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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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Across Canada, home care has become an integral part of health care systems. According to the Canadian Home Care Association (CHCA) home care is defined as, "an array of services for people of all ages, provided in the home and community setting, that encompasses health promotion and teaching, curative intervention, end-of-life care, rehabilitation, support and maintenance, social adaptation and integration and support for the informal (family) caregiver." (2008, p.viii). Over the last ten years, with what seems to be unending restructuring and reformation of health care systems, home care has found its place as a key component of primary health care and chronic disease management. Governments have recognized the importance of home care and Canadian consumers have identified the need for increases in home based health services. (p.vii) Home care evolved from the first publicly funded program in 1970 (in Ontario) to the present. By 1988, all provinces and territories supported publicly funded programs designed to provide services for both acute, short term care and chronic or long term needs. Restructuring, added services demanded by the public, organizational changes to health delivery systems and shifts in thinking from providing care in acute care settings to the community throughout the 90s have provided opportunities for improved planning, coordination and delivery of services. From around 2002 to 2007 there have been notable increases in the activities of the home care sector with such expansion leading to increased recognition of home care. Indeed, in the September 2004 10-year plan to strengthen health care in Canada a core set of services to meet needs in the acute, palliative and mental health home care was identified.

There is no national home care program in Canada as there is no national health care system. Rather, health care is a provincial responsibility under our constitution (with the exceptions of aboriginals, veterans etc. that are under federal jurisdiction) and each province and territory has developed its own legislative framework. In the Canada Health Act, the federal legislation that provides the framework of funding decisions at the provincial and territorial level, home care falls under the rubric of "extended health services" with no imperative to

provide public funding. Consequently, programs vary across the country with some consistent themes and principles that transcend many of the variations.

Accessing home care programs is quite consistent among the provinces and territories. There is a single point of contact with home care where needs are assessed and matched to the appropriate services. In most jurisdictions anyone including the individual can make the referral for assessment.

In general, programs provide services in keeping with the definition provided above, focusing on promoting, maintaining and restoring people's health in their daily lives. The services help people with health care needs across all sectors (acute and long term) to maintain their independence at home and when the need arises, coordinate and manage admission to a health care facility. All programs and services focus on the concepts of "client centeredness" and choice and are driven by the needs of the individual. Services are not designed to replace the efforts of individuals to care for themselves with the support of their families, friends and communities. Rather they are designed to complement and supplement these efforts. The individual in need of the services of home care is considered to be the "captain of the ship". However, there is also a recognition that caregivers need to be seen as clients with needs of their own and as partners with home care providers in assisting the individuals to meet their needs. Typically, providers arrange for support and relief of informal caregivers, provide information about or make referrals to community services, long term care facilities and whatever other services the individual has been assessed to need. Service delivery is usually a mix of both the public and the private sector.

Two major challenges to home care programs in all jurisdictions are the issues related to health human resources and full integration into health

delivery systems through investment information communication technology (ICT).

Health human resources. A major concern in every jurisdiction is the well-documented issue of shortages of both health and social care professionals. There is also a perceived shortage of home care workers, thought in part to be a consequence of nursing shortages that are pervasive in Canada. Shortages increase waiting times for access, place additional burdens on informal caregivers, and have an impact on the quality of care as overburdened providers haven't got time to visit, reassess or follow established treatment protocol.

Most of the people employed in home care through the program itself or through a contract with the private sector are para-professionals who provide the services to support the activities of daily living. It is a female-dominated workforce leading to recruitment and retention issues that would be closer to resolution if the workforce was comprised of both men and women in more equal proportions. An aging population, increased acuity, complexity of clients' conditions and increases in demand for services make the human resource issue one of the biggest challenges facing the system.

Integration through ICT. It is recognized that advances in technology are having and will continue to have an impact on home care human resource issues and how services are delivered. In a paper, "Integration through Information Communication Technology for Home Care in Canada" released by the CHCA in June 2008 nine recommendations addressing integration issues with the use of technology are proposed. The paper, sponsored by Canada Health Infoway points to the need for governments to make a major shift in thinking about funding decisions that would address the disproportional ICT investment in the hospital sector. Since the majority of Canadians receive the majority of

See Editorial page 7

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

Update on Home Care in Canada: The Canadian Home Care Association Updates 2003 Report

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Going Above and Beyond: Three Canadian Health Care organizations receive Environmental Excellence Awards at CleanMed 2008

The Canadian health care sector, representing 10 percent of the economy, is a significant user of energy and contributor to global climate change. We consume electricity at a rate 2.5 times higher than our European counterparts. But energy consumption isn't the only challenge our industry faces. Issues such as reducing and recycling non-hazardous waste, conserving water and finding safer alternatives to hazardous chemicals are looming large.

Changes are being made. A short decade ago no one would have guessed the realm of green possibilities that have opened up to us. Health care facilities and suppliers are working hard to reduce their environmental impact. And they are being rewarded for their efforts.

Each year Practice Greenhealth honours U.S. and Canadian health care facilities, systems and their partners who demonstrate the highest degree of ecological integrity with Environmental Excellence awards. The awards tell important stories about what the health care industry is doing to protect the environment and improve patient health. This is the story of three Canadian award winners - St. Mary's Hospital in Montreal, TSO3 in Quebec City, and University Health Network in Toronto.

The Making Medicine Mercury-Free Award (MMMF) is presented to health facilities that have virtually eliminated mercury. Removing mercury is a crucial step in becoming

environmentally responsible. Exposure to mercury, whether inhaled, ingested or absorbed through skin, may cause damage to lungs, kidneys, the digestive, and nervous or immune systems. Isn't it ironic that this toxic metal, once a staple in the practice of medicine, is so harmful to the environment and human health?

"Eliminating mercury is one of the first things hospitals do on the way to becoming environmentally responsible," said Elizabeth McMahon, Coordinator of Occupation Health and Safety, at St. Mary's Hospital. "In a hospital it is difficult to be 100 percent mercury free. There's always one thing there isn't a replacement for, but the point is, once you've identified where the mercury is and you have proper safety measures in place, you can avoid problems."

St. Mary's mercury-free program began in 2001, in response to an initiative put forward by Quebec's workers compensation board (CSST) requiring all healthcare facilities to reduce mercury.

"There was a change in perception at the time that sort of pushed us in a green direction," said McMahon. "Since then we have had many different initiatives in the hospital that involve recycling and although they are related to the environment, there is not yet one big comprehensive plan. I believe the timing is

See *Environmental Awards* page 5

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Tuesday, September 23rd
10:30^{am} - 3:00^{pm} & 6:00^{pm} - 8:00^{pm}
The Sutton Place Hotel
10235 101 Street NW

SASKATOON

Thursday, September 25th
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Delta Bessborough
601 Spadina Crescent East

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Saturday, September 27th
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 Successful candidates will be contacted.

August and September 2008 Observances

These are the August and September 2008 calendars 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.

Editor's note: The following tables were obtained from www.pohly.com/dates and edited for publication in HEALTHbeat. Any date(s) labeled "National" refer(s) to the USA but are frequently observed in Canada as well.

August Observances 2008	Dates		
Cataract Awareness Month	1-31	Food Safety Education Month, National	1-30
Children's Eye Health & Safety Month	1-31	Gynecologic Cancer Awareness Month	1-30
Eye Injury Prevention Month	1-31	Healthy Aging Month	1-30
Immunization Awareness Month, National	1-31	Home & Sports Eye Safety Month	1-30
Medic Alert Month	1-31	Leukemia & Lymphoma Awareness Month	1-30
Minority Donor Awareness Day, National	1	Menopause Awareness Month, National	1-30
Pain Awareness Month, National	1-31	Osteopathic Medicine Month, National	1-30
Psoriasis Awareness Month	1-31	Ovarian Cancer Awareness Month	1-30
Spinal Muscular Atrophy Awareness Month	1-31	Pediculosis Prevention /	
World Breastfeeding Week (always same dates)	1-7	Head Lice Prevention Month, National	1-30
		Prostate Cancer Awareness Month	1-30
		Rehabilitation Week, National (3rd week)	21-27
		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)	7-13
		Women's Health & Fitness Day, National (last Wednesday)	24
		World Suicide Prevention Day	10

September Observances 2008	Dates		
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)	27		



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right and winning this award will spur our hospital towards an environmental management system that will regroup all our initiatives into one plan. Our mission is providing optimum patient care. Our challenge is running a successful environmental program with the available resources."

McMahon said environmental issues are in the public's mind right now and patients, their families and employees want to act responsibly to the extent they can.

"They want to do the right thing and help reduce some of the problems we're learning about," said McMahon. "My original training is as a nurse, and for me there are many issues related to the environment that end up having a positive impact on the staff. For example, when we use green cleaning products and get rid of traditional disinfections, it's better for the environment and it's better for the health and safety of employees."

St Mary's easily met all the criteria for the MMMF award, incorporating protocols for safe handling of mercury, spill cleanup and disposal procedures, employee education and training and a mercury-free procurement policy. Among their accomplishments, St. Mary's achieved a 100% replacement of mercury containing clinical devices, an effective battery collection and recycling program and 90% replacement of mercury containing switches (boiler switches, relays, thermostats). B5 fixative has been replaced with a modified substitute, Zenker stains have been eliminated and 60% of imaging is now digital.

The biggest success story is in the boiler room where three Cloches de Ledoux, each containing 15 kg. of mercury, have been replaced.

"Our hospital is 80+ years old and it took a lot of coordination on the part of the maintenance department and our contractor to safely remove the mercury," said McMahon. "Although we have to keep one as a backup, we've taken all the appropriate precautions."

Practice Greenhealth www.practicegreenhealth.org has had a profound impact on McMahon. "I read all the posts on their Listserv religiously," she said. "I'm proud of a lot of things we do in the hospital. There are lots of small things we can do and lots of people who want to do them. Practice Greenhealth helps us figure out how."

TSO3 is an industry partner helping to improve environmental performance. The star performer of this publicly traded company is the low temperature, high capacity general-purpose 125L Ozone Sterilizer. The technology behind the product allows customers to

significantly reduce their landfill waste and electric consumption as well as carbon dioxide - or ETO - emissions, depending on the sterilization method, all the while protecting workers' health and reducing operational costs. One ozone sterilization cycle uses oxygen, electricity and mere drops (75 ml) of water. At the end of the cycle the ozone conveniently reverts back to oxygen, and only two tablespoons of water vapour remain as evidence of the process. There are no toxic emissions, no cartridges to send to the landfill and nothing goes down the drain.

"Our ozone sterilizers are safe for the environment and safe for patients and users," said Stephan Duchesne, TSO3 Director of Sales and Marketing. "In every presentation we promote ozone sterilization and what it can bring to the environment, as well as the principles of Practice Greenhealth. We've been members of Practice Greenhealth for two or three years now and see the benefits. Our customers are seeking ways to reduce their environmental footprint while enhancing their quality of care. We are trying to be part of that community."

Last year alone TSO3 introduced the sterilizer, along with the Practice Greenhealth philosophy, to over 400 hospitals, and made more than 50 presentations to various groups and associations in the U.S. and Canada. Their initiatives earned a Practice Greenhealth Champion for Change Award at the Environmental Excellence awards ceremony in Pittsburgh, Pennsylvania in May.

Duchesne says the benefits of ozone sterilization systems go beyond environmental considerations. With the ozone system, hospitals can reduce the costs related to higher water usage typical in steam sterilization and electrical consumption inherent in the ETO (ethylene oxide) sterilization processes.

TSO3 has also taken a good close look at their environmental footprint. Water meters, for example, serve as a good reminder to use natural resources wisely. When sourcing components they stipulate only energy-wise, reduced noise and non-toxic components be considered. As we know, the Canadian climate diminishes the need for air conditioners, but heating systems are essential. At TSO3 headquarters, the recently upgraded roof insulation is expected to improve indoor comfort year round and reduce heating and cooling costs. In the future a new building will bring everyone under one company roof and discussions have already centered on LEED building requirements.

See Environmental Awards page 6



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Education Opportunities and Classifieds

Environmental Awards from page 5

"Even though we are in an old building it's still possible to take steps to leave less of a footprint," said Duchesne. "Doing what we can to be environmentally responsible adds credibility to what we are promoting."

The University Health Network (UHN) has taken green to the pinnacle of excellence. This Toronto healthcare system has achieved the highest Practice Greenhealth honour and has been inducted into the Environmental Leadership Circle.

Central to UHN's environmental programs are biomedical waste, mercury management, energy and water conservation, waste reduction and recycling.

UHN accomplish their goals and objectives through their energy and environment department, a green team of more than 150 volunteers and activities to encourage employee engagement. Carpooling and cycling to work are actively encouraged and newsletters, the intranet, and the

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Environment@Home program offer tips and links for staff to be eco-friendly in all areas of their life. Environmental concerns and initiatives have taken a seat in the boardroom where quarterly updates, reports and scorecards bring senior management and board members up to speed on the Network's initiatives and progress.

Going green isn't usually an overnight success. Everyone faces daunting challenges and the more extensive the programs the bigger the challenges.

"Our biggest challenge is that we are big - 12,000 people," said Edward Rubinstein, Manager of Energy and Environment at UHN. "We are a network of teaching, research and acute care hospitals and because of our size nothing is quick. It takes time for behaviour change, to introduce social marketing theories and to overcome resistance to change. We have the same problems the rest of the world is battling."

But the effort is well worth the while. "We chose to go green for three reasons," said Rubinstein. "There is the savings or financial side, the risk management side and it's the right thing to do. As a result there are fewer chemicals, fewer health and safety issues and much more staff satisfaction. Some of our employees have actually come up and thanked us for our environmental commitment."

UHN has almost completely phased out mercury and has diverted a million pounds of non-hazardous waste from the biomedical waste stream. In 2007 approximately 11,000 pounds of waste drugs were captured. Recycling efforts have saved the Network an estimated \$600,000. Rubinstein believes what

makes UHN's policies and programs work is the environmental management system.

"Our overarching goal is to make a lot of little changes, department by department and sometimes person by person," said Rubinstein. "That way everyone is accountable for day-to-day operations. Winning the Practice Greenhealth award is a celebration of what we are doing. It's nice to get external recognition and validation that we are on the right track." St. Mary's, TSO3 and UHN are three Canadian award winners that are definitely on the right track. They have set the gold standard in green healthcare. It's a standard we can live by today and one that will take us safely into a sustainable future.

For further information check out Practice Greenhealth's website at www.practicegreenhealth.org - it's loaded with tools and resources to support your move towards environmental sustainability.

Sources:

www.noharm.org - Mercury info
www.longwoods.com/view.php?aid=16685&cat=32 Canadian hospitals consume electricity at a rate, on average, 2.5 time higher than our European counterparts.

www.cape.ca Yet the health care sector - 10 percent of the Canadian economy - is a significant user of energy and contributor to global climate change; a significant producer of solid, liquid and gaseous wastes, including such potent pollutants as dioxins (from the incineration of PVC) and mercury; a significant user of plastics, paper, lumber and other resources; and, as an indirect result of these and similar activities, a contributor to loss of habitat and biodiversity and the impairment of ecosystem health.

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Did You Know...?

by Jennifer (Jay) Sherwood, BScN, MEd.

This column highlights a sample of the information that has come in since the last issue of HEALTHbeat. All of this comes from press releases, lists and other such things that are available on the Internet. Apart from editing, I am passing it along to you as it comes to me.

Did you know that...?

CALGARY, AB – Lee Richardson, Member of Parliament for Calgary Centre, on behalf of the Honourable Tony Clement, Minister of Health, and the Honourable Diane Finley, Minister of Citizenship and Immigration, announced a federal contribution of \$536,000 to Alberta Health and Wellness to pilot test an innovative off-shore assessment program for internationally educated nurses immigrating to Canada.

EDMONTON, AB – The Alberta government has signaled that it may be open to downsizing some rural hospitals, following release of a consulting company's reports on seven rural health regions which found a number of efficiency issues.

The Deloitte Inc. efficiency reviews of four of the regional health authorities (RHAs) were dated June or July 2007 while the other three were completed the year before.

EDMONTON, AB – The Alberta government is in the midst of an ambitious action plan for health care to put it on a sustainable footing. This new direction has already seen the boards of the nine RHAs dissolved and a new single board created to oversee health delivery for the province.

EDMONTON, AB – The Canadian Partnership Against Cancer is launching a massive \$100 million research program to track 300,000 Canadians over the next 20-30 years to understand how different combinations of risk factors lead to cancer. The federally-funded Partnership Against Cancer is providing \$42 million of the cost with \$41 million coming from regional agencies, and the remainder from leveraged private sector investments. The Canadian Partnership for Tomorrow Project is built on the Alberta Cancer Board's Tomorrow Project which has enrolled 30,000 people.

VANCOUVER, BC – Vancouver Coastal Health (VCH) has implemented TeleTracking Technologies' patient flow solutions at several of its facilities as part of its campaign to improve patient flow and reduce bottlenecks. "The ability to monitor and measure patient flow metrics is critical to understanding how, and where, to make process improvements," said Ida Goodreau, President and CEO, Vancouver Coastal Health.

TORONTO, ON – A study of nearly 400 Canadian

hospitals found that 28 percent are re-using single-use medical devices, according to a report in the Canadian Press. And the majority of the hospitals that re-use instruments in this way sterilize or "reprocess" the devices in-house - which is thought to be risky, according to infection control experts.

WINNIPEG, MB – The province of Manitoba is proposing amendments that would improve access to personal health information and enhance public education to ensure Manitobans are aware of their privacy rights, Health Minister Theresa Oswald announced. "It's important for healthcare providers to share information to ensure each patient receives the best care possible," said Oswald. "It's just as important for patients to understand their rights."

TORONTO, ON – Capturing accurate and timely data to reflect the well-being of a community is becoming increasingly important to both policy-makers and community leaders who strive for continual improvement in quality of life. Community indicators are an important tool in recognizing successes and identifying areas where improvement is required.

A roundtable held on June 23 in Toronto and organized by the Ontario Trillium Foundation (OTF) and CPRN brought together approximately 50 senior government officials and leaders of community organizations. The session explored the possibilities for a shared set of community indicators in Ontario that would refine the understanding of healthy and vibrant communities and support effective decision-making at the Foundation as well as by communities. The indicators would also support the development of public policy.

WINNIPEG, MB – A study by the Manitoba Centre for Health Policy has found that two percent of users of Winnipeg emergency departments account for 14 percent of all visits. These frequent users, about 2,400 people, have seven or more emergency department visits a year on average. More than half of them had been diagnosed with two or more types of mental illness, such as substance abuse, personality disorders, schizophrenia and dementia. They also have frequent interaction with other parts of the health system –generating just under 80,000 contacts in a year.

Report author Dr. Malcolm Doupe says frequent emergency department users have complex problems that require innovative strategies, involving both the community and the health care system.

TORONTO, ON – A program that allows cancer

patients to enter their symptoms via the internet, a mobile health clinic in Northwestern Ontario, and a program to bring fresh produce to a Waterloo Region hospital are among the winners of the 2008 Celebrating Innovations in Health Care Awards. Winners were selected in six categories from a pool of 18 finalists drawn from more than 400 submissions.

HALIFAX, NB – An e-learning program to give Nova Scotia nurses easier access to ongoing clinical training was announced by Health Minister Chris d'Entremont. "As part of the province's overall nursing strategy and rural nursing strategy, the e-learning program will support nurses in Nova Scotia

through improved access to training regardless of where they are located, and at a time and place that is convenient for them."

EDMONTON, AB – Mr. Laurie Hawn, Member of Parliament for Edmonton Centre, on behalf of the Honourable Tony Clement, Federal Minister of Health, announced renewed funding of up to \$8 million a year, over the next five years, to the Canadian Patient Safety Institute (CPSI), to continue providing leadership and building a culture of patient safety and quality improvement in the Canadian healthcare system.

Editorial from page 2

their health care in the community, ICT investment needs to reflect this trend.

In Canada, provinces and territories have recognized the importance of home care in the continuing reform of health care systems. In keeping with the CHCA vision of a "comprehensive, responsive home care program, accessible to all Canadians regardless of where

they live" (p.xx), home care programs need to continue to evolve.

Reference

All information for this editorial has been taken from the CHCA paper Portraits of Home Care. (March, 2008) found on the CHCA website www.cdnhomecare.ca



find yourself here

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

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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

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STRESS, DEPRESSION, & PAIN

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PROGRAM

- **Curing the Multitude:** Methods for Breaking the Vicious Cycle of Stress, Obesity, Sleep Disturbance, Depression, and Pain.
- **Stress and Brain Functioning:** How the "Fight or Flight" Neurochemistry of Cortisol, Norepinephrine, and Adrenaline Affects the Brain.
- **Stress and Accelerated Aging of the Brain?** Evidence of the Brain Shrinkage and Abnormal Glial Cell Function in Chronic Stress - Stress and the Immune System.
- **Honey, I Shrank My Brain!!!** Can Long-Term Stress Result in Atrophy of Key Areas of the Brain Involved in Memory and Emotional Processing?
- **Highly Stressful Jobs:** What Are the Most Stressful Jobs? Are You in One of Them? If You Are, What Can You Do to Reduce the Impact of Stress?
- **Stress Management:** Is It Now Almost a Mandatory Skill in Modern America? Managing Chronic Job Stress.
- **Dental Stress and Eugenol:** Does Smelling this Common Dental Drug Cause Anxiety and Stress?
- **Depression:** Biology, Chemistry Medicine, Psychology, or Sociology? An Integrative Look at Mood Disorder.
- **Is Depression Underdiagnosed and Undertreated?** Data on Diagnosis and Treatment of Depression in Our Current Healthcare System.
- **Moods, Chemicals, and the Brain:** Critical Areas of the Brain and Neurotransmitters Involved in the Development of Depression.
- **Serotonin, Norepinephrine, and Dopamine:** Which Imbalances Among These "Neuroamine Triad" Neurotransmitters Are Associated with Which Depression Symptoms?
- **Navigating the Maze of Antidepressant Drugs.** Why So Difficult? The Prozac Factor.
- **Use and Abuse of Long-Term Antidepressants:** Is It Safe to Take SSRIs for Years and Years? Habituation or Addiction? SSRI discontinuation syndrome.
- **New Drugs for Depression:** An Update on Current Developments in Psychopharmacologic Treatment of Depression.
- **Medications or Psychotherapy?** Which is More Effective for Depression? Some New Answers to this Old Question. Alternative Treatments for Depression and Side Effects.
- **Depression and Pain:** Is There a Relationship? What Role Does Serotonin Play?
- **Major Types of Pain:** Hyperalgesic, Allodynic, and Hyperpathic Pain. Nociceptive Vs. Neuropathic Pain. Myofascial Pain Syndrome.
- **Sleep Disorders and Chronic Pain:** Why Inadequate Diagnosis and Treatment of Insomnias and Parasomnias Create and Perpetuate Pain.
- **Trigger Points or Tender Points?** The Importance of Differentiating the Two Faces of Body Pain. Are Physicians Recognizing the Difference?
- **Botox, Biofeedback, Physical Therapy, and Medications:** How Effective in Pain Control?
- **Sex Hormones and Pain.** Do Estrogen, Progesterone, and Testosterone Modulate Pain? Why Does Pain Perception Vary in the Menstrual Cycle? What is Substance P?
- **Back and Neck Pain:** Disks, Nerves, and Agony. Best Methods for Management.
- **Headache, Headache, Headache!** Diagnosis, Management, and Prevention of Tension, Cluster, Migraine, Rebound, Sinus, and Nighttime Headaches.
- **Headache Triggers to Avoid:** Foods, Food Ingredients, and Sleep Disturbances.
- **Women, Migraines, and Stroke:** Does a History of Smoking, Contraceptive Use, and Hormone Replacement Therapy Put Women at High Risk?
- **Losing Weight to Reduce Chronic Pain:** New Evidence that Caloric Restriction and a New Food Pyramid Produce Healthy Weight Loss.

MEETING TIMES & LOCATIONS

EDMONTON, AB

Wed., Sept. 17, 2008
8:30 AM to 3:30 PM
Edmonton Marriott
300 E. Lapotac Rd.
Enoch, AB

CALGARY, AB

Thu., Sept. 18, 2008
8:30 AM to 3:30 PM
Calgary Exhibition & Stampede
1410 Olympic Way SE
Calgary, AB

EDMONTON, AB

Thu., Oct. 23, 2008
8:30 AM to 3:30 PM
Edmonton Marriott
300 E. Lapotac Rd.
Enoch, AB

CALGARY, AB

Fri., Oct. 24, 2008
8:30 AM to 3:30 PM
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INSTRUCTOR

Dr. Michael E. Howard (Ph.D.) is an internationally recognized expert in the fields of clinical neuropsychology and brain-injury rehabilitation. He has directed six brain injury rehabilitation hospitals and programs, chaired three departments of psychology and neuropsychology, and served on the faculties of psychiatry, neurology, and rehabilitation medicine at three medical schools.

Dr. Howard has presented numerous articles and papers on brain-behavior relationships, memory and learning, neuropsychological assessment, the determination of brain-injury disability and damages, and the management of behavioral disorders.

Dr. Howard's current research involves the aging brain, Alzheimer's Disease and other dementias, and psychopharmacology.

Biomed reserves the right to change instructors without prior notice. Every instructor is either a compensated employee or independent contractor of Biomed.

ACCREDITATION INFORMATION

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

Biomed's parent organization, the INR (Institute for Natural Resources) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

INR has been accredited as a continuing education provider by the California Board of Registered Nursing (CEP #06136), the Florida Board of Nursing (#50-3026-1), the Iowa Board of Nursing (#288), and the Kansas Board of Nursing (#LT0140-0927).

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