realistic in relation to planning alternate education and modifying hospital staffing.

RECOMMENDATION 25

That a new general nursing program be developed at Camosun College with the first class being admitted in 1980 or 1981.

No comment is required, as Camosun College is already developing a general nursing program.

RECOMMENDATION 26

That the number of students admitted to other general nursing programs in the province (other than BCIT and Douglas College) be maintained at their present or projected levels until further manpower planning is done and until available clinical resources are assessed.

RNABC strongly endorses the need for manpower planning, and the enrollment freeze proposed by this recommendation would make immediate manpower studies imperative.
What is unclear is why enrollments should be stabilized when British Columbia imports more than half its new registered nurses and when the province is experiencing severe nursing shortages.

**RECOMMENDATION 27**
That baccalaureate programs in nursing increase their enrollments of students so that the percentage of nurses with baccalaureate preparation rises.

RNABC agrees with the principle that more registered nurses are needed with baccalaureate degrees. As the study notes, only seven percent of B.C. nurses have been prepared at that level; and perhaps four times that many are needed. What is lacking in the study is data to suggest the potential for either the University of B.C. or the University of Victoria to increase their nursing baccalaureate enrollments; more study is needed. RNABC also notes that a four-year generic program at the University of Victoria was not included in this and related recommendations.

**RECOMMENDATION 28**
That the University of Victoria initiate its proposed master's program as soon as possible.

RNABC questions the basis of this recommendation. There are no data on how many nurses are ready to enter such a program; a comparable program at the University of B.C. is not oversubscribed, and faculty for a second B.C. master's program would likely be difficult to recruit, given the shortage of Canadian nurses with the necessary qualifications. The two universities might explore ways in which some UBC master's courses might be offered in Victoria.

**RECOMMENDATION 29**
That UBC and University of Victoria schools of nursing give priority to making courses at the baccalaureate and master's levels more accessible to nurses in other parts of the province.

RNABC supports the concept of making university-level courses available in areas outside the Lower Mainland and Victoria.

**RECOMMENDATION 30**
That baccalaureate programs increase content and learning experiences in skills related to the organization and management of patient care, and the development of leadership skills relative to coordinating, directing and supervising nursing care and other workers.

RNABC's comments on Recommendation 19 of the study apply equally to Recommendation 30.

**RECOMMENDATION 31**
That the UBC School of Nursing give consideration to the development of an optional course in the baccalaureate program and/or post-basic course in occupational health nursing.

There is no evidence in the study to support this recommendation. Occupational health nursing should be included in any considerations of post-basic clinical courses; not just those at the University of B.C.

Since the study was completed, arrangements were completed for an 18-month, part-time certificate program in occupational health nursing, to be offered through the Royal Columbian Hospital/Douglas College Education Centre.

**RECOMMENDATION 32**
That the highest priority in nursing education be given to the development of post-basic clinical courses.

RNABC has long maintained that British Columbia is sadly deficient in post-basic, clinically-oriented nursing programs. That position remains unchanged.

One concern with this recommendation, however, is that it would award "the highest priority" to this field. A danger here is that such a move might jeopardize the funding and other resources of other nursing education programs. While post-basic courses merit a high priority, the highest priority might be unnecessary, and costly, over-compensation for past neglect.

**RECOMMENDATION 33**
That development work commence immediately on post-basic clinical courses for registered nurses in: critical care (intensive and coronary care), emergency and trauma care, long-term care (including extended care and gerontology), obstetrical care (particularly during labour and intensive care for newborns), operating room and post-anesthetic recovery room care, and psychiatric care.

The specialty areas listed in this recommendation were identified by an opinion survey which, according to data in the study, did not conclusively support these choices as priorities. Given the weaknesses inherent in this kind of survey, the absence of other data, and the questionable interpretation of what data exists, it is clear that more study is needed to identify the real priorities in post-basic clinical courses.

(As an aside, it might be noted that long-term care appears in the recommendation — as it is emphasized elsewhere in the study — but this specialty area was not a top priority of those surveyed.)

**RECOMMENDATION 34**
That innovative approaches be taken in the development of post-basic courses based on the following principles, that courses be:

- Developed on validated competencies required in the work setting.
- Made more accessible on a province-wide basis.
- Designed to meet a variety of learner needs in various geographic areas.
- Evaluated through a built-in evaluation process.

RNABC supports the principles basic to the development of clinical courses, as stated in Recommendation 34.

**RECOMMENDATION 35**
That the Ministry of Education award contracts to interested educational institutions for the development of post-basic courses; and that coordination and consultative services be available through the ministry.

This recommends a novel approach to financing continuing education, but it raises some questions: Have the ramifications for intra-institutional continuity and coordination been considered? Would this approach follow the school adopt the grantsmanship over the school with demonstrated need?

Whatever measures are taken to stimulate the development of post-basic courses, RNABC would like to participate in determining where such programs would be developed.

**RECOMMENDATION 36**
That employer and employee groups give serious consideration to the development of career streams in clinical fields so that career progression for clinical nurses is possible without having to shift into administration or education.

This recommendation appears to be beyond the parameters of the study.

**RECOMMENDATION 37**
That joint ministerial health manpower planning between the Ministries of Health and Education be examined; and that

(Continued on Page 21)
Nursing's

It was a summit meeting, and British Columbia to review the officers from 50 of the association's annual Chapter Presidents' Meeting.

The photographs on these two pages and members of the RNABC at the three-day meeting.

The purpose of the meeting was to review RNABC's nursing leaders to receive updates on RNABC activities. That means participating in the meeting.

Major topics covered in presentations include: the Public's expectation of nursing services; "Shaping Nursing" by Professor B. D. A. "RNABC Overview" by Executive Director; "Shaping Nursing" by Professor Stephany Grasset, and "RNABC Overview" by Executive Director-at-Large Jan Kotaska.

A half-day session was devoted to discussions between RNABC's independent nursing associations.

This was also the first Chapter President's meeting workshops at the RNABC office.
Participants came from all parts of nursing: chief executive officers, chapters gathered for the semi-
October 10-12 in Vancouver. Pictures show the chapter presidents, of Directors, at work during the

... to update and orient the pro-

dvelopments in the profession and agenda.

... included: "Protecting the
ns Coordinator Dorothy Barker;
affairs Coordinator Pat Cutshall;
tctor Marilyn Carmack; "Quality
y Director-at-Large Sherry Fos-
etting Problems" by President
onse to Kermacks Report" by

... small group discussions on rela-
... professional and labour rela-

tsidents' Meeting to feature mini-
ere sessions focused on ongo-

RNABC NEWS/OCTOBER 1979
WHAT'S HAPPENING

Crisis line... BSE... playground

"Strokes: Causes, Results and Outcome" was the topic of a Central Fraser Valley Chapter meeting presentation by registered nurse Marie Hewitt. She demonstrated positioning stroke patients and showed a film titled "The Inner World of Aphasia."

Chilliwack Chapter members were being asked to act as volunteer workers for the local crisis line.

The life of a physician in Kenya was described for Gulf of Georgia Chapter members by Dr. Morley Phillips, now a Tsawwassen physician.

A preschoolers health circus was the International Year of the Child project of the Nicola Valley Chapter. A one-day affair in mid-September, it was to give parents a chance to get a variety of assessment and screening procedures for their children. A film and slide presentation on nutrition were also planned. The project was conducted in cooperation with the South Central Health Unit.

A presentation on RNABC affairs was given at a North Shore Chapter meeting by RNABC General Activities Coordinator Joan McCullagh, Registrar Helen Grice and Professional Affairs Consultant Margaret Lonergan.

Ocean Falls Chapter members heard a presentation on obstetrics by Dr. Victor B. Kurdyas. He discussed new diagnostic procedures and equipment and responded to nurses' questions, which centered on management of premature labour.

A survey of members at Prince George Regional Hospital was being conducted by Prince George Chapter as part of a study of the nursing turnover rate at the hospital. The results were to be presented to the hospital board of trustees.

Sunshine Coast Chapter sponsored a public education evening on breast self examination. Conducted by chapter member June Mountney, the program featured a film and a question-and-answer session.

Under investigation by Trail Chapter is the feasibility of spearheading a campaign to build a playground off the pediatric ward of the local hospital. The campaign would be an International Year of the Child project.

A tour of Gillian Manor, an alcohol treatment centre in Sidney, was the highlight of a Victoria Chapter meeting.

Chapter officers

Four chapters had announced the election of full or partial slates of officers, as this issue went to press.

Duncan Chapter elected President Meredith Wild, President-Elect Annie Mae Miller, Vice President Jan Huggan, Recording Secretary Margaret Rodger, Corresponding Secretary Carolina Marentes, Treasurer Willa Davies, Education Chairman Charles Taylor and Social Convenor Helen Martin.

Maple Ridge Chapter elected Vice President Freda Horton.

Salmon Arm Chapter elected President Barbara Lohnes.

Victoria Chapter elected Secretary Mary Scaletta and Treasurer Donna Yates.

THE PLAY'S THE THING — Young patients in the pediatrics ward of Dawson Creek and District Hospital have some new toys and mobiles to play with, courtesy of RNABC's South Peace Chapter. The gift commemorates the International Year of the Child, and the chapter raised money to buy the toys at a weekend car wash. The new mobile draws a sleep response from patient Sara Drader. Looking on are chapter treasurer Barb Priestley and pediatrics head nurse Irene Hryniuk.
Get ready for 1980 elections

Preparations are being made now for elections next year that will see members fill eight seats on the RNABC Board of Directors.

The first step was to come in early November, as the association's 57 chapters received nominating kits. Candidates may be nominated either by chapters or by individual members. (See Pages 16-17).

The nominating deadline is January 11, 1980, for the election that involves mailing ballots to all voters late next spring. A slate of nominees will be published in the January-February 1980 RNABC News.

To be elected by province-wide ballot are three directors-at-large to sit on the board's Executive Committee. Voters in five of RNABC's six electoral districts will also receive special ballots to choose district directors. (See map at right.) All of the open positions carry two-year terms beginning September 1, 1980.

Candidates must be either practising or non-practising RNABC members who have consented to run before the nomination deadline.

Electoral district directors can expect to attend a half dozen board meetings each year and to serve on one or more association committees. Directors-at-large can add to that total another half dozen Executive Committee meetings.

Board members whose terms of office expire next September are:
- Directors-at-Large Barbara Burke, Sherry Fossum and Jan Kotaska.
- Directors Bette Laardisen, District 1; Sheila Service, District 2; Judy Rothenberger, District 3; Mary Carrol, District 5, and Joyce Campbell, District 6.

Overseeing the year-long electoral process is the Committee on Nominations. Its terms of reference include finding candidates for any offices for which no nominations are received.

Committee members are Chairman Judy McGillivray of Prince George, Elinor Fitzpatrick of Penticton and Carol Gee of Vernon. Working with them is RNABC General Activities Coordinator Joan McCullagh.

More information can be obtained by contacting McCullagh at: RNABC, 2130 W. 12th Ave., Vancouver, B.C. V6K 2N3; telephone 736-7331.

Who's in which RNABC district?

All RNABC members receive ballots showing director-at-large candidates, but balloting for other directors will be by electoral district. (See map above.) Following is a list of chapters in districts electing new directors next year.

**ELECTORAL DISTRICT 1:** New Westminster Chapter, Vancouver Chapter.

**ELECTORAL DISTRICT 2:** Campbell River Chapter, Duncan Chapter, Gulf Islands Chapter, Ladysmith Chapter, Nanaimo Chapter, North Island Chapter, Ocean Falls Chapter, Plateau Chapter, Port Alberni Chapter, Powell River Chapter, Victoria Chapter.

**ELECTORAL DISTRICT 3:** Bella Coola Valley Chapter, Central Cariboo Chapter, Fort Nelson Chapter, Houston Chapter, Kitmano Chapter, Mimsinchina Chapter, Nechako Valley Chapter, North Cariboo Chapter, North Peace Chapter, Prince George Chapter, Prince Rupert Chapter, Queen Charlotte Islands Chapter, Roche Chapter, Smithers Chapter, South Cariboo Chapter, South Peace Chapter, Stuart Lake Chapter, Terrace Chapter.

**ELECTORAL DISTRICT 5:** Central Fraser Valley Chapter, Chilliwack Chapter, Fraser Canyon Chapter, Kelowna Chapter, Penetkton Chapter, Southern Okanagan Chapter, Summerland Chapter, Vernon Chapter.

**ELECTORAL DISTRICT 6:** Gulf of Georgia Chapter, Maple Ridge Chapter, North Shore Chapter, South Fraser Chapter, Sunshine Coast Chapter.
NOMINATING HOW-TO'S

Put your candidate forward

Nominating a registered nurse to stand in next year's RNABC elections is a simple matter — the trick is finding someone willing to run and committed to work for the association.

The work involves a lot of decision-making, as the Board of Directors is ultimately responsible for all association activities outside the sphere of collective bargaining (which is the province of the RNABC Labour Relations Council).

As their terms begin in September 1980, the newly elected district directors can look forward to attending about a dozen Board meetings over the coming two years. The new directors-at-large should expect to attend the Board meetings and an equal number of Executive Committee meetings. All eight of the new Board members will be expected to do some heavy reading of background material for meetings, and they can anticipate serving on one or more committees.

These are the seats to be filled by a mail ballot election next spring:

— Three directors-at-large who will be chosen in a province-wide election, with all RNABC members participating.
— Five directors who will be elected by voters in Districts 1, 2, 3, 5 and 6. (See map on Page 15.)

Candidates must be either practising or non-practising members. They can be nominated either by chapters, all of which receive special kits for this purpose, or by individual members, who should use the information and nomination forms on these pages.

Nominations by individuals must be signed by five RNABC members. As with nominations by chapters, those by individuals must be accompanied by:
— A written letter of consent signed by the candidate.
— A brief biographical sketch of the candidate. This should outline his or her professional nursing education, nursing experience, including present job title and employer, and involvement in association or other relevant activities.
— A recent black-and-white glossy photograph of the candidate.
— A statement of objectives written by the candidate in a paragraph running no longer than 50 words.

The last three items will form the basis of a brief description of each candidate to be circulated with ballots to all voters in next spring's election.

All nominations must be received at RNABC's offices in Vancouver no later than January 11, 1980.

Additional information, or more nomination forms, can be obtained from: General Activities Coordinator Joan McCullagh, RNABC 2130 W. 12th Ave., Vancouver, B.C. V6K 2N3.

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NOMINATION FORM — RNABC 1980 ELECTIONS

The following nomination is hereby submitted for the 1980 elections for the RNABC Board of Directors. All of the required documentation accompanies this nomination.

For the office of ____________________________________________________________

Candidate's name ___________________________ Registration number ____________

Street address ______________________________________________ Telephonenumber ____________

City and postal code ______________________________________________

Nominated by (please print and sign names):

Name ___________________________ Registration number ____________

Name ___________________________ Registration number ____________

Name ___________________________ Registration number ____________

Name ___________________________ Registration number ____________

Name ___________________________ Registration number ____________

Name ___________________________ Registration number ____________

(Nomination forms and accompanying documentation must be submitted no later than January 11, 1980, to Committee on Nominations, RNABC, 2130 W. 12th Ave., Vancouver, B.C. V6K 2N3.)
NOMINATION FORM — RNABC 1980 ELECTIONS

The following nomination is hereby submitted for the 1980 elections for the RNABC Board of Directors. All of the required documentation accompanies this nomination.

For the office of ____________________________________________
Candidate's name __________________________________________
Street address ____________________ City and postal code _________

Nominated by (please print and sign names):

Name ____________________________________________
Name ____________________________________________
Name ____________________________________________
Name ____________________________________________
Name ____________________________________________
Name ____________________________________________

Registration number ___________ Telephone number ___________
Registration number ___________ Telephone number ___________
Registration number ___________ Telephone number ___________
Registration number ___________ Telephone number ___________
Registration number ___________ Telephone number ___________
Registration number ___________

(Nomination forms and accompanying documentation must be submitted no later than January 11, 1980, to Committee on Nominations, RNABC, 2130 W. 12th Ave., Vancouver, B.C. V6K 2N3.)
The guest columnist for this issue is Carole Wiggins, an operating room nurse employed at Kelowna General Hospital. She is chairman of the Okanagan-Similkameen Region of the RNABC Labour Relations Division. The region hosted the division’s first provincial labour school, October 15-19 at Naramata, B.C.; and Carole agreed to collect her thoughts and impressions of the school and events leading up to it for this edition of “Nurses’ n labour”.

I was asked by Peter Dent, the division’s education officer, to approach the officers of our region to host the labour school. I felt positive about it. A person feels good when asked to do something important, and our region felt ready to prove that we could do anything that was asked of us.

We weren’t quite sure what the responsibilities were, or how much time we were going to be asked to give, but I felt the region had dependable volunteers on whom we could call. I was right!

I also felt that we had developed a good rapport with Peter Dent during the previous year, when we coordinated a staff representatives training program in the region.

I had followed with interest the planning of the labour school from the start. It pleased me that the initial focus was to be on leadership training for officers of the division. Interest is growing in the regions, as more and more nurses become aware of the division. Those of us who were elected to executive positions realize the necessity of having more members involved. Yet we are unsure of ourselves.

CRYING FOR EDUCATION

We’ve been crying for education and knowledge, so that a person who accepts a position knows that she can get some training assistance. I’ll never forget how lost I felt when I was talked into becoming a staff rep in Kelowna General Hospital. Two months later, I was elected chairman of the region. Some introduction!

I feel that nurses are especially in need of training for leadership positions. The division is new; as a result, there are no “old-timers” as far as the organization is concerned. Because of the nature of our work, nurses have fewer opportunities to participate in other community organizations. So many of us work shifts over the full week.

Although most nurses have been in organizations where they have seen parliamentary procedure in action, they could never see themselves in the role of chairmen. Nor would they enroll in a public speaking course which required regular weekly attendance.

There has been some opportunity to learn organization skills and practice through RNABC. Yet most chapters that I know draw their executive members from nurses whose jobs enable them to make regular, yet flexible time commitments: nursing educators, non-practising nurses, managerial staff, or senior supervisory nurses who have regular working hours.

SCHOOL WAS TIMELY

On the whole, nurses who have been attracted to the division seem to me to be younger than those active on the association’s professional side. I do not know why; I do know that leadership experience is very limited. This year’s labour school was timely.

For the school itself, our region handled transportation of participants to and from the Naramata Centre for Continuing Education, about 20 minutes from Penticton. We also provided a “go-fer” in the person of Bernie Bay, one of our more active regional participants. I must say with a note of pride that all our members handled the arrangements like veterans.

The site of the school, which is operated by the United Church of Canada, was where we held all of our workshops and ate all our meals. The students and instructors were quartered in three new, comfortable residences.
of first provincial labour school

It was here that perhaps the most important aspect of the school developed, a feeling of togetherness. For the first time, we felt like a division rather than a collection of regions. It reminded me of my years in residence at the Royal Alex in Edmonton. I was with fellow students, all of whom had a common goal. Instead of learning a career individually, we were at Naramata to build an organization collectively!

The feeling of belonging to the division was further assisted by a technique introduced at registration. We were all randomly slotted into one of four teams, each of which put out one issue of a newsletter each day. It was a good way to meet nurses from other regions.

Four major courses were offered during this year's school, and each participant could choose two. I took parliamentary procedure and public speaking and the use of audio-visuals.

USEFUL TOOL

Clive Lytle, head of the Simon Fraser University labour studies program, convinced me that parliamentary procedure doesn't have to be frighteningly formal, that it can be a useful tool in running an organized, efficient meeting. And I am no longer afraid of speaking into a microphone. My awareness has expanded to include such techniques as eye contact, foot placement, and using speaker's notes successfully.

Never before had I realized the full potential of audio-visuals. Ed Wong of Okanagan College provided me with the most fantastic experience of the school. I have become fascinated by the possibilities of overhead projectors and other gadgets. "In trying to build an organization," I recall Ed saying, "you are competing with a lot of sophisticated competition." I now know what's available in order to compete.

Other courses included assertiveness training, record keeping and using print media. Instructors were clinical psychologist Dr. Jane Hastings, Peter Dent and RNABC Communications Officer Jerry Miller. I heard favourable comments about all these courses.

APPREHENSIVE AFTER TALK

While at the school, we also heard some guest speakers. Two stood out in my mind:

Jim Kinnaird, president of the B.C. Federation of Labour, was informative and interesting. Yet I was apprehensive after his talk. I realize that we are part of the labour movement, but the goals and aims of the federation seem to be far away from the division's at this point.

Public affairs consultant Dr. Gerry Kristianson proved an excellent teacher. His treatment of the political history of the province is most entertaining. The political environment in which we operate is complex.

As I wind down, I remember fondly the newsletters each team put out, the athletic competitions, the sing-songs, a formal dinner and the skit night which our region hosted. All in their own way were essential ingredients for the school's success.

RIGHT THING TO DO

In a way, too, the Naramata centre was a factor in making the school go. It provides a comfortable yet modest setting, without TV and other distractions. The setting is pretty, yet not overpowering. Locating the school here was the right thing to do.

I can't wait until next year.

—Carole Wiggins
Okanagan-Similkameen Region

A STUDENT'S EYE VIEW — The Labour Relations Division's first provincial labour school featured an audio-visual workshop, where students had a chance to experiment with a 35mm camera provided by Instructor Ed Wong of Okanagan College. Some of the fruits of their photographic labour are these pictures of

(from left): Wong holding a gift from students; parliamentary procedure instructor Clive Lytle chatting with B.C. Federation of Labour President Jim Kinnaird; Rycki Matlby of Telkwa, B.C. reading the Naramata Herald, a daily newsletter produced by teams of students.
Labels, magazine cover, long shifts, reinstatement

Invisible bond

Editor:

In response to the letter from Helga Enns, “Living down labels” (July-August 1979 RNABC News) — I would like to offer one simple explanation as to why nurses refer to themselves as “girls”, “kids” and “gals”.

In my own experiences, a group of nurses or doctors have referred to themselves as “boys”, “felloes” or “guys” — because they are black or white.

Helga, it’s because working together forms a kind of invisible bond between people in which they depend on each other’s experience and ability. They realize — often subconsciously — that what they do is a team effort. It’s also consoling to patients on the midst of such a group to feel that those caring for them can communicate with each other and thus the patients benefit.

Patients prefer a relaxed, happy and confident manner, rather than a stiff, proper businesslike one. I’ve worked in such groups for 15 years — it works!

— Rosemary Kerr, Kamloops, B.C.

Cover appalling . . .

Editor:

They say a picture is worth a thousand words. The story told by the cover of the July-August 1979 RNABC News is hardly flattering.

I am appalled to think that of the many pictures depicting nurses in action, one your staff chose contains an obviously well-used ashtray and two women in conversation, one of whom is holding a lit cigarette.

Whether we appreciate the role or not, nurses are exemplars in health education. It therefore behooves us a professional body to take some responsibility in the image we portray. My criticism is not of the individual nurses who choose to smoke, but of the lack of discretion shown by your editorial staff.

Health promotion is difficult enough. Do we really want to show the world that B.C. nurses have a “do what I say, not what I do” attitude?

Our credibility is important; surely we should be able to depend on the RNABC newsletter to promote a healthy image of nurses and nursing.

— Peggy Atkins, Kelowna, B.C.

. . . and unglamorous

Editor:

I was very disappointed in the cover of the July-August 1979 issue of RNABC News.

It seems to me to be completely negative to show a table with dirty cups, empty glass, full ashtray, unglamorous views of two women (one with cigarette in hand) and back views of people in the background. Surely you could find a more constructive activity of the RNABC to photograph and publicize.

Why not use a picture portraying some worthwhile activity such as mentioned on Pages 26-27 of this issue, both pages on which carry better pictures than the one on the cover?

The entire field of nursing can use all the help it can get in improving its image and bolstering public confidence, and a magazine cover is an ideal place to promote goodwill.

— Helen Joslin, Sianichon, B.C.

. . . and abhorrent

Editor:

Ever since I received my copy of the July-August issue of RNABC News, I have meant to sit down and write you a letter. The cover picture I found abhorrent. Is this really the image my professional association is promoting?

Surely someone was seen at the convention “talking shop” without a “tag” in her hand and a dish of “butts” on the table.

Preventive medicine is having a hard enough time as it is.

— Barbara Brose, Richmond, B.C.

Overlong day

Editor:

I see articles in RNABC News, etc., that say you’re wondering where all the nurses are.

Well, I’m here, hoping that someday the insanity of 12½-hour shifts will die out so that I can get back to work. I’m a part-timer whose work has been quartered since 12½-hour shifts commenced.

I’ve taken a medical office assistant course, but really don’t relish that idea of work. I’ll take typing this fall to improve my lot, but the truth is I’d do better cashiering at Safeway.

Thank you for hearing my view of the overlong work day. Perhaps it would help to hear a patient’s point of view — especially when cared for in hour number 10.

— A. Toninato, Prince George, B.C.

Reinstated nurse

Editor:

I wish to express my deeply felt gratitude to the directors of the RNABC for granting me a reinstatement hearing September 20, 1979. It was a great moment for me when I was reinstated after having been suspended for over two years.

It is with the utmost of regard that I view this group of individuals; their decision carries a great weight of responsibility, and I was extremely impressed in the way the hearing was conducted. It is a good feeling to know that such a group exists and deals with disciplinary matters in the way that it does. This serves the purpose of ensuring and maintaining the highest standard possible in nursing care in this society.

— Irene Douil, Comox, B.C.

Thanks for support

Editor:

I would like to take this opportunity to thank all those members who supported; and elected me as RNABC director for Electoral District #4. A special thanks goes out to Nelson, Trail and Castlegar Chapters for all their encouragement and moral support.

I would also like to thank all those
who showed their genuine interest in our association by being candidates in the election. I know we will all benefit from their continued participation.

In closing, let me remind you that while I will do my very best to represent you and your concerns about patient care, I will do even better if I hear your comments and concerns on a regular basis.

Looking forward to hearing from you and to serving your interest, I remain

—Nadiene B. Eaton
Director, District #4
624 W. Gore St.
Nelson, B.C. V1L 3H3
Telephone 352-5442

Keep it up

Editor:
As an “outsider” and Canadian Nurses Association board member, I’d like to say how impressed I am with the quality and range of coverage in RNABC News. I regularly read provincial nursing bulletins from across Canada, and I think your bulletin continues to be of really exceptional quality.

Keep it up!

—Dr. Shirley M. Stinson
Professor of Nursing
University of Alberta

Who to call at RNABC

Professional relations
Staff members working in this area of association business can be contacted at: RNABC, 2130 W. 12th Ave.,
Vancouver, B.C. V6K 2N3; telephone 736-7331.
Executive Director Marilyn Carmack
Statutory Functions Coordinator
Dorothy Barker
Registrar Helen Grice
Membership Renewal Adviser
Valerie Hooper
Approval of Schools of Nursing
Adviser Lynda Christie
Investigations Officer Darlene Steele
Career Counselor
Marion Greenerwood
Professional Affairs Coordinator
Pat Cutchall
Professional Affairs Consultants
Margaret Lonergan, Margaret Nish
Continuing Education Consultant
Ruth Burstahler
General Activities Coordinator
Joan McCullagh

Administrative Services Director
Mike Johnstone
Librarians Jean Molson, Pat Kolesar
Communications Officer Jerry Miller

Labour relations
Staff members working in this area of association business can be contacted at: RNABC Labour Relations
Division, 7th Floor, 1200 Burrard St.,
Vancouver, B.C. V6Z 2C7; telephone 689-4142.
Chief Executive Officer Nora Paton
Senior Labour Relations Officers
Pat Fraser, Glen Smale, Malcolm
Wilkinson
Labour Relations Officers
Bonnie Code, Pam Jackson,
Dennis LaVigne, Heather Leighton,
Ron Magill, Betty Morton
Arbitration Officer Roy Richmond
Research Officer Tomi Eckehout
Education Officer Peter Dent
Administrative Assistant Doris Maki

Association reaction to Kermacks Report

(Continued from Page 11)
consideration be given to a single organizational structure involving policy makers and planners who will identify the supply and requirements, project future supply and requirements, and effect a balance between supply and requirements.

RNABC recognizes the need for greater inter-ministerial consultation to achieve the objectives of this recommendation. It seems, however, that the notion of a “single organizational structure” representing two policy-making ministries might be considered naive.

RECOMMENDATIONS 38 AND 39
That the Ministry of Health (and Human Resources where indicated) identify the kind of health care workers required and areas of special need and priority for manpower planning with input from employer groups, unions, professional/licensing bodies, consumers, etc.
That the Ministry of Education identify needs for health education programs based on manpower planning and coordinate development, implementation and evaluation of programs through cooperative planning with educational institutions and organizations, professional/licensing bodies, consumers, etc.

RNABC is concerned that these recommendations are more specific than the stated assumptions made in the design of the study. The assumptions (Page 2-1) are that:
1. the Ministry of Health has plans and priorities for health care in British Columbia,
2. plans for health care will have implications for nursing and nursing education,
3. health education programs should be based on the objectives for health care and the needs for health services.

The association has no quarrel with the basic assumptions, but with the way these two recommendations are applied. RNABC believes that the Ministry of Health should identify needs and plan services to meet them, but that identifying the workers to staff those services should be a collaborative effort involving employers, professional associations and others.

RECOMMENDATION 40
That categories of nursing care workers who are responsible to and work under the supervision of other licensed/registered health care workers not be licensed or registered.
This recommendation is stated so ambiguously that its meaning is not clear. Given the cursory treatment of this extremely complex subject in the study, any recommendation based on the limited data is premature.

RECOMMENDATION 41
That the nursing profession continue to be responsible for licensure of its members and be held accountable to the government for the discharge of that function.
RNABC supports this recommendation.

RNABC NEWS/OCTOBER 1979
Nursing positions in addition to the ones in these paid advertisements are listed with the RNABC Employment Referral Service, a job clearinghouse open without charge to association members and employers.

Staff Nurses. We require B.C. registered staff nurses to join our modern extended care hospital. Positions open immediately for full-time and casual relief. Applicants may telephone 525-0911 to arrange for an interview or write to: Personnel Director, Queen's Park Hospital, 315 McBride Blvd., New Westminster, B.C. V3L 5E8.

St. Paul's Hospital invites applications from B.C. Registered Nurses for vacation relief and full-time positions. Vacancies exist in general medical-surgical areas as well as the specialty areas. Benefits are as outlined in the RNABC collective agreement. Anyone interested in a fulfilling career at St. Paul's Hospital, apply to Mrs. S. Howie, Personnel Department, St. Paul's Hospital, 1081 Burrard St., Vancouver, B.C. V6Z 1Y6.

Shaughnessy Hospital. Our growing active community and teaching hospital invites applications for positions within the Department of Nursing. Why not give us a call or drop in between 8:00 a.m. and 4:00 p.m., Monday to Friday to find out more details as to present openings and to earn also about Shaughnessy's changing role. We are looking for individuals who have a contribution to make to the delivery of high quality health care. Your commitment in this regard is also ours. For further information please contact: Joanne Siaglano, Employment Relations Department, Shaughnessy Hospital, 4500 Oak St., Vancouver, B.C. V6H 3N1; telephone 876-6767, local 271.

Head Nurse — Coronary Care Unit. Applications are being accepted for the above position. The unit consists of a 3-bed intensive care unit, 10 acute care beds and 8 acute-care beds. The successful applicant will be involved in the planning and development of an intermediate coronary care plan. Applicants should have a minimum of 2 years experience in a related capacity and preferably hold a B.S.N. Salary scale and benefits according to the RNABC agreement. Please submit applications to: Mrs. J. MacPhail, Employee Relations Department, Vancouver General Hospital, 855 W. 12th Ave., Vancouver, B.C. V5Z 1M9.

Assistant Head Nurse — Ophthalmology. Under direction of the head nurse is responsible for planning, organizing, coordinating, teaching, supervising and participating in all activities relating to the effective delivery of optimum patient care to the ophthalmology team (2.3 operating rooms). Assists in the development and evaluations of each member of the team. Applicants must be registered in B.C. Minimum of two years experience in operating rooms. Position requires knowledge in ophthalmology. Demonstrated leadership potential and interpersonal skills. Please submit applications to: Mrs. J. MacPhail, Employee Relations Department, Vancouver General Hospital, 855 W. 12th Ave., Vancouver, B.C. V5Z 1M9.

Supervisor — Intensive Care Nursery. Applications are being accepted for the above position. The incumbent will be under the direction of the clinical director and will be involved in the development and implementation of current clinical practice for the unit as well as being responsible for the nursing administration of the area. Qualifications: registered nurse (eligible for B.C.); Baccalaureate degree or equivalent post basic education. Demonstrated highly successful work performance within the specified field. Demonstrated skills in leadership and administrative functions. Demonstrated managerial abilities. Salary and benefits as per RNABC contract ($1,632-$1,924 per month). Please send resume to: Mrs. J. MacPhail, Employee Relations, Vancouver General Hospital, 855 W. 12th Ave., Vancouver, B.C. V5Z 1M9.

General duty registered nurses required for 159 bed accredited general hospital. Vacancies in psychiatric, medical/surgical, maternity and operating room positions. Salaries as per RNABC agreement. Please reply in writing to: Director of Nursing, West Coast General Hospital, Port Alberni, B.C.

Vernon Jubilee Hospital, Vernon, B.C. A 258 bed acute and extended care hospital in Okanagan Valley invites applications for the following position. Assistant Director Nursing. An excellent career opportunity for a qualified, innovative individual involved in nursing. Applicants will be surveyed on their qualifications as a registered nurse. Please send complete resume to: Director of Personnel, Vernon Jubilee Hospital, Vernon, B.C. V1T 5L2.

Registered Nurses. Full-time and casual relief positions are available at the University of British Columbia, Health Sciences Centre—Extended Care Unit. 24 hour shift, the problem oriented record charting system and emphasis on maintaining a normal and realistic lifestyle for the patient. Professional growth and encouragement to management are some of the features offered by the Extended Care Unit. Interested applicants may enquire by calling 228-6764 or 226-2648. Position is open to both male and female applicants.

University of British Columbia, Health Sciences Centre — Extended Care Unit. Staff Nurse (Regular). Requires baccalaureate degree in nursing. Position is available for a qualified professional nurse with at least two years experience in an acute care setting. Salary $9.50 to $10.25 per hour. Apply to: Assistant Director of Nursing, University of British Columbia, Health Sciences Centre, 1140 Health Sciences Rd., 1st Floor, Room 211, Vancouver, B.C. V6T 1B5.

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Recent Acquisitions

Reference
NA 2545 P 5 N 381 National Research Council of Canada Metric values for use with the national building code. 1977.

Administration
WX 155 M 47 Metzger, Norman The health care supervisor's handbook. 1978.
WX 159 M 48 Meyer, Diane GRASP; patient information and workload management system. 1978.

General Nursing Texts
WX 101 G 66 Golightly, Cecelia King Help with career planning; a workbook for nurses. 1979.

Communicable Disease
QW 504.5 B 63 Blake, Patricia J. Applied immunological concepts. 1978.

Education
WX 159 M 86 Munk, Robert J. Hospital wide education and training. 1977.

LB 2359 O 5 On competence; a critical analysis of competence-based reforms in higher education, by Gerald Grant and others. 1979.

Geriatrics
WY 115 B 849 Brickner, Philip W. Home health care for the aged; how to help older people stay in their own homes and out of institutions. 1978.
WT 100.3 R 67 Rossman, Isadore Clinical geriatrics. 2d ed. 1979.

Jurisprudence & Ethics
WX 32 DA 1 L 84 Ludlam, James E Informed consent. 1978.
BL 65 M 4 Z 85 Zumbro Valley Medical Society Religious aspects of medical care; a handbook of religious practices of all faiths. 2d ed. 1978.

Medical-Surgical Nursing
WG 500 A 22 Abbott, Mary Kilduff Invasive radiologic diagnostic procedures. 1978.
WG 141.5 B 46 Benchimol, Alberto Noninvasive techniques in cardiology for the nurse and technician. 1978.
WX 152 C 64 Combating cardiovascular diseases skillfully, edited by Helen Hamilton. 1978.
WX 160.3 C 783 Coping with neurologic problems proficiently. 1979.
WX 154 H 66 Holloway, Nancy M. Nursing the critically ill adult. 1979.
WB 880 K 75 Krieger, Dolores The therapeutic touch; how to use your hands to help or to heal. 1979.
WF 26 M 388 Martz, Kathren V. Management for the patient-ventilator system; a team approach. 1979.
WX 147 W 75 Wright, Nadene E. Central supply procedure manual. 3d ed. 1979.

Nursing Auxiliaries
WX 193 H 67 Hospital Research and Educational Trust Being a nursing aide. 2d ed. 1978.

Obstetrics and Maternity
WS 420 K 41 Kraus, Marshall Care of the high-risk neonate. 2d ed. 1979.

Pediatrics
WX 159 C 54 Chinn, Peggy L. Child health maintenance; a guide to clinical assessment. 2d ed. 1979.

Public Health
WT 29.1 W 45 Weiler, Philip G. Adult day care; community work with the elderly. 1978.

Psychiatric Nursing
WM 27 DC 2 B 7 B.C. Ministry of Health Mental health planning survey; report. 1979.
WM 401 H 64 Hoff, Lee Ann People in crisis; understanding and helping. 1978.

Research

Social Sciences
BF 637 C 6 L 572 Lippitt, Ronald The consulting process in action; skill development kit. 1978.
HV 41 C 33 O'Connell, Brian Effective leadership in voluntary organizations; how to make the greatest use of citizen service and influence. 1976.
HM 136 R 58 Rogers, Carl Carl Rogers on personal power. 1977.
BF 575 G 7 S 45 Schiff, Harriet Sarnoff The bereaved parent. 1977.

Job ads end here

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Calendar

November 23 – "Skills and Competencies of Interprofessional Teams", a one-day program on effective multi-disciplinary collaboration; Victoria. Fee: $15. Contact: University of Victoria, Extension Division, P.O. Box 1700, Victoria, B.C. V8W 2Y2; telephone 477-6911, local 4802.

November 23-24 – "Women in Health Services Management", a two-day program presented as part of a management development program for women; Burnaby. Fee: $90. Contact: Continuing Studies, Simon Fraser University, Burnaby, B.C. V5A 1S6; telephone 291-4304.

November 28 – Report on Canadian Hospital Infection Control Association symposium, presented as part of an organizing meeting for a multi-disciplinary B.C. infection control interest group; Vancouver. No fee. The meeting is at 2 p.m. in the Providence Room of St. Paul's Hospital, 1081 Burrard St., Vancouver, B.C. V6Z 1Y6. Contact: Infection Control Nurse Ann Beauroy, St. Paul's Hospital; telephone 682-2344 and page.

November 29 – "Child-to-Child Program", a lecture by Dr. David Morley of the University of London (England) Department of Child Health, part of the Sidney Israels Memorial Seminar Series; Vancouver. No fee. The lecture is at 8 p.m. in the Woodward Instructional Resources Centre at UBC.

November 29 – "Nurse Power in Health Care", a day-long program for registered nurses; New Westminster. Fee: $20. Contact: Continuing Education Admissions, Douglas College, P.O. Box 2503, New Westminster, B.C. V3L 5B2; telephone 522-2616 for course information and 588-6404 for registration information.

November 29-30 – RNABC Labour Relations Council meeting, for which a limited number of observers' spaces are available; Vancouver. Contact: Chief Executive Officer Nora Paton, 7th Floor – 1200 Burrard St., Vancouver, B.C. V6Z 2C7. (Reservations must be in writing).

November 30-December 1 – "Promoting and Improving the Early Mother-Child Relationship", co-sponsored by the RNABC Victoria Chapter and the University of Victoria; Victoria. Fee: $30. Contact: Division of University Extension, P.O. Box 1700, Victoria, B.C. V8W 2Y2; telephone 477-6911, local 4802.

December 7-9 – "Recent Developments in Nurse Healing Practices", an overview of developments in holistic healing; Vancouver. Fee: $90. Contact: Cold Mountain Institute, 1295 Johnston St., Granville Island, Vancouver, B.C. V6H 3R9; telephone 684-5355.

December 11 – "Camosun College's Unfolding Plan for Nursing Education", a talk by Joy Vernon, director of the college's health and human services division, sponsored by the RNABC Victoria Chapter; Victoria. No fee. The talk is at 7:30 p.m. in the Inservice Room at Gorge Road Hospital.

December 12 – "The Assertive Health Care Worker", a multi-disciplinary program; New Westminster. Fee: $20. Contact: Continuing Education Admissions, Douglas College, P.O. Box 2503, New Westminster, B.C. V3L 5B2; telephone 522-2616 for course information and 588-6404 for registration information.

January 3 – "Lens Transplant", an evening program sponsored by the RNABC North Shore Chapter; North Vancouver. No fee. The program is at 7:30 p.m. in the auditorium of Lion's Gate Hospital, 230 E. 13th St., North Vancouver.

January 17 – "Hospital Orientation for Children: The Why's and How's", an evening presentation of the Association for the Care of Children in Hospitals; Vancouver. No fee. The presentation is at 7:30 p.m. at the Health Centre for Children, Vancouver General Hospital.


Psychiatric course

"Basic Mental Health Nursing", a full-time, 10-week program, will begin January 14 at the B.C. Institute of Technology.

The course is intended to help graduate nurses meet RNABC registration requirements and registered nurses meet university entrance requirements.

Information is available from: Health Continuing Education, BCIT, 3700 Willingdon Ave., Burnaby, B.C. V5G 3H2; telephone 434-5734, local 376.

Meet the RNABC board in Victoria

Vancouver Island registered nurses are invited to meet the RNABC Board of Directors at its next meeting, November 22-23 in the Albert Room of the Empress Hotel in Victoria.

Association members can observe two-day long business sessions, each beginning at 9 a.m. An open forum is scheduled November 22 at 7:30 p.m.