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March 2007
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Recently, a firestorm of criticism was levelled at Alberta, particularly the Calgary Health Region for its recruitment drive for nurses. The controversial advertisement indicates that the region is offering permanent nursing positions in both urban and rural settings, combining these offerings with excellent salaries, benefit packages and learning opportunities. As well, it is stated on the region's website that over the next six months there are plans to hire over 150 registered nurses and 50 licensed practical nurses. Susan Cassidy, Executive Director of Workforce Strategies is cited in Calgary Herald article (McGinnis, January 21, 2007) as stating that there are currently more than 600 nursing vacancies in the region. While noting that as little as 50% of the demand for health professionals is provided by Alberta's own educational institutions, the current crunch is likely due to Alberta's booming population. While some have argued that interprovincial competition for nurses is good for nursing because it will drive wages up all across Canada, others, mainly the nurses' unions, have countered otherwise. Public reactions to Alberta's assertive advertising came from the nurses' unions in Saskatchewan and Nova Scotia as well as the Canadian Federation of Nurses' Unions (CFNU). In a letter to the editor, released on January 25, 2007, CFNU president Linda Silas states that workload is the most pressing issue for nurses and that while

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

Ethical Recruitment of Health**Professionals Within Canada and Offshore**

the labour shortage will drive up wages it will also "drive down patient care." Referring to the Alberta advertising she says that interjurisdictional "poaching" in Canada is not the way to address the national nursing shortage. To offset just retirement of nurses (assuming that they work to age 65) enrollment rates in nursing programs would have to rise from the current 12,000 to over 40,000.

What is clear from these news stories and others is that there is both a national and global nursing shortage. The health systems in Canada are all under pressure to meet the current demands for service. Lack of health professional staff including nurses have led to bed closure announcements in all regions, provinces and territories on a fairly regular basis. Like other provinces, Alberta has not only responded by recruiting from other provinces but has engaged in international recruiting as well. Governments most often do not distinguish between foreign health professionals and those educated at home and provide strong opportunities to nurses from other countries who are interested. However, following an announcement by the Calgary Health Region about the hiring of over 100 nurses from the United Kingdom and the United Arab Emirates, the Alberta nurses union, has indicated that, given the global nursing shortage, this "isn't a fair solution to Calgary's nursing shortage" (CBC News, February 2, 2007).

Increasingly, the word "fairness" when talking about international recruitment practices in particular, is making its way into discussions amongst the major stakeholders in health care in Canada. According to the 2005-2006 Annual Report from the Pan-Canadian Resource Strategy, upwards of 23% of Canada's physicians and 7% of our nurses were internationally educated in 2003. (p.12). Since then the percentages have undoubtedly risen. This raises the complex questions surrounding the ethics of international recruitment. In a January, 2007 paper developed for the Canadian Research Policy Networks, "The Ethical Recruitment of Internationally Educated Health Professionals: Lessons from Abroad and Options for Canada" authors McIntosh, Torgerson and Klassen, provide a framework to be applied to such recruitment. While the paper refers specifically to international recruitment, the guiding principles they have provided could be applied to interprovincial recruitment as well. These are:

- Global justice;
- Personal autonomy;
- Transparency and accountability;
- Fairness;
- Mutuality of benefits or reciprocity between countries or jurisdictions;
- Provider competency;
- Equitable workplace practices; and
- Workplace and cultural integration. (p.8)

While external recruitment is valued in Canada as the "next best" policy option to self-sufficiency, those same authors suggest it should not be "unfettered". (p.3) To be ethical, recruiters need to define and make some distinction between "active" and "passive" recruitment. The distinction between the two is reproduced here in its entirety.

- "The distinction between active and passive recruitment involves a value judgment. Active recruitment is not by definition unacceptable, and indeed, all recruitment is in some way "active," and it can be a valued policy response to meeting workforce needs. What is considered unacceptable or unfair is the targeting of developing countries as a source of health

See Editorial page 6

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The Habits of Highly Effective Fat Loss – Part 1

by Tyrone R. Piteau, B.H.K., R.K., C.H.E.K. Practitioner Level 2

Well it has been the time of year again when most people eat too many sweets, leading to a little more fat gain than desired. It's not so much of a problem as long as we've got a game plan once the season is over. Most people usually go back to their old ways and assume that that will lead to shedding the unwanted fat gained over the holidays. However if this didn't work before then it probably won't now. So what needs to be done? I'm glad you asked.

First, we need to get rid of all your old preconceived ideas of nutrition as it relates to health and fat loss, (i.e. avoiding fats, eating starchy carbohydrates, drinking diet sodas, avoiding proteins, etc.). These ideas need to go. Second, we need to start moving some weights, yes ladies, even you. If you want to lose fat healthfully and keep it off, you need to eat properly and exercise with weights. Now that may seem too hard for some or too simple for others, but the bottom line is, it works if you work it. If you're not sure how to design your own exercise program find a certified strength coach in your area. Now lets go through a list of the habits of highly effective fat loss you've been waiting for.

The Nutrition Habits

Habit #1: Eat every 2-3 hours - no matter what.

Regular feeding intervals stimulate the metabolism, balance blood sugar, and improve health, body composition (lose fat, gain muscle, etc.), and performance. Now, you don't need to eat a full meal every 2-3 hours, but you do need to eat 4-6 meals (includes snacks) per day that conform to the other rules below. Even if its before bed, if its been 2-3 hours since you've last ate then its time to eat. Whatever you've heard about not eating before bed,

it's not true; however, make sure you eat within these health habits, meaning no starchy carbs (i.e. non-fruit or non-vegetable).

Habit #2: Include complete, lean protein, preferably free-range organic, every time you eat (i.e. every 2-3 hours).

Complete, lean protein generally is food that was an animal or comes from an animal. Things like organic lean meats, wild fish, eggs, dairy (organic and preferably raw) and milk protein supplements. In regards to dairy, it's best to only eat/drink organic, raw (unpasteurized). If you cannot find dairy in these forms, it is best to avoid it. Note: If you're a vegetarian, this rule still applies. Typically, women should get 20-30 grams of protein per meal and men 40-60 grams of protein per meal.

Protein up-regulates the metabolic rate, improves your muscle mass and recovery, and reduces your body fat.

The Protein Chart:	
Food Type:	Lean, Complete Protein Sources
Food Things:	Eaten With Each Feeding Opportunity
Examples:	Organic Lean Meats (chicken, beef, turkey, lamb, venison, etc.) Wild Fish Organic, Free-range Eggs Only Raw and Organic Dairy (full fat yogurt, full fat milk, cheese, etc.) Milk Protein Supplements (whey, casein, milk protein blends)

Habit #3: Include vegetables, preferably organic, every time you eat.

That's right, every time you eat (every 2-3 hours), in addition to a complete, lean protein source, you need to eat some vegetables. You can toss in a piece of fruit here and there as well. But don't skip the
See Fat Loss page 4

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Fat Loss from page 3

veggies. A simple way to know you are getting enough is be sure that you're consuming 1-2 servings of veggies (a serving is half a cup) every time you eat.

Vegetables (and fruits) provide an alkaline load to the blood. Since both proteins and grains present acid loads to the blood, it's important to balance these acids with alkaline-rich vegetables and fruits.

Habit #4: If you want to eat a carbohydrate that's not a fruit or a vegetable (this includes things like things rice, pasta, potatoes, cereal grains, etc.), you can – but eat it after you've exercised.

Yes, grains are dietary staples in North America, but remember that heart disease, diabetes and cancer are also medical staples in North America – there's a relationship between the two!

To stop heading down the heart disease highway, reward yourself for exercising with a good carbohydrate meal right after (your body best tolerates these carbohydrates after a workout). For the rest of the day, stick to lean protein and a delicious selection of fruits and veggies. The bottom line — eat starchy carbs only when you deserve to. No exercise = no carbs (other than vegetables and fruits, of course).

Food Type:	Carbohydrate Simple Sugars	Carbohydrate Starchy Foods	Carbohydrate Vegetables and Fruits
Food Timing:	Eat Only During and After Exercise (if at all)	Eat Soon After Exercise	Eat with each feeding
Examples:	Sports Drinks Recovery Drinks Breakfast Cereal* Soda* Fruit Juice* Table Sugar*	Sprouted Bread Whole Grain Pasta Brown Rice Potatoes Steel-cut Oats Cereal Grains (quinoa, wheat, millet, etc.)	Spinach Carrots Tomatoes Broccoli Cauliflower Apples Oranges Avocados Berries
	*These you should probably avoid		

Habit #5: A good percentage of your diet (25-35%) must come from fat. Just be sure it's the right kind.

There are three types of fat – saturated, monounsaturated, and polyunsaturated. Eating all three kinds in a healthy balance (1/3 each) can dramatically improve your health, and even help you lose fat.

Your saturated fat should come from animal products and you can even toss in some organic butter (preferably raw) or extra-virgin coconut oil for cooking. Your monounsaturated fat should come from mixed nuts, olives, and extra-virgin olive oil. And your polyunsaturated fat should come from flaxseeds, unrefined flaxseed oil, fish oil (minimum of 6 grams per day), and mixed nuts.

Food Type:	Saturated Fat	Monounsaturated Fat	Polyunsaturated Fat
Food Timing:	None – just be sure to get about 25% of total fat intake from these fats	None – just be sure to get about 33% of total fat intake from these fats	None – just be sure to get about 33% of total fat intake from these fats, focusing on the omega-3 fats.
Examples:	Animal Fats (fat in eggs, dairy, meats, butter, etc.) Extra-virgin Coconut Oil Palm Oil	Extra-virgin Olive Oil Nuts	Flaxseed oil Fish Oil Vegetable Fats (do not buy any vegetable oil on the market)

Watch for next month's issue for the remaining healthy nutrition and exercise habits.

Tyron is a kinesiologist, corrective exercise specialist, personal trainer, hockey strength and conditioning coach, speaker, and nutrition coach.

Editors note: You will notice in the above article by Tyron R. Piteau that he suggests the consumption of raw (unpasteurized) milk. We at HEALTHbeat recognize that suggestions such as these are controversial. The medical community does not condone the ingestion of raw milk, linking it to various serious diseases. For example, in Ontario it is illegal to sell, deliver, or distribute raw milk under the Health protection and promotion Act.

HEALTHbeat does not recommend this practice. If any of our readers would like to respond to this article and in particular the recommendation to ingest raw milk we would welcome you to submit an article that refutes the claim that this is a safe practice.



From the Editor's Desk

Did You Know...?

Since HEALTHbeat did not publish last month there are plenty of news items that have collected in my mailbox. Hence, I have picked only the ones that I felt were the most interesting. I hope that you agree with my choices!

Did you know that..?

TORONTO – While the federal, provincial and territorial governments are making gains on some commitments to renew healthcare, Canadians are not getting the detailed information they need to measure progress, the Health Council of Canada concludes in its annual report to Canadians. "We don't have sufficient evidence to evaluate the strength and sustainability of healthcare renewal on a system-wide basis," said Jeanne Besner, Interim Chair of the Health Council.

See Did you know? page 7

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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. "If you are a working professional in health care, this is an ideal program", notes Program Coordinator Julie Clarke. "It's great for practitioners or students in remote communities who require training, but can't leave their jobs and don't have access to skills upgrading locally."

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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?

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professionals. Interestingly, and not surprisingly, a number of key informants raised the issue of "have" provinces recruiting health professionals from "have-not" provinces as a domestic analogy for the kind of recruitment that should be deemed unacceptable. Whether this analogy holds is a matter of some debate, but it does raise an important element concerning the challenges faced by governments when trying to frame the parameters of what would be ethical recruitment practices." (p. 11-12)

The authors go on to say that a province like Alberta, because of the economic boom has become very attractive to health professionals from other jurisdictions both international and domestic. Because of this it benefits from the investments made by other jurisdictions in education and training of health professionals. As a result, less well off jurisdictions, despite the fact that they are preparing enough professionals to meet their needs, are left with shortages that they are unable to resolve. Charges of "poaching" referred to earlier in this editorial are met with the legitimate response that professionals are free to accept employment anywhere in Canada and take advantage of professional and personal opportunities that may seem more attractive than staying at home. (p.1)

The Canadian Nurses' Association adopted the International Council of Nurses Position Statement on Ethical Nurse Recruitment as its official position in 2001. In this position statement it is acknowledged that the global nursing shortage is characterised by increasing demands for nursing services and a decreasing supply of nurses. The competition for nurses both within and among countries is heightened leading to recruitment practices that are more active than passive. Increasingly there have been calls for an ethical framework for recruiting nurses both among jurisdictions within a country

such as Canada and internationally. Principles supporting a framework must be relevant to recruiting in both arenas. The stakeholders interviewed for the Canadian Policy Research Networks paper on ethical recruitment would agree with the notion of a framework and provided considerable guidance for its development. Both also agree that the strength of such a framework and its monitoring and regulation depends on the political will of governments, health care stakeholders and in Canada, the health regions' governing bodies responsible for the delivery of health services.

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Alberta, Yukon and Nunavut Careers

VICTORIA – British Columbia's upcoming budget will commit an additional \$885 million to health funding next year, including a new \$100-million fund to promote innovation within the healthcare system, Finance Minister Carole Taylor announced in late January. Funding for the Ministry of Health, including the new Health Innovation Fund, will increase to \$13.1 billion in 2007/08 from \$12.2 billion this fiscal year, an increase of 7.3 per cent.

MONTREAL – Anticipating an escalating number of cancer patients, Quebec is investing \$28.7 million to create a leading-edge cancer treatment centre in Laval. Due to the relative aging of the population, Quebec expects to see 39,000 new cancer cases this year, said Premier Jean Charest, as he announced the new facility. He was accompanied by Health Minister Philippe Couillard and local politicians.

TORONTO – Researchers at the Toronto Rehabilitation Institute (Toronto Rehab) have developed home-based computer systems that use artificial intelligence to promote independence and ensure the safety of older people living at home.

OTTAWA – Canada's three major national medical organizations announced an agreement to undertake a second edition of the National Physician Survey in 2007. The College of Family Physicians of Canada (CFPC), The Canadian Medical Association (CMA) and The Royal College of Physicians and Surgeons of Canada (RCPS) are building on the success of a 2004 Survey that drew national and international attention.

OTTAWA – The Ontario Ministry of Health is investing \$8.3 million to support planning and redevelopment at the University of Ottawa Heart Institute (UOHI) to further increase its capacity to deliver quality care for patients, Health

and Long-Term Care Minister George Smitherman has announced.

OTTAWA: There was a significant upturn in the number of joint replacements and cataract surgeries in 2005-06, the Canadian Institute for Health Information reported this week. These surgical procedures were among four chosen by First Ministers in the 2004 health accord as priorities in the wait-time reduction effort and were supported by the \$4.5 billion Wait Time Reduction Fund.

PHILADELPHIA -- Six or more hours per week of strenuous recreational activity may reduce the risks of invasive breast cancer by 23 percent, according to researchers from the University of Wisconsin Paul P. Carbone Comprehensive Cancer Center (UWCCC). Their report in the February issue of Cancer Epidemiology Biomarkers & Prevention, based on a survey of over 15,000 women, shows that exercise has a protective effect against invasive breast cancer throughout a woman's lifetime.

For more information: Greg Lester Phone: 267-646-0554 e-mail: lester@aacr.org

HOBOKEN, NJ - A new study to be published in an upcoming edition of the journal of Diabetes Research and Clinical Practice reveals that French maritime pine tree extract known as Pycnogenol® (pic-noj-en-all) delays the uptake of glucose from a meal 190 times more than prescription medications, preventing the typical high-glucose peak in the blood stream after a meal. The study revealed the pine bark is more potent for suppressing carbohydrate absorption in diabetes than synthetic prescription alpha-glucosidase inhibitors such as Precose®.

For more information; Melanie Nimrodi mnimrodi@mww.com MWW Group 312.546.3508



The Health Resource Centre, located in Calgary, Alberta, Canada's leading private health care facility specializing in total joint arthroplasty, has an immediate need for full-time, part-time and casual:

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- Surgical Processors
- Medical Radiation Technologists

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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

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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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recruitment advisor,

phone: 867-667-8389

fax: 867-667-8338

e-mail: tracey.maher@gov.yk.ca

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This position is included in the Nunavut Employees Union and has a salary range of \$70,551 – \$80,087 per annum, plus a Northern Allowance of \$12,109 per annum. Subsidized Staff Housing Available.

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Closing: March 9, 2007

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BAFFIN REGIONAL HOSPITAL

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

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• Employment in some positions requires an acceptable criminal records check. Possession of a criminal record will not necessarily disqualify candidates from further consideration.

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GOVERNMENT OF NUNAVUT

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Alberta's Cancer Free Future

The Alberta Cancer Board believes a Cancer Free Future is possible. The Alberta Cancer Board is Canada's only cancer authority responsible for the full spectrum of evidence-based prevention and screening, treatment and care, under a comprehensive research umbrella. On our multidisciplinary team, you'll work with some of Canada's top academics and health care professionals to save lives and eliminate suffering.

The Alberta Cancer Board provides the full range of cancer services and programs through our two major cancer centres: the Cross Cancer Institute in Edmonton and the Tom Baker Cancer Centre in Calgary. Both centres provide multidisciplinary patient care, treatment, research, teaching and education.

ONCOLOGY RNs

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"I hope that by the time my daughters are in their 20s we'll know a lot more about cancer and may even have a way to prevent it. Wouldn't that be great?"

Susan Leach, cancer patient

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