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HEALTH

beat

Special Education
Issue Inside

August 2006
Volume 9, Issue 7

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APEGGA Announces

The First Annual National Mentoring Conference

MENTORING THE MENTOR

- Enhance your coaching skills
- Learn about Mentoring Best Practices
- Share ideas and experiences with mentoring colleagues
- Learn how to develop your own mentoring programs
- Acquire tips on enhancing your existing mentoring program



- Hear Rob Macdonald, P.Eng., CHRP of Western Leadership Centre on the subject of Effective Coaching Skills
- Be motivated by the Mentor of the Year, 2005!
- Be inspired by the Mentor of the Year, 2006!

Intended Audience

- Current and potential mentors
- Coordinators of mentoring programs
- Professional Development and Human Resources managers
- Mentoring pairs

Enjoy all that Edmonton and Alberta has to offer. You can spend the weekend prior to the conference visiting sites such as Banff, Jasper, or the world famous West Edmonton Mall.

For more information, visit www.apegga.org or contact Arlene Lack, Mentoring Coordinator at 780-426-3990, ext. 2820 or toll free at 1-800-661-7020.

To register, visit www.apegga.org or contact Flo Primeau, PD Coordinator at fprimeau@apegga.org.

Date: Monday, November 6, 2006
Tuesday, November 7, 2006

Place: The Westin Hotel
10135 100th Street
Edmonton, Alberta

Cost: \$195.00/day or \$350.00 full registration
Early Bird Discount

\$249.00/day or \$425.00 full registration
after October 16th



The Association of Professional Engineers,
Geologists and Geophysicists of Alberta

Education

August 2006
Volume 9, Issue 7

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Published by:

McCrone Publications
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Edmonton, AB T5T 5L4
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Our Mission

To provide healthcare professionals with job opportunities, continuing education, new products, resources, and editorials to help them succeed in their careers.

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HEALTHbeat is published in print and online (with a link direct to your web page) and distributed at no cost to healthcare professionals throughout Canada in hospitals, community health centres, extended care facilities, clinics and health science faculties at colleges and universities.

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Publications Mail Agreement No. 40029443
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"Building the Future" is the first national nursing study that is both endorsed and led by nursing stakeholder groups in Canada. The purpose of the study is to develop an integrated strategy for nursing human resources. It is the first time in Canada's nursing history that all three groups comprising the nursing profession (Registered Nurses [RNs], Licensed Practical Nurses [LPNs], and Registered Psychiatric Nurses [RPNS]) have been looked at together in any organized way. Taken together, these three groups represent one-third of all health professionals in Canada's health care systems. The final phase of the study is now complete and the final report is being prepared. While I have written about this project in previous columns in this space I have yet to focus on the study findings of the education of any particular group. As well, if my recollection serves me correctly, I have never written a column about LPNs.

People who provided care to patients in their homes and in hospitals have always been part of the nursing scene. They were given a variety of titles e.g. nursing aides, nursing assistants, ward aids, attendants etc., but the title practical nurse was not widely used in Canada. Indeed the evolution of the title reflects the emergence of this group of worker as a profession that is distinct within the nursing profession as a whole.

One of the components of Building the Future is to trace the trends and issues in the education of nurses. The need to staff hospitals was behind the development of hospital schools of nursing for the education of registered nurses. Licensed Practical Nurse education evolved from the shortage of registered nurses in the late 1930's, subsequently made worse by the Second World War. This led to the recognition that these workers, recruited to alleviate the shortage, needed education beyond on-the-job training. The earliest educational programs were less than a year in length, required completion of elementary school for entry, and in most provinces were run by government. While during the 1950s training was transferred to the vocational education sectors, the next 30 years saw the relocation of these programs to the general education sector. With this evolution, entry credentials were raised and programs lengthened. The authority to approve programs and register graduates was gradually removed from the regulatory bodies for registered nurses and transferred to practical nursing associations or their equivalents.

Editorial: by Jennifer (Jay) Sherwood, BScN, MEd.

LPNs in Canada

Education and Future Role in Health Care

There have been two major influences that underpinned the changes in education and practice of LPNs. One was the National Nursing Competencies Project and the other was (and continues to be) the steady progression of baccalaureate education as the requirement for registered nurses to enter practice. As well, Licensed Practical Nurse associations both provincial and national have expressed concern about, and have addressed the interprovincial diversity of practice and education across Canada.

In the early 1990s, the Canadian Nurses Association (CNA) spearheaded the National Nursing Competencies Project. The purpose of the project was to map the shared and unique competencies expected of registered nurses, licensed practical nurses and registered psychiatric nurses when they begin practicing their respective professions. The competencies were identified at two points in time i.e. 1996 and 2001. It was expected that these identified competencies would form the foundation for new national registration/licensing examinations for registered nurses and licensed practical nurses. It was also to provide information for educational programs, job descriptions, orientation to practice settings and to address select regulatory issues. The outcome of the mapping of the LPN competencies was not quite as expected. A new set of skills was identified for LPNs that were previously only within the purview of registered nurses scope of practice. Changes in both basic and continuing education for LPNs had to be made to assure that practicing LPNs who had not had these educational experiences in their basic program could gain competency in these new skills, and those entering practice had this skill set included in the basic program.

The second major influence on the scope of practice and education of LPNs is the change in the educational requirements to enter the practice of nursing as a registered nurse. It is expected that by the end of this decade most new registered nurses will have graduated from their basic nursing program with a baccalaureate degree in nursing. This leaves a "space" in the education system that was formerly filled by nursing diploma programs. LPN programs can take this opportunity to adjust their educational requirements to include diploma program requirements and expand the scope of practice for LPNs. The example provided in the Building the Future report to illustrate this point is the Ontario experience.

The Ontario College of Nurses (the regulatory body for both registered nurses and practical nurses), tackling the problem of implementing the entry to practice position for registered nurses turned to the findings of the nursing competencies assessment project. Two of the findings that surfaced during the consultations to determine LPN competencies (Note: in Ontario called Registered Practical Nurses, [RPNS]) were: LPNs encounter many barriers in using their full scope of knowledge and skills in practice; and, there were wide inconsistencies in the expectations of LPNs across practice settings. As a result, it was recommended that an expanded set of competencies be established for beginning LPNs and that educational programs be expanded to assure that these competencies are achieved when the LPN enters practice. To this end, it was recommended that LPNs be educated in community colleges, that the program be two academic years in length and that a diploma in practical nursing be awarded upon completion. While it remains unclear whether degree prepared registered nurses will replace the diploma prepared RN as they leave practice, or whether the replacement will be by the LPN, it is evident that these factors will greatly influence LPN practice and education.

According to the Canadian Practical Nurses Association in its Position Paper called The Untapped Resource (2003), "LPNs have an important contribution to make in the delivery of appropriate and effective nursing services in Canada." (p.1). The Association calls for the elimination of barriers in practice and education that prevents the LPN from practicing to the full extent of their scope of practice. Rationalizing the differing educational requirements and the use of the LPN in practice settings in Canada, point to the likelihood that the next decade will be a significant one for this group of professional nurses.

References

Pringle Dorothy PhD, MS, BScN, Linda Green EdD, MEd, BA, and Stacey Johnson, BScN. *Nursing Education in Canada: Historical Review and Current Capacity*. Ottawa: The Nursing Sector Study Corporation, (2004).

Canadian Practical Nurses Association. *Position Paper: The Untapped Resource: Implementing Full Scope of Practice for Licensed Practical Nurses*. Mississauga, Ontario (Author) 2003



From the Editor's Desk

Did You Know...?

Compiled by Jennifer (Jay) Sherwood, BScN, MEd.

Once again I am writing this column to share with you some of the many snippets of information that come our way here at HEALTHbeat. This column highlights a small sample of the information that has arrived during the last month. All of this comes from press releases, lists and other such things that are available. Apart from editing, I am passing it along to you as it comes to me. Be advised, HEALTHbeat does not endorse or otherwise support any of the products, new ideas etc.

Did you know that...

ALLSCHWIL, SWITZERLAND – 4 July 2006 – A study published in Circulation showed that patients with Eisenmenger's Syndrome, a

severe form of pulmonary arterial hypertension (PAH) developed as a complication of a congenital heart defect, responded positively to treatment with bosentan (Tracleer®).

Eisenmenger's Syndrome is the most advanced form of PAH related to congenital heart disease, exercise capacity is particularly poor even in comparison to other forms of Congenital Heart Disease (CHD) and is associated with organ damage and a higher likelihood of premature death.

For further information please contact: Actelion Ltd, Gewerbstrasse 16, CH-4123 Allschwil

BASEL, Switzerland, July 11 /CNW/ - Roche announced today that the European

See Did you know page 7

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NEW!
2006

for further information please contact: Nursing & Health Care Leadership/Management Distance Education Program
McMaster University, School of Nursing Phone: (905) 525-9140 ext. 22409 Fax: (905) 570-0667
Email: mgtprog@mcmaster.ca Website application/info: www.fhs.mcmaster.ca/nursing/distance.htm
Separate application and admission requirements are necessary for admission to the B.Sc.N Program

Mentoring the Mentor

In November of this year, the Association of Professional Engineers, Geologists, and Geophysicists of Alberta (APEGGA) will host its first annual mentoring conference. (See advertisement front cover.) To obtain more information about this conference and APEGGA, I talked to Nancy Toth, MA, CHRP, and Arlene Lack, BScN. Toth is APEGGA's Manager of Human Resources and Professional Development and Lack is the Coordinator of the Mentoring Program that is part of the professional development department.

APEGGA is the regulatory body governing the practice of professional engineers, geologists and geophysicists in Alberta. Its membership numbers around 45,000 and it is the largest professional regulatory body in Alberta. The almost three year old Mentoring Program is one of APEGGA's strategies for facilitating member development in the soft skills areas.

There are many kinds of mentoring ranging from informal to the formalized type that is offered by the APEGGA program. According to both Toth and Lack, who are familiar with the literature, studies show that mentoring program success is positively correlated with the degree of program formalization. APEGGA's program is based on planned pairing of a "mentor" and a "protege" by the Mentoring Coordinator. There are two other components to the formalized nature of the program: matched pairs begin their interaction by mutually deciding on an agreement about the type and frequency of their contacts. Secondly, the members of the pair agree on written goals, objectives and an action plan for their mentoring relationship. Due to the prolonged success of this program and its primary focus on soft skills (versus the technical focus of many other

programs), a decision was made to hold an annual conference. The conference will be open to sister associations as well as other professions.

The conference will be held over a two day period on November 6 & 7, 2006, and has as its intended audience: mentors, mentoring coordinators, human resource and professional development managers and mentoring pairs. The purpose of the conference is to learn about Mentoring best practices, enhance your coaching skills, share ideas and experiences with colleagues, and acquire tips on developing or enhancing your own program.

Rob Macdonald, P.Eng., C.H.R.P., will be the major speaker on the subject of coaching. APEGGA's Mentor of the Year from the last two years will also participate in this conference.

When I was talking to both Toth and Lack about APEGGA's success with its mentoring program and their decision to share this success through the vehicle of an annual conference, I couldn't help feeling their enthusiasm about the professional benefits of mentoring and their commitment to a planned mentoring process. As a health professional and former educator, I was familiar with mentoring but learned a great deal in our short conversation. Just think what can be learned in a two day conference!

For more information about APEGGA's mentoring program and this first annual conference on mentoring please visit the APEGGA website www.apegga.com/Members/Mentoring/toc.html.

As well, for more information about the conference contact Arlene Lack, alack@apegga.org.



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<p>FREDERICTON Wednesday, September 20th 10:30 AM - 3:30 PM</p> <p>DELTA FREDERICTON 225 Woodstock Road</p>
<p>TORONTO Sat., September 23rd, 10 AM - 4 PM Sun., September 24th, 10 AM - 2:30 PM</p> <p>HILTON TORONTO HOTEL 145 Richmond Street West</p>

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Conference: October 5-7, 2006 Childhood and Adolescent Obesity

Confronting a growing problem

UBC Interprofessional Continuing Education, in cooperation with BC Children's Hospital, is excited to present Childhood and Adolescent Obesity 2006: 1st Conference on Recent Advances in the Prevention and Treatment of Childhood and Adolescent Obesity and its Complications for Health Professionals to be held on October 5-7, 2006, in beautiful Vancouver, BC at the stunning Coast Plaza Hotel & Suites at Stanley Park. Interdisciplinary group of professionals, who work in the field of childhood and adolescent obesity or are confronted with this growing problem, will foster discussion on practical issues on the prevention and treatment of childhood and adolescent obesity, by

reviewing evidence-based recommendations and facilitating their dissemination and implementation by professionals and families in their communities. The topics of nutrition, physical activity, and lifestyle will be prominent throughout the conference. The conference will feature several workshops and plenary sessions by distinguished presenters:

- **"Addressing Overweight in Children: The Clinic and Beyond"** by Dr. Evelyn P. Whitlock, MD, MPH; Co-Director, Oregon Evidence-based Practice Center; Director, Research-Healthcare, Integration Department, Kaiser Permanente, Center for Health Research, Portland, OR

- **"Dietary Strategies to Enhance Satiety: Implications for Weight Management"** by Dr. Barbara Rolls, Ph.D.; Professor and Guthrie Chari in Nutrition, Department of Nutritional Sciences, The Pennsylvania State University, Penn State, PA

- **"Can Canada's Food Guide Help Promote Health Weights in Children?"** by Dr. Susan I. Barr, Ph.D., RD, Professor of Nutrition, University of British Columbia, Vancouver, BC

- **"Effect of Built Environment on Childhood Physical Activity"** by Dr. Lawrence Frank; Associate Professor, Department of Community and Regional Planning, University of British Columbia; Bombardier Chair holder in Sustainable Urban Transportation Systems, Vancouver, BC

- **"Physical Activity in Canadian Children – View from the Canadian Paediatric Society"** by Dr. Trent Smith, MD; Head Department of Paediatrics, Royal Inland Hospital; Clinical Assistant Professor, Department of Paediatrics, University of British Columbia, Kamloops, BC

- **"Parental Determinants of Childhood Obesity"** by Dr. Myles Faith, Ph.D.; Assistant Professor, University of Pennsylvania, School of Medicine, Philadelphia, PA

- **"Working Relationships: What Level of Investment is optimal for our Clients?"** by Dr. Josi Geller; Associate Professor, University of British Columbia, Department of Psychiatry; Director of Research, Eating Disorders Program, St. Paul's Hospital, Vancouver, BC

A large portion of this conference will be devoted to workshops where strategies will be discussed by experts, as well as the opportunity for participants to address their questions. Furthermore, this conference will aim to recognize the obstacles preventing the implementation of appropriate measures in the field of nutrition, physical activity, and lifestyle.

Pre-registration prior to September 7th, 2006 is strongly recommended to ensure you receive all conference materials. Please note that the early bird registration rate deadline, September 15th, 2006 is fast approaching. If you are interested in presenting a poster for this conference, please submit your proposal to ipconf@interchange.ubc.ca.

To register or view the detailed program brochure on Childhood and Adolescent Obesity 2006, please visit www.interprofessional.ubc.ca, or call: 604-822-0054 (toll free: 1-877-328-7744) or email: ipconf@interchange.ubc.ca.

Childhood and Adolescent Obesity 2006
1st Conference on Recent Advances in the Prevention and Treatment of Childhood and Adolescent Obesity



October 5-7, 2006
The Coast Plaza Hotel & Suites at Stanley Park
Vancouver, BC, Canada

For further information, please contact:



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Loma Linda University is a private, church affiliated health sciences educational institution located in Southern California. It is part of the Seventh-day Adventist world-wide system of higher education, which includes the school of Allied Health Professionals, Dentistry, Public Health, Medicine, and Nursing. Beginning in the fall of 1989 with 14 students, Loma Linda University initiated its unique Canadian campus program by combining the intimacy of a small school academic setting with the excellence of a world class reputation in health care. Located in central Alberta, on the campus of Canadian University College, the program is an innovative venture that combines the teaching expertise of the Loma Linda University, California parent campus faculty, the Canadian campus faculty, and adjunct instructors and guest lecturers from the local professional community. Today, approximately 50-55 students are enrolled in the program. Psychology majors as well as college graduates from other disciplines are eligible for this rewarding career. Students come from diverse backgrounds, including

education, nursing, social work, law, business, and counseling.

The master of Science degree in Marital and Family Therapy is designed to give the student a broad academic background for understanding individuals, couples, or families. As a clinically based program with a "systems perspective," courses are taught on campus, utilizing two methods of instruction. Approximately half of the courses are taught on an "intensive" basis where the classes run all day for three or four days (depending on unit values). The remainder of the courses meet once a week for the full quarter.

The Marital and Family Therapy program, part of Loma Linda University's Graduate School, is one of the best in North America. The Western Association of Schools and Colleges of the United States, the highest accrediting body, accredits LLU for Universities and Colleges in the Western U.S. The Canadian off-campus program meets the course requirements for membership in the American Association of Marriage & Family Therapy (AAMFT). Graduates with undergraduate psychology degrees are successful in obtaining Provisional Chartering status as a Psychologist in Alberta. Those from other academic backgrounds may elect to take chartering courses to augment their competencies. In Alberta, the program is recognized and authorized by Alberta Advanced Education as a graduate degree granting program.

Education and Auctions

The changing landscape of the health care field

Vancouver Island, BC

Malaspina University-College is proud to announce the delivery of the online Continuing Care program commencing September, 2006.

As a result of the changing landscape of the health care field, Malaspina University-College recognized the need for a comprehensive health administration program designed to meet the needs of health care

professionals fulfilling administrative functions. Malaspina University-College enlisted the services of a professional researcher with a background in health care to complete a labour market assessment.

CARDIAC SCIENCES: The Pulse at BCIT

by Yvette Kharoubeh and Cindy Mazerolle

The Cardiac Sciences program at the British Columbia Institute of Technology (BCIT) offers a unique and progressive pathway to growth. Whether you are currently a health professional, an assistant/student technologist or a college/university graduate looking to explore an exciting technical career, Cardiac Sciences offers a number of programs that appeal. These programs include certificates and diplomas in Cardiology and Cardiovascular Technology with new and exciting courses on the horizon. Learn how to perform ECGs, ambulatory monitoring, exercise tolerance testing or advance to a specialty area to work in the Cardiac Catheterization Lab.

For many years the program was offered in a day school format servicing mainly local students. Today, BCIT offers these programs through a distance and online learning model allowing for flexibility and self-directed study servicing

students across Canada and the United States. The program has also proposed to implement innovative ideas that would enrich this model and better prepare students for their clinical practicum experience. Many of the courses are now moving in the direction of an online format which will allow students to interact in a group format and share ideas.

Cardiology Technologists are in high demand across the country and international opportunities abound. Explore an exciting new career in this technology and work as a technologist in a hospital or a clinic, as an instructor in an educational setting or as a Clinical Specialist in the medical equipment industry.

BCIT Cardiac Sciences will be showcasing our programs at the Canadian Cardiovascular Congress in Vancouver at the Pan Pacific Convention Center from October 21-25th. We hope to see you there!

For more information about our programs please visit bcit.ca.

Representatives from stakeholder groups included students, instructors, administrators and a dynamic cross section of health care professionals.

Through this research and a consultative process, Malaspina University-College designed a program for a credential in health services administration in continuing care. This innovative program provides students with a unique blend of theoretical and practical applications where students have access to studies in: health care systems and policy; human resource development; organizational leadership, technical administration skills, ethics of delivering continuing care; quality assurance and risk management; gerontology; accounting; management of support services; client care services; and nutrition. "There is such a demand for this program across Canada and the delivery of an online credential is very timely", stated June Rushton, Instructor/Curriculum Developer.

The online format provides ease of access for all students, fostering flexible learning opportunities for part-time and full-time learners. It offers a supportive educational environment for adult students and working professionals. "This is an ideal program for the working professional", notes Program Manager Cheryl O'Connell. "The program

will meet the needs of practitioners/students in remote communities who require training, but can't leave their jobs and don't have access to skills upgrading."

The program will be of interest to individuals pursuing or currently employed in the health care industry in; Long term care, Residential Care, Assisted Living Care, Extended Care, Complex Care, Palliative Care or Hospice Care.

For individuals questioning the suitability of this program, consider the following questions: Are you an experienced R.N. in a supervisory position? Do you have additional knowledge for your leadership role? Are you aware of the new legislation required and accountability rules for health care? Do you know what changes would benefit your organization? Are your staff aware of best practices? Do you know how to pass this information on to your staff? Do you love a challenge? Do you enjoy working with people? Do you strive to succeed?

For more information on the Online Continuing Care Administration Program please see advertisement on page four or contact Glenys Wood at (250) 740-6169 or email at woodg@mala.bc.ca.



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| Private bathrooms | Commercial kitchen |
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| Phone and cable TV hookups in each bedroom | Laundry room |
| Wheel chair accessible | Approx 11,000 +/- -sf on two floors |
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Cardiac Sciences Programs

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For further information:

Cardiology: bcit.ca/study/programs/530adiplt
 Cardiovascular: bcit.ca/study/programs/530bdipilt



September Observances

This is the September calendar of annual health observances and recognition dates for healthcare. Health observances are days, weeks, or months devoted to promoting particular health concerns. This information will come in handy for community relations programs as well as employee appreciation events. Health professionals, teachers, hospital staff and community groups can use these special times to sponsor health promotion events, stimulate awareness of health risks or focus on disease prevention.

September Observances 2006	Dates
Adult Immunization Week, National (wk. of the 4th Sun.)	24-30
Alcohol & Drug Addiction Recovery Month, National	1-30
Baby Safety Awareness Month	1-30
Childhood Injury Prevention Week (1st to 7th every yr.)	1-7
Children's Eye Health & Safety Month	1-31
Cholesterol Education Month, National	1-30
Family Health & Fitness Days USA (last Sat of month)	30
Food Safety Education Month, National	1-30
Gynecologic Cancer Awareness Month	1-30
Healthy Aging Month	1-30
Home & Sports Eye Safety Month	1-30
Leukemia & Lymphoma Awareness Month	1-30
Menopause Awareness Month, National	1-30
Osteopathic Medicine Month, National	1-30
Ovarian Cancer Awareness Month	1-30
Pediculosis Prevention / Head Lice Prevention Month, National	1-30
Prostate Cancer Awareness Month	1-30
Rehabilitation Week, National (3rd week)	17-23
Reye's Syndrome Awareness Month	1-30
Sickle Cell Month, National	1-30
Sports & Home Eye Safety Month	1-30
Suicide Prevention Week, National (full week that includes the 10th)	10-16

Preparing Teens for High School Stress

David Rainham M.D., C.C.F.P.
Family Physician, Author, Speaker

High school years should be a great experience, but many demands and rapid changes can make them one of the most stressful times of life. Students today face increasing amounts of schoolwork, a rapidly changing curriculum, assignment deadlines and exams; they worry

about selecting careers and post secondary programs, and they must balance schoolwork with sports, hobbies and social life. They have conflicts with parents, friends, siblings; have to cope with unpredictable moods, concerns about appearance, fitting in with a peer group – and also handle love relationships and sexuality. Money is always a worry, as is dealing with issues of alcohol and drugs – and now there's a new fear of violence in and around schools. As if that wasn't enough, they have to deal with all this while undergoing rapid physical and emotional changes – and without the benefit of life experience.

But on the positive side, these challenges are perfect for developing what many experts believe is more important than IQ in predicting future success in work, personal and financial life: the 'Emotional Quotient' or 'EQ'. The EQ includes: awareness of one's emotions, strengths and limits, developing self esteem, taking responsibility, having empathy for others, self-control, and setting high standards while being persistent in the face of obstacles. Here are some other skills that will help students thrive at high school – and beyond:

- Anxiety levels depend largely on our thoughts about a situation, so be accurate – how bad is it on a scale of 1-10? Is it terrible – or just inconvenient? Learn from mistakes or bad situations and realize they won't last forever. Don't forget to use laughter to reduce tension and put things in perspective. Volunteer work doesn't just look good on a resume – it reduces stress and makes you feel better about yourself.
- Communication skills – assertiveness, listening, resolving conflicts and dealing with difficult people – helps teens make friends and deal effectively with teachers (and parents!) Find support from friends, family and teachers – how have others handled similar situations?
- Prolonged stress can lead to depression and even thoughts of suicide, so if you feel totally overloaded, or life seems hopeless, seriously consider professional counseling, it's not a sign of weakness.

Parents often feel stressed and frustrated too, but they must realize that the brains of teens are physically different from adults, they don't see things in the same way, and they react differently. Parents can help enormously by setting a good example, being patient, spending time with teens and really listening to them, accepting and loving them unconditionally, setting limits according to maturity – but allowing them to struggle through making their own informed decisions so that they can learn from mistakes and truly celebrate their successes. They can also help teens recognize their emotions, develop coping strategies, and build on their talents so that they can make the most of high school and be ready to take on the new challenges of adult life.

Dr. David Rainham is a Family Physician and author of *Stressed Out! Taking Control of Student Stress*. For more info, visit StressWinner.com

Hard exercise relaxes and makes people feel stronger and more confident, but too much caffeine, alcohol and other drugs will do the opposite.

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The Olive Tree – More Than Just Oil

by Tyrone R. Piteau, B.H.K., C.H.E.K Exercise Coach

When it comes to the Olive Tree, what do you usually think of? Olive oil, right? That's exactly what I think of as well, but there's another component to the olive tree that a lot of us have been missing and that's the extract from the olive leaves. Researchers have found that the active compounds in olive leaf extract (oleuropein and its hydrolysis products elenolic acid and oleuropein aglycone) are powerful antimicrobials. Have you ever had an upper respiratory tract infection (URI) that just didn't seem to go away or if it did go away it seemed to come back again and again? If you haven't, please give me your secret; however if you have or know of someone that has, then olive leaf extract may be a treatment.

Olive leaf extract comes from the olive tree (*Olea europaea*). It has been shown to have strong antibacterial, antiviral, antifungal, and antiparasitic properties. Today with our prolific use of antibiotics and the increasing number of antibiotic-resistant bacteria, there is a need developing for alternatives. The olive leaf may be one of these.

The following is a list of a few of the benefits that researchers have found can be provided by olive leaf extract. However, it is important to consult with a physician

before taking any supplement including olive leaf extract, if it is to be taken to treat any disease mentioned in the list or if you are taking any medication.

- generalized degeneration of pathological microorganisms of all types (e.g. viruses, retroviruses, bacteria, spirochetes, rickettsiae, chlamydiae, fungi, yeasts, molds, protozoa, helminths, and other parasites) is enhanced
- the relief of arthritic inflammations, especially osteoarthritis and rheumatoid arthritis

- the reduction of insulin dosages for better control over the risks of symptomatic diabetes
- the elimination of chronic fatigue and the symptoms associated with its syndrome as well as relieves fibromyalgia
- the creation or restoration of abundant energy with prolonged stamina.
- the normalization of heart beat irregularities (arrhythmias). Lower elevated blood pressure for hypertensives
- the improvement of blood flow in cardiovascular and/or peripheral vascular disorders. Protect against the oxidation of low density lipoprotein
- the lessening of pain from hemorrhoids
- the attenuation of toothaches
- the antioxidant quenching of free radical pathology
- the obliteration of fungal infections such as mycotic nails, athlete's foot, and jock itch
- the permanent relief of malaria (from a protozoa), dengue fever (from a virus), and other exotic and deadly tropical diseases which produce fever as a primary symptom
- the prevention and effective treatment of all types of viral diseases, including the Epstein-Barr virus, cytomegalovirus, the herpes viruses, human herpes virus-6, the retroviruses, the influenza viruses, viruses of the common cold, and the human immunodeficiency virus (HIV)
- the reversal of almost all symptomatology connected with *Candida albicans* and other organisms causing yeast syndrome
- the death and excretion of a variety of parasites, including microscopic protozoa and macroscopic helminth worms.

So as you can see there are a myriad of conditions it

Did you know from page 2

Commission has approved MabThera (rituximab) as maintenance therapy for patients with relapsed or refractory follicular Non-Hodgkin's Lymphoma (NHL), the most common form of indolent NHL. MabThera maintenance therapy reduces the risk of death by almost half (48%) for patients with this form of NHL, compared to standard disease management.

For further information please contact: Roche Group Media Office, Phone: +41-61-688-8888, E-mail: basel.mediaoffice@roche.com

TOPIGEN Pharmaceuticals Inc., an emerging

biopharmaceutical company specializing in developing treatments for respiratory diseases, today announced preliminary data from its first Phase II clinical trial of inhaled TPI-ASM8 as a single agent in patients with allergic asthma. The results indicate that inhaled TPI-ASM8 demonstrated protection in early and late stage allergic responses in patients with asthma.

For further information please contact: TOPIGEN Pharmaceuticals, Inc. Paul K. Wotton, Ph.D., Phone: 514-868-0404 E-mail: paul.wotton@topigen.com

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may help. In the case of cardiovascular disorders, oleuropein, another component present in olive leaf extract, has been shown to pull down elevated blood pressure by causing constricted arteries to become more flexible and relax and straightening out irregular heartbeats as in arrhythmias causing atrial fibrillation. Additionally, a study conducted at the University of Milan in the Institute of Pharmacological Sciences indicates that oleuropein interferes with biochemical events that are implicated in hardening of the arteries (atherogenic disease) 3. This study showed how oleuropein (olive leaf extracts' active compound) protects against low density lipoprotein oxidation which has been shown as a risk factor in CVD. Sold? If so, how much do you take?

In regards to dosage, Dr. James R. Privitera, a Southern California physician and author on olive leaf extract and its benefits, recommends the routine dosage is one tablet (500mg of olive leaf extract) every six hours, or four throughout the day. Take the supplement between meals for best results. In the case of bad colds or flu, he recommends take two tablets every six hours and for acute infections, take three to four every six hours for rapid relief. He states that if you encounter a "die-off" effect, cut back on the number of tablets or discontinue them temporarily. He suggests one or two tablets per day for healthy people who want increased energy or the preventative benefits.

So the next time you think of the olive tree, remember the leaves as "the leaves of the tree were for the healing of the nations" Rev. 22:2.

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Recognized for its outstanding medical services and health education program, the University Health Centre (UHC) at the University of Alberta is committed to providing quality health care to students, their immediate families and university staff. Maintaining a high quality of patient care requires the commitment of an outstanding team. The Centre is currently seeking a highly motivated and enthusiastic team leader to manage the Nursing Team as it pursues the Centre's mission of providing innovative and effective prevention, education and medical services in partnership with the University community.

Reporting to the Director of the University Health Centre, the Nursing Team Leader manages the day-to-day operations of the Nursing Team, which includes four nurses and three medical clerks.

Responsibilities include:

- providing ongoing coaching and training to Nursing Team members including professional development opportunities, annual work appraisals and best practices instruction
- applying effective management and conflict resolution strategies to create positive outcomes for staff and patients
- developing a Nursing Team budget in conformance with the Centre's overall long-range plan
- acting as a nursing liaison to the University community and representing the interests of the UHC on campus committees as required
- providing standard nursing medical care
- providing medical support services to the physicians and the UHC including tracking and ordering medical inventories

Preferred candidates will hold a baccalaureate of Nursing degree with a minimum of three years management experience in a clinical setting or related field. A diploma of Nursing with relevant experience will also be considered. Applicants must hold current nursing registration in Alberta or be eligible to register as a Nurse in Alberta.

This position is a 40 hours/week full-time continuing position with an annual salary range of \$65,811 - \$85,404 (supplemented by a comprehensive benefit package).

We thank all applicants for their interest, however, only those selected for interviews will be contacted. To apply, please send your letter of application, résumé and the names of three references to:

Sheryl Simpson, Administrative Assistant
University Health Centre, University of Alberta
2-200 Students' Union Building, Edmonton, AB, Canada T6G 2J7
Fax: (780) 492-0172; E-mail: uhc@ualberta.ca

Visit the University Health Centre website at www.ualberta.ca/healthcentre
or the University website at www.careers.ualberta.ca

All qualified candidates are encouraged to apply; however, Canadians and permanent residents will be given priority. The University of Alberta hires on the basis of merit. We are committed to the principle of equity in employment. We welcome diversity and encourage applications from all qualified women and men, including persons with disabilities, members of visible minorities, and Aboriginal persons.

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