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# HEALTH *beat*

Dec 2004/ Jan 2005  
Volume 8, Issue 1

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

## Primary Health Care: A Model for Health System Reform

The beginning of a new year is a time to reflect about the past and think about the future. Since this issue of HEALTHbeat will cover both December and January I thought that it would be interesting to look at a concept that is part of the past and equally important to the future of health care reform in Canada. That concept is Primary Health Care.

The idea of Primary Health Care (PHC) is not new. We first heard about it following the World Health Organization Alma Ata meeting in 1978. The concept was originally developed to address the health problems in developing countries but proponents of the idea recognized that it may be equally applicable in prosperous countries like Canada. Since then, the concept has captured the interest of policy makers, health care providers and communities around the world.

It seems as if we have been in the process of reforming the health system in Canada for decades. Recent efforts at reform have resulted in a renewed interest in a PHC model to guide the development and implementation of reform initiatives. The literature on PHC is replete with definitions but all have common key concepts, elements and terminology. The most common elements found in definitions of PHC are that it involves:

- the first level of contact with the health care system through multidisciplinary teams;
- covering the full range of health services (i.e. disease prevention, cure, rehabilitation and palliation, and health promotion);
- community participation in a system the community can afford;
- using appropriate technology and evidence based decision making; and
- bringing health care as close as possible to where people live and work.

There continues to be confusion between the terms "primary care" and "primary health care". Primary care (i.e. the first contact with the system for the purposes of diagnosis, treatment and follow-up, routine screening etc.) is a concept that is subsumed within primary health care. Primary health care as

an approach is much broader because it encompasses the determinants of health such as the influences of culture, education, income and health and well-being of people and communities.

Reforming the health system using a primary health care approach will require a shift in the way Canadians and health professionals think about and deliver health services. According to a paper developed and approved by the Alberta Association of Registered Nurses in 2004 these shifts in thinking should occur in the following five areas.

### 1. Accessibility of health services

To achieve universal accessibility to health services for individuals, families and communities there needs to be a shift from the physician as a single point of access to health care to multiple points of access. This can be accomplished by facilitating direct access to other health professionals based on need. As well, integrating service delivery by interdisciplinary teams who address the health needs of their communities will reduce fragmentation and duplication of services.

### 2. Use of appropriate technology

There needs to be a shift from using new technologies without appropriate health technology assessment to using technology based on evidence of effectiveness. It is also necessary to reconsider alternative and low tech. therapies that have been proven to be a benefit to health.

### 3. Individual and community participation

A shift in thinking among health professionals and policy makers that the public is incapable of making complex decisions about health care is another requirement. Meaningful and informed public participation in decision making about personal and community health and health system issues requires that health providers and policy makers relinquish the control of health information.

### 4. Increased health promotion and disease prevention

There is a need for an increased health focus on care in addition to illness and its treatment. While high quality tertiary care and long term care will always

be available for those who need it, they would not be the major focus of the system as is currently the case.

### 5. Intersectoral cooperation

There needs to be a shift from health care services being solely responsible for health to better integration with other sectors that have a major impact of people's health. Formal and informal partnerships among various community agencies and resources (e.g. education, justice, social services etc.) will support this shift.

While there are reform initiatives in primary health care, (the most notable being the federal government's Primary Health Care Transition fund), the health system in Canada seems to be mired in what are considered by some to be obsolete practices and structural barriers to change. Delegates to the 2004 National Primary Health Care Conference concluded that lately primary health care has been taking a back seat to other pressing issues such as wait times, pharmacare and other funding priorities. Roy Romanow placed primary health care firmly at the centre of reform in his report on the future of the Canadian health system but noted that the pace of change has been frustratingly slow. Authors of the synthesis of the National Conference proceedings, Steven Lewis and Jeannette Edwards, emphasize that primary health care is sound in theory and effective in practice. They say that while the "status quo" is plagued with problems of quality and access there is "...no stampede towards new primary health care models." The struggle to implement primary health care may prove just as important and difficult as the fight for medicare in 1962.

For our readers who would like to read the full synthesis report on the National Conference please go to [www.phconference.ca](http://www.phconference.ca). Plenty of information about primary health care is also available on the Health Canada website [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca). The paper by the Alberta Association of Registered Nurses can be found on their own website [www.nurses.ab.ca](http://www.nurses.ab.ca).



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Photo by Tessa MacIntosh

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## SELF REGULATION THERAPY®: An Interview with Dr. Lynne Zetzl

by Naomi Lepage

The Canadian Foundation for Trauma Research & Education (CFTRE) was founded by Dr. Lynne Zetzl and Dr. Edward Josephs to further the understanding of the fields of neurobiology and psychophysiology, through education and research, as they pertain to the treatment of traumatic conditions. They have married the newest neuroscience literature and applied it to clinical practice for psychotherapists and body workers. Dr. Zetzl and Dr. Josephs are committed to conduct research and to train professionals in effectively treating people who suffer from symptoms of trauma and other forms of dysregulation in the autonomic nervous system.

Dr. Lynne Zetzl is a licensed clinical psychologist with a private practice in Vancouver, British Columbia. She specializes in the treatment of PTSD in adults and children from a psychophysiological perspective. Her doctoral dissertation researched the experience of trauma in emergency service personnel and the efficacy of a psychophysiological treatment for posttraumatic stress disorder. She has been integrating psychodynamic psychotherapy and somatic approaches such as Bodydynamics, Craniosacral Therapy, Somatic Experiencing in her practice for 12 years. Dr. Zetzl is currently researching the efficacy of SRT as a treatment for chronic pain and insomnia in individuals suffering from PTSD. Dr. Josephs and Dr. Zetzl have taught throughout North America, Europe, Northern Ireland and Russia.

A Harvard graduate, Dr. Edward Josephs practiced as a clinical psychologist and neuropsychologist for 10 years, until January 2001. He specialized in the evaluation and treatment of brain related injuries, trauma, pain management and exposure to environmental neurotoxins in adolescents and adults. His interest in traumatic stress was piqued while working with brain-injured clients after motor vehicle incidents. He noted the similarity between brain injury symptoms and PTSD and obtained remarkable improvement in brain-injured clients while working from a psychophysiological perspective. Dr. Josephs' doctoral dissertation studied the efficacy of an innovative approach to chronic pain. He has been trained in many of the current trauma treatment modalities including EMDR, Somatic Experiencing, and Cognitive-Behavioural techniques. Dr. Josephs now devotes his full attention to developing seminars, teaching and doing research for the CFTRE.

### Naomi Lepage: What is Self Regulation Therapy?

**Dr. Lynne Zetzl:** Self Regulation Therapy (SRT) is a non-cathartic mind/body approach aimed at diminishing excess activation in the nervous system. It has its basis in neurobiology and reflects our innate capacity to flexibly respond to novelty or threat. Significant overwhelming events at anytime in one's life can result in changes in the nervous system that negatively impact the way a person feels and relates to others. SRT enables the nervous system to integrate overwhelming events and brings balance to the nervous system. SRT works by providing a safe, contained environment in which the individual can complete the thwarted responses of fight, flight or freeze. By resourcing the client, new neural pathways are developed to flexibly manage daily challenges and stressors. Once the nervous system is balanced, individuals are able to experience joy, closeness in relationships, and vitality and resilience in the body.

### Naomi Lepage: What symptoms are helped with SRT?

**Dr. Lynne Zetzl:** Dysregulation is the inability to modulate emotional and behavioral responses, as a result of developmental derailments or shock trauma, which manifests in many disorders including post-traumatic stress disorder, anxiety and mood disorders, phobias, and personality disorders. Physical symptoms of dysregulation include insomnia, asthma, allergies, migraines, tinnitus (ringing in the ears), hyperacusis (sensitivity to sound), photophobia (sensitivity to light), chronic pain, fibromyalgia, chronic fatigue, autoimmune diseases, gastrointestinal difficulties, headaches, pain in neck and back, temporomandibular joint dysfunction, alcohol and drug abuse.

### Naomi Lepage: What can you expect with SRT?

**Dr. Lynne Zetzl:** Because SRT is a non-cathartic approach, you can expect to feel a sense of control and a general sense of well being at the end of a session. You may experience a discharge of excess energy in the nervous system through heat, tingling or trembling. Occasionally, you may experience an increase in pain, but it is typically short-lived. As SRT helps to bring balance to the nervous system, you can expect to feel more alive, and more able to manage the unavoidable stress in daily life.

### Naomi Lepage: Are there any adverse effects of SRT?

**Dr. Lynne Zetzl:** Because SRT works with sensations in the body, you may notice that there is an increase in your sensory experiences, both

positive and negative. Although the overall effect is a decrease in activation (i.e., anxiety, tension, pain), people will sometimes experience an increase in activation for a short time as their nervous system learns to balance energy.

### Naomi Lepage: How many sessions will it take?

**Dr. Lynne Zetzl:** It is likely that you will begin to feel better after a few sessions. It is important to talk with your therapist about your goals, both short and long-term, so that your progress can be assessed and an endpoint be established. Typically, both improvement of symptoms and completion of

treatment are attained in significantly less time than conventional therapies.

### Naomi Lepage: What is the Neuroscience of SRT?

**Dr. Lynne Zetzl:** When an animal is confronted with a novel or life-threatening situation in the wild, it responds naturally by fighting, fleeing or freezing. If the animal survives, it discharges excess energy from its nervous system through shaking, trembling and twitching. This discharge leaves the animal ready to fully respond to any subsequent threat.

See *Self Regulation Therapy*® page 7

## HEALTHbeat Stress Relief

Dr. David Rainham, M.D.  
Author, Speaker, Stress Management Consultant

### Eating habits and sleep hold keys to health

Our health and ability to control stress are influenced by genes, environment, income and by early life events. But we can still make choices of thought, attitude and action.

Let's take a quick look at diet and sleep – two essentials in managing stress and becoming healthy.

Start by checking off which of the following choices apply and add up your score out of 15:

#### EATING

- I take my time to enjoy food.
- I eat according to the Canada Food Guide 80 to 90 per cent of the time.
- I eat regularly – most for breakfast, less for lunch and least in the evening.
- I keep fat content of my food to about 20 to 30 per cent.
- I eat lots of fruit and vegetables – not overcooked.
- I get adequate fibre, calcium, minerals and vitamins.
- I eat mostly complex carbohydrates rather than refined ones such as white sugar.
- I drink fewer than three cups of coffee or other caffeinated drinks per day.
- I drink less than 12 alcoholic drinks per week on average.
- I am within 15 per cent of my ideal weight.

#### SLEEP

- I get at least seven hours of sleep most nights.
- I wake up feeling refreshed.
- I rarely feel tired during the day.
- I can nap easily and effectively if I need to.
- I do not snore badly or stop breathing during sleep.

Few of the available 700 diet books are based on good evidence. By following the Canada Food Guide and reading the labels on packaged foods to avoid high calorie and trans-fat foods, we'll feel better and suffer less stress from illness as we get older.

#### For ultimate health we need:

- To balance basic food groups, and get adequate vitamins and minerals. The best

mix: protein 20 percent, carbohydrate 55 percent and fat 25 percent.

- ("Balance" doesn't mean a Big Mac in each hand!)
- To eat frequent, small, regular meals – eat slowly and chew well.
- To take mostly complex carbohydrates such as pasta and whole grain breads rather than simple ones like sugar.
- To have a large breakfast, a slightly smaller lunch and a much smaller supper (the opposite of what most people do).
- To eat nothing after 6 to 7 p.m.
- To limit caffeine (three drinks a day) and alcohol (12 to 14 drinks a week).

A long life is more likely to result from eating less than we want and being slightly under-weight – except that most of us don't want to live a very long time feeling half-starved.

We all tend to eat more junk food when under stress, but the trick is to recognize the behaviour and find other ways of dealing with painful feelings.

Overwork, anxiety and shift work make good sleep hard to come by for many in North America, putting health at risk from disease, accidents and depression. The number to aim for is seven hours (but being too anxious about it makes it less likely to happen!).

A good sleep results from:

- Physical conditions – comfortable bed, right temperature, no eating or alcohol before bed.
- Mental conditions – the ability to take charge of anxiety, to let worries go and relax body and mind.

If you have persistent trouble getting to sleep, are waking early or are constantly tired, then obtain a medical consultation to rule out depression and other sleep disorders.

These simple ideas are much easier to follow if we combine all the other 12 keys for stress reduction and ultimate health.

To order your copy of the 12 Keys to Ultimate Health Quiz, call 1-800-771-5776 or visit [www.optimumhealth.ca](http://www.optimumhealth.ca).

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This seminar will explore the current trends in pain research and treatment modalities with an emphasis on the psychophysiological basis of pain syndromes. Current treatment modalities do not sufficiently address and correct the dysregulation in the autonomic nervous system which is a significant factor in perpetuating pain syndromes. A new integrative treatment modality, Self Regulation Therapy®, that effectively addresses both the physical and psychological aspects of pain syndromes, will be introduced.

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# Electroacupuncture: An Integrative Clinical Perspective

by Steven KH Aung, MD, FAAFP\*

Acupuncture may be characterized as the fine art of needling others. When this is performed in a clinically scientific manner by physicians and other qualified health care providers, it is appropriate to use the term medical acupuncture. In general, in Western medical settings, acupuncture is considered a complementary therapeutic modality, which is utilized by practitioners to enhance their medical practice. There is a wide variety of indications for acupuncture, encompassing both painful and non-painful conditions. Acupuncture is effective on a daily basis in the clinic—it has passed the “test of time”—as evidenced by the many satisfied patients of competent practitioners. The most accepted scientific explanation for its positive effect is that the acupuncture needling stimulus causes the brain to release powerful analgesic neurotransmitters such as endorphins and serotonin. In traditional Chinese medicine, acupuncture is thought to harmonize the flow of Qi (vital energy) on the pathways of Qi (meridians or collaterals) at certain points (acupoints).

In my own medical clinic in Edmonton, Alberta, I utilize acupuncture for most of the conditions recognized by the World Health

Organization as well as several other conditions, including cancer pain, chronic fatigue syndrome, fibromyalgia, immunodeficiency and various psychological illnesses. In my opinion—based on over 30 years of intensive clinical experience—acupuncture is an effective and safe approach to symptom control. I consider my practice a complementary or integrative model, since I have been comprehensively trained in both traditional Chinese medicine and biomedicine (I am a licensed family medicine practitioner with special training in geriatric medicine). Moreover, virtually all my patients are referred by medical colleagues as well as other health care providers. Many of these patients are elderly and most are suffering the pain and discomfort of various difficult medical conditions, such as osteoarthritis and cancer.

In general, according to my own clinical practice, the indications for electroacupuncture are the same as for classical acupuncture. The relevant acupuncture points to be stimulated are selected after a biomedical and traditional Chinese medicine dual diagnosis has been performed. I may also use various “electrical” techniques in diagnosis, notably, the Accu-O-Matic. This device allows the practitioner to



measure the electrical resistance of special energetic acupoints (known as Jing Well points) in relation to the surrounding tissue. It is also a treatment device for stimulating points of relatively high resistance with negative electrical energy and points of relatively low resistance with a positive input.

See Aung page 5



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Aung from page 4

It is especially useful in pediatric and other cases where needling may be inadvisable.

I use basic electroacupuncture in approximately 80% of my clinical treatments, since most of my patients are suffering from chronic medical conditions. This therapy involves the application of electrical pulses of varying frequency and intensity from an electrical device through wires to the inserted needles. It produces a stronger stimulation than the mere insertion of needles. Moreover, it allows the electrical stimulation to be adjusted according to what is required for specific conditions. In terms of traditional Chinese medicine, this is beneficial not only for controlling pain but also for harmonizing the Qi of patients. It may be applied by various devices, including the four-channel outlet ITO IC-4107 model, which is commonly used in clinical practice. Generally, a low frequency and intensity pulse is indicated for normal pain control (stimulation of endorphin release), whereas a higher frequency and intensity pulse is indicated for disorders involving psycho-emotional factors, major internal organs and the central nervous system (stimulation of serotonin release).

The overall treatment goals are the same as for classical acupuncture, namely, to relieve pain, other symptoms and to harmonize the Qi of patients. Patients generally feel good during their electroacupuncture treatment session, finding their 15-60 minute experience of being "hooked up" to the device to be relaxing. Initially, the treatment procedure is the same as for classical acupuncture. The relevant acupoints are selected and the needles are inserted with the appropriate tonifying or sedating manipulation. Once the "De Qi" sensation has been obtained on each needling site, the wires of the electroacupuncture device are clipped to the needles and the appropriate frequency and intensity of current is applied. Clipping to the needle should be gentle and as close to the surface of the skin as possible in order to avoid any pulling of the needle, which may be painful to patients, and to prevent the needle from falling out of position. The wires should be of different colours so as to avoid confusion regarding the acupoints to which they are connected. When applying electroacupuncture to acupoints on the face, it is convenient to use the ear as a hook or handle to hold the wire to prevent it from pulling the

needle out of position. After treating a patient, the device should be shut off and reset in order to clear it of any traces of previous electrical charge. The wires should then be hung on the wall to keep them straight and untangled and ready for the next patient.

I generally treat severe medical cases twice a week for the first week, then once a week until the patient reports a satisfactory response. I then schedule a treatment once every two weeks, then once a month, until the patient no longer requires therapy. Unresponsive, difficult cases are referred back into the biomedical system for further assessment and investigation. Some patients may decide to purchase a portable, patient-use electro-acupuncture device for self-care purposes on the expert advice of their medical acupuncture practitioner. It is the responsibility of the physician or therapist to train patients how to use these devices in the proper manner.

I have selected a brief example to illustrate my basic approach to electroacupuncture. A 40-year-old man experiencing a condition known as rotator cuff syndrome, or frozen shoulder. He had this painful, dysfunctional condition in his right shoulder, which was a sports injury incurred by playing golf. He was referred to me by his own family physician, since he was not responding positively to the anti-inflammatory cortisone injections and physical therapy he had been receiving. In terms of traditional Chinese medicine, this patient was manifesting blockage of Qi at the intermediate level along the Yang meridians such as the Large Intestine (LI), Small Intestine (SI) and Triple Energizer (TE) meridians on the right side of the body. A number of acupoints were indicated for treating this condition, including LI4 (general pain control in the upper half of the body), LI11 (anti-inflammatory), LI15 (local pain control), SI6 (soft tissue healing), SI19 (neck and upper back pain), TE5 (arm and shoulder pain), TE14 (shoulder pain) and TE21 (neck and shoulder pain). Moreover, GB34 (the Influential point of muscles/tendons, located on the Gallbladder meridian) and BL11 (the Influential point for bones/joints, located on the Urinary Bladder meridian) were prescribed.

The wires were connected and a pulse of low frequency (2 Hz) and intensity (continuous) was applied for 20 minutes. The wires were connected as follows along the right side of the body: LI4 + LI11, SI6 + SI19, TE5 + TE21 and LI15 + TE14. GB34 was connected to BL11 bilaterally. After the first couple of treatments the patient reported improvement. Subsequent treatments over the course of several months returned the patient back to normal, and he was able to move his shoulder without pain or dysfunction.

In conclusion, electroacupuncture is one of the most valuable ancillary therapies within the

discipline of medical acupuncture and in integrative primary care. Like classical acupuncture, it helps control pain and harmonize the total health of the patient. It is also a relaxing, energizing experience for most patients. The basic electroacupuncture I practice is an efficient, cost effective approach. It must be noted that this therapy is contraindicated in certain cases, including young children, patients with cardiac pacemakers and in life-threatening medical emergencies. It should be used with caution on pregnant women. Other approaches to electroacupuncture include EAV (electroacupuncture according to Voll) as well as Codetron and Ryodoraku, all of which have proven to be valuable electrotherapies for enhancing the well being and quality of life of patients and enhancing the skills of practitioners.

\* Dr Steven Aung is a geriatric and family physician and a traditional Chinese medicine practitioner and teacher. At the University of Alberta, Dr Aung is an associate clinical professor in Faculty of Medicine and Dentistry and an adjunct professor in the Faculty of Extension. He is a World Health Organization



advisor on TCM. Dr Aung was awarded a Professional Excellency from the Académie Diplomatique de la Paix in 1986, the Alberta Order of Excellence in 2002 and the Queen Elizabeth II Golden Jubilee Medal in 2003. His primary interest is the integration of TCM and Western biomedicine within the context of a more natural and compassionate approach to health and primary health care.




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# WHAT IS THE VALUE OF A SMILE:

## The work of the clown-doctors of Fools for Health

The clown-doctors of Fools for Health work with patients, their families and the healthcare team to promote wellness through the use of music, improvisation play and humour. Fools for Health began work in July 2001 with 4 clown-doctors working on the adult In-patient Rehabilitation Unit at the Western Campus of Windsor Regional Hospital. Since then, clown-doctors and familial clown-doctors have worked on

Adult Oncology & Palliative Care (Windsor Regional Hospital Metropolitan Campus), Complex Continuing Care and Day Surgery (WRH Western and Metropolitan Campus), Pediatrics and Pediatric Oncology (Hotel-Dieu Grace Hospital), Leamington District Memorial Hospital, Richmond Terrace Nursing Home ~ Amherstburg, Sunrise Assisted Living, Central Park Lodge and a Jr. clown-doctor program at The Hospice of

Windsor. In August 2003, it became an official registered charity with Canada Customs and Revenue Agency.

On average clown-doctors visit over 2,600 patients each year and work as integral members of the healthcare team on each unit. They all have their own unique personalities and performance strengths. Some are exceptional singers and dancers, while others are captivating storytellers. Clown-doctors wear 'red' noses, white lab coats and use minimal make-up. They always work in pairs and carry few props, making extensive use of improvisation, drawing upon anyone and anything in close proximity.


Fools for Health boasts strong ties with the University of Windsor and major sponsors which include Human Resources Development Canada, Green Shield of Canada, R. Howard Webster Foundation, Greater Windsor Community Foundation and Transition to Betterness.

Currently Fools for Health relies heavily on donations from corporations, businesses

and individuals in Windsor-Essex County who are interested in spreading laughter and smiles as part of the healing process.

For further information or to make a donation please call the Fools for Health office at (519) 254-5577 Ext. 76520, email [clowndr@wrh.on.ca](mailto:clowndr@wrh.on.ca).

Meet the clown-doctors on our exciting website [www.foolsforhealth.ca](http://www.foolsforhealth.ca)



### The Weeneebayko General Hospital

located in Moose Factory, Ontario, on the southern tip of James Bay is a general treatment acute care facility and we have vacancies for a Manager, Medical Laboratory; RPNs; Medical Laboratory Technologist and Hospital Pharmacist on a **full time basis**. The RPN must be registered with the College of Nurses of Ontario, and the Pharmacist, and Lab Tech and Lab Manager must also be licensed to practice in Ontario. We have a Relocation Package, Comprehensive Group Benefits, Hospitals' of Ontario Pension Plan, eligibility for Northern Tax Benefits, Vacation Leave Assistance and subsidized housing.

For a copy of the work description and salary information, please contact:  
**Human Resources Department, Weeneebayko General Hospital,**  
P.O. Box 34, Moose Factory, ON P0L 1W0  
Ph: 705-658-4544 ext. 2327 Fx: 705-658-4917 Email: [dmiller@wha.on.ca](mailto:dmiller@wha.on.ca)



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### HAWAII NEEDS

**Telemetry Nurses** and experienced critical care, L&D, BMT, LTC, home care, psychiatric, O.R., Emerg, neonatal & ped ICU nurses,. Families welcome. Full-time positions with benefits. Call Linda Beechinor **1-808-779-3001** or e-mail [lbeechinor@hpu.edu](mailto:lbeechinor@hpu.edu) or Fax (808) 395-7428.

- **USA** - Needs Nurses  
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- **Middle East**  
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## Join Our Healthcare Team

We offer to you:

- A great group of colleagues
- A great environment in which staff can enrich themselves, technically, professionally & personally
- Educational opportunities
- Excellent Relocation Allowance in accordance with current policies
- Excellent Salary & Benefits according to the appropriate Collective Agreement, including Northern Allowance Premiums.

**Speech-Language Pathologist - FT**

The Speech-Language Pathologist is a member of a professional health discipline whose training and knowledge qualify him/her to make decisions and accept responsibility for all aspects of Speech-Language service. The Speech-Language Pathologist provides effective and efficient service primarily to the pre-school and adult population referred to Burntwood Regional Therapy Services within available resources. Speech-Language services will be provided in hospitals, PCH's, health centers, daycares, Nursery Schools and the community as required.

**Clinical Resource Nurse (Nurse III) - FT**

Under the general supervision of the PROGRAM MANAGER, and while demonstrating a commitment to the Vision, Mission, Values and Management Philosophy of the Burntwood Regional Health Authority (BRHA), the CLINICAL RESOURCE NURSE is responsible for maintaining and improving the quality of nursing care on the medical/surgical/pediatric Unit, on an assigned shift, by: providing expert nursing care to patients; teaching nursing staff through demonstration and instruction; performing charge nurse functions; advancing nursing practice and performing other related duties as assigned.

**Public Health Nurse - FT**

Reporting to the Program Manager, Public Health, the Public Health Nurse is responsible for the overall leadership of the initiatives, activities, and programs within the respective Public Health Programs and Community Health Centre. The Public Health Nurse for the Outlying Community may have direct supervisory responsibility for Health Centre staff, including Community Health Workers, On Call Workers, and Home Care staff. The practice aims to improve the health of all people and minimize health differences among populations by addressing the determinants of health to influence equitable health outcomes.

For more detailed information on any employment opportunities with the BRHA, please visit our website at [www.brha.mb.ca](http://www.brha.mb.ca)  
Contact us for more information or forward your application to: Cristina Vieira, RPR, Regional Recruiter, Burntwood Regional Health Authority 867 Thompson Drive South, Thompson, MB R8N 1Z4 Phone: (204) 778-1455 Fax: (204) 778-1424 Email: [Recruiter@brha.mb.ca](mailto:Recruiter@brha.mb.ca)  
We thank you for your interest however: only those individuals receiving serious consideration will be contacted.

**"Northern Health in Northern Hands"**

### The Clown Doctor Chronicles - a tale of love and laughter

The *Clown Doctor Chronicles* is co-authored by Bernie Warren and Caroline Simonds. Bernie Warren Ph.D. is a Professor of Dramatic Arts at the University of Windsor and Director of Fools for Health clown-doctor program in Windsor Ontario. Caroline Simonds is one of the world's leading professional clown-doctors and the Founder / Artistic Director of Le Rire Medecin, a clown-doctor program in Paris France.

This is the first book in English to provide a close-up view of the emotional and rewarding experiences of clown-doctors working with hospitalized children. It describes the development of a new program in a pediatric hospital and all the challenges that confront clown-doctors.

The stories presented here are based upon real case studies annotated with occasional commentaries to put these experiences into perspective. This book tells of the immense compassion and the amazing resilience of individuals in the most stressful and debilitating of circumstances. It is a small window looking onto what it is to be human with all our strengths and frailties, and of how complete strangers can become bonded to one another through laughter and pain.

The French version of this book *Le Rire Medecin: journal du docteur Girafe* (Albin Michel, Paris) was short listed for the 2002 Prix Litteraire du Medec (Literary Prize on Medical Issues).

The *Clown Doctor Chronicles* is written to 'speak' to people of all ages: men and women; professionals; trades people and homemakers for laughter and illness know no boundaries.

This book is available at the University of Windsor bookstore, [www.amazon.com](http://www.amazon.com) and directly from the publisher [www.rodopi.nl](http://www.rodopi.nl) ~ ISBN: 90-420-1079-7.

For more information about Fools for Health clown-doctor program, please visit [www.foolsforhealth.ca](http://www.foolsforhealth.ca) or contact Bernie Warren at (519) 253-3000, Ext. 2815.

## Allied Healthcare Professionals Can Travel The US While Making Money

Travel Nursing within the United States has long been a draw for many Canadian Nurses. Options however, have been limited for other healthcare professionals – until now.

Recent demand for Allied Healthcare professionals within the United States has increased. One company that has positioned itself to capitalize on this opportunity is San Diego, California-based staffing company, Access Nurses.

Already known for their efficient and friendly service to the Canadian Nursing community, Access Nurses has expanded the scope of their operation to include Allied Healthcare professionals. The program that allows Canadian Allied Healthcare professionals including Physical Therapists, Occupational Therapists and Speech Pathologists the ability to travel to a variety of markets within the United States in the same way that nurses have been traveling for years.

“We are committed to providing the highest level of service to our employees”, said Parker Kaback, Access Nurses’ New Business Development Manager. “We have laid the necessary groundwork to ensure an enjoyable and profitable experience

for Allied Healthcare professionals looking to travel to the United States.”

The company covers the employee’s Visa screens as well as additional expenses involved in working in the United States. Allied Healthcare professionals are provided all the same benefits that traveling nurses have become accustomed to including relocation expenses, a fully furnished apartment, and full medical benefits including life insurance – all of which make the stay in the United States comfortable and productive.

Access Nurses strives to provide their employees with the very best service and opportunities possible. With friendly recruiters and a team of Customer Excellence professionals standing by to answer any question, employees have 24-hour support and can rest assured that someone will always be there to take the call, listen and help.

In addition to travel positions, Access Nurses also offers permanent placement and 13-week travel assignments for both Nurses and Allied Healthcare professionals all across the

nation in several of the country’s top cities and areas.

Additionally, the company offers a unique program dubbed “Earning Power” that allows a nurse to travel to major markets and work with a variety of facilities. This program offers the flexibility of a short-term assignment coupled with the ability to earn excellent wages. This program will soon be

available to Allied Healthcare professionals as well.

With the variety of employment options provided, Access Nurses has established itself as a full-service employment agency. Employees are given every opportunity to further their career.



### Self Regulation Therapy® from page 3

Animals may move through this sequence several times in a day without experiencing any negative effects or exhibiting symptoms of trauma.

Apart from our well-developed neo-cortex or “thinking brain”, our innate responses to threat are identical to animals in the wild. However, we are not always able to respond in the natural way that our nervous system was designed. You may remember feeling cold and trembly after a minor accident or close call. You may have been encouraged to stifle your feelings, told to pull yourself together, or felt embarrassed about your response. After all it was just a minor accident. Nevertheless, your “animal brain” responded as if it was a life-threatening situation, and a great deal of energy was mounted in your

nervous system to protect yourself. It is likely that you were unable to fight or flee and instead you froze. Following this minor accident, you may have had trouble sleeping, were nervous particularly in situations that were similar to the accident, had intrusive thoughts about your vulnerability, startled easily, had pain and felt generally anxious or depressed. These are signs of dysregulation in the nervous system.

For more information contact the Canadian Foundation for Trauma Research & Education, Inc. 1488 West Hastings Street, Vancouver, BC V6G 3J6, Phone: 604-693-0090, Toll Free: 1-866-3TRAUMA, (1-866-387-2862), Fax: 604-694-0086, Web Site: [www.cftre.com](http://www.cftre.com), Email: [info@cftre.com](mailto:info@cftre.com)



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The Yukon has various opportunities for nurses throughout the territory:

**Registered Nurses** for ER, OR, ICU, Surgical, Pediatrics, Maternity, Medical and Psych speciality in an urban hospital setting

**General Duty Nurses** to provide emergency, acute care, respite beds for rural hospital setting

**Community Nurse Practitioners** to provide primary care and community health programs in rural Yukon

**Flight Nurses** to provide emergency medevac services, in-flight nursing care

**Community Health Nurses** to provide public health, baby clinics, STD counselling, prenatal/postnatal care

**Detox Unit Nurses** to provide nursing care and supervision to clients in alcohol/drug withdrawal, assisting them in their recovery process

**Continuing Care** requires registered nurses and licensed practical nurses to work in one of three long term care facilities providing adult and child respite, dementia care, residential and adult day programs

**Salaries range from \$56,089 to \$76,379 dependent upon position/location**

**Retention bonus \$3000 to \$6000 per year based on position**

Urban hospital includes bonus in salary

For more information, contact:  
Tracey Devellano,  
recruitment advisor,  
phone: 867-667-8389  
fax: 867-667-8338  
e-mail: [tracey.devellano@gov.yk.ca](mailto:tracey.devellano@gov.yk.ca)  
website: [www.hss.gov.yk.ca/recruit/](http://www.hss.gov.yk.ca/recruit/)



## Medflight Air Ambulance is accepting resumes for Flight Nurses for its base in Yellowknife

Qualifications: **BCLS, BTLs, ACLS, PALS**

- Minimum two years EOR/ICU experience
- Must have or be able to obtain **NWTRNA** registration
- Previous flight/northern experience an asset

Please send resumes to:

Pat O'Connor  
344 Old Airport Rd.  
Yellowknife, NT X1A 3T4  
Phone (867) 873-9099 Fax (867) 873-2093  
email: [medfligh@internorth.com](mailto:medfligh@internorth.com)

# Consider Us

## Healthcare in Northern BC

**"Amazing! I can't believe your housing prices are so low!"** An applicant was surprised and delighted to discover that the price of a pleasant two or three bedroom house in a good neighborhood is about half what you would pay in a major urban center.

These surprisingly low prices can be found in most communities in the Northern Health region. The best part is that a notably improved economy means current homeowners can expect to profit as houses increase in value over the next few years.

Northern Health is vast and diverse both geographically and culturally. It covers 660,000 sq. km. (two-thirds of the province of BC), and within these borders you will find rolling prairies, mountain ranges and the islands of the Pacific Coast. It extends from the Alberta border to the Queen Charlotte Islands and the Yukon border in the north to near Williams Lake in the south. It includes Prince George (pop 80,000), a university town with a growing arts community and great access to outdoor activities such as boating, fishing, hiking, skiing, and snowmobiling. The University of Northern BC has a well-established Bachelor of Nursing program and recently celebrated the opening of the Northern Medical Program being run in collaboration with UBC.

The opportunities are as varied as the communities across the region. Whether you are a radiology or lab technologist looking for a friendly little town where the neighbors will keep a watchful eye out for your kids

as well as their own, or a seasoned pharmacist seeking a leadership role in a larger facility, the opportunities are here.

Even in Prince George, the largest city in the region, you will be home having dinner or cross-country skiing while your counterparts in larger cities are still fighting traffic.

An Internet search showed 180 three-bedroom houses for sale in Northern BC, priced between \$100,000 and \$150,000. This compared to only 49 in the lower mainland in that price range. Given the huge number of houses in the lower mainland, this is a significant indicator of the affordability of housing in this region of BC.

Rose Huang is a relief nurse who joined Northern Health's locum pool and spent the month of August 2004 in the small community of Chetwynd, (pop 3,000). After 13 years in a large city hospital she loved having the opportunity to utilize her considerable skills in a small community where people know and care for each other. **"In a small community hospital a patient is remembered as a person, a person with a name. You remember the family. You know them as someone's father or mother."**

So there you have it

- Great job opportunities
- Better housing for your money
- Fabulous hiking, fishing, boating and skiing
- A sense of belonging in a welcoming community

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## CONSIDER THE OPPORTUNITIES IN NORTHERN BC

### Consider the Lifestyle:

Northern Health offers exciting opportunities to further your career as a healthcare professional. Whether you prefer the relaxation of country lifestyle or the excitement of city life, Northern Health's communities offers something for everyone. Come and enjoy a rewarding experience and professional work environment in the heart of Beautiful British Columbia!

### Consider the Opportunities:

We have a wide range of challenging and exciting positions:

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