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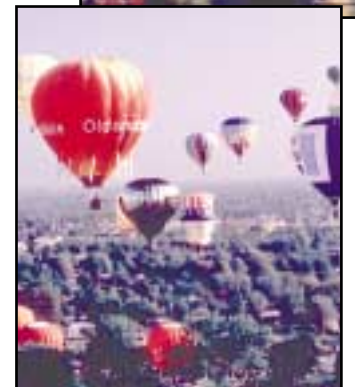
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Editorial: by Jennifer (Jay) Sherwood BScN, MEd.

The Self-Care Trend: Some Challenges and Implications for Health Professional Education

In increasing numbers, consumers and health care professionals are acquiring or reaffirming a commitment to self-care. This approach to health care has involved health professionals and consumers, working together to solidify its effectiveness in a reformed health care system. Health Canada, in recognition of a need for study of the self-care concept, funded a multi-phase project in 1994.

The project began with a study that explored how physicians and nurses stimulate and support self-care. From this study there emerged a framework that provided a synthesis of the approaches used by these health professionals to support self-care with their clients. In the second and third phases of the project physicians and nurses (particularly physician and nurse educators) were brought together to identify ways of increasing and enhancing self-care practices through training and support. Two of the principles that emerged from these phases were that: self-care is facilitated by interdisciplinary collaboration; and health care professionals require education, practice and support to improve their support of self-care. There was also consensus that it is essential to a health professional "culture" that values self-care, that the role of consumers in health professional education be strengthened. A culture in which self-care is valued would go far in overcoming the challenges in introducing the concept early in the health professional's education program.

There are many challenges associated with educating health professionals to support self-care and to integrate the concept into their professional practice. These challenges, identified during the first two phases of the project are:

- Difficulties in changing curricula for health professionals;
- Lack of adequate communication between learning institutions;
- Difficulties in obtaining funding for new programs;
- Lack of interest from some educators and students;
- Too few interdisciplinary education opportunities;
- Inadequate consumer input into curricula; and
- Few evidence based results that point to the efficiency and effectiveness of self-care.

In the report on Phase 4 of the project, a number of projects designed to address the identified challenges noted above were described. For example:

- The University of Calgary planned an educational activity that incorporated self-care into a clinical curriculum in a health interdisciplinary model of learning. There were three workshops delivered to nursing students and family practice residents that focused on common clinical problems such as diabetes and pain management. Participants were surveyed following the workshops and there were lessons learned. First, participants noted that they needed to acknowledge the importance of learning from the patient, and second that there was a need to manage interprofessional tensions that were evident in care management.
- A project at the Université Laval revealed that shaping a culture that values self-care and interdisciplinary practice required concerted effort. Following five training activities aimed at establishing partnerships between disciplines and with consumers, the authors of the report on the Laval project concluded that

there is a need to challenge existing academic cultures and question traditional professional practices.

- The purpose of the project at McGill University was to develop an educational program that promoted a collaborative, self-care approach in the practice of nurses and physicians working in an out-patient family medicine unit. This project resulted in a positive interdisciplinary networking and new links and cooperation between the Faculties of Nursing and Medicine.

Other important barriers to educating health professionals in supporting self-care are the discrepancy between educators' efforts to teach a supporting self-care approach and their inability to model the approach. This dichotomy is also evident when health professionals seem unable to model self-care with their patients and clients. Researchers in a project at the University of Toronto, (designed to explore how to promote self-care through curriculum development), concluded that the traditional culture in educational and health service institutions does not adequately support and foster self-care. Self-care approaches must be supported at the institutional level for health professionals to practice within a model of self-care with comfort and expertise.

What became clear at the end of Phase 4 of the self-care project was that health professionals do support self-care at the individual practice level but are constrained by a number of factors. The most important of these barriers that constrain the practice are those present in the work environment including lack of time, inadequate compensation and low staff complements. Other impediments to encouraging self-care are related

See Editorial page 4

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First: Don't try to relax! Get fairly comfortable, and simply pay attention to any tension, aches and pains, or anxious thoughts you may have. Don't do anything – just observe tension – and it will probably start to fade.

Second: Focus on your breathing. Aim for long, slow, regular breaths. Let your stomach swell out like a balloon as you breathe in, then let it deflate as you breathe smoothly out. On the out breath, try to let go of all the air, imagine tension flowing out of your body, and allow your chest to sag downwards as you exhale (which automatically relaxes the muscles of the shoulders and neck). Your breathing will settle more easily into a regular rhythm if you imagine ocean waves, or the swing of a long pendulum. Try breathing in to a slow count of four, hold for two, and breathe out to a slow count of six.

Thirdly: Relax muscle groups one at a time. Let muscles progressively become more limp and slightly heavier with each breath, perhaps counting slowly from 1 to 5 as you do so. Mentally repeat a phrase like "My arm is heavy and relaxed", or "My legs are feeling warm, heavy and comfortable".

Fourth, use your imagination to relax mind and body. With eyes closed, picture tension slowly flowing from your legs, arms, head and stomach towards your chest, ready to be blown away along with each 'out' breath. Picture a relaxing place or scene, a beach, a garden, a river, even a warm bath. Make it up, or use a memory you associate with relaxation and fun. Use all your senses to make the image more real – and focus on details. If you're picturing a beach, watch the waves rolling in rhythmically, hear the surf pounding, and feel the sun's heat shining down on your face, warming your whole body.

Anxious or negative thoughts can really interfere with relaxation. One way to overcome this problem is to stop trying to relax, don't try to banish stressful thoughts, but allow them to come into your mind. Visualize them as clouds passing overhead which just float away; write worries on an imaginary blackboard and let rain slowly wash it clean – or put them in boxes and have a fleet of trucks remove them! Try tensing up all your muscles and let them relax in their own time. By accepting the tension and worry, you allow relaxation to occur naturally. But if you get frustrated, go and do something useful and come back to relaxing later.

Learning to relax and use your imagination makes you very powerful; you'll deal more effectively with stress and be more likely to achieve your goals. It takes practice – but it's well worth the effort!

Dr. David Rainham is a Family Physician, Author and Speaker. His relaxation tape Optimum Stress Management is available at www.optimumhealth.ca or by calling 1-800-771-5776



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Editorial from page 2

to changing fundamental views of providing care. Shifting approaches from a disease centered model of care to that which is client centered is slow, and attitudes are difficult to change. As well, there is little research that has measured the impact of supporting self-care on patient/client outcomes.

As with other health reform strategies at the practice level, self-care approaches need to be an institutional value. If such is not the case, education, no matter how well planned or delivered, will be for naught and runs a risk of being seen as irrelevant.

For those of you who are interested in how well we are doing in supporting the self-care concept in practice, visit the Health Canada website (www.hc-sc.gc.ca). Information about this project can also be obtained from the Canadian Nursing Association, (www.cna-nurses.ca) the Canadian Medical Association (www.cma.ca) and various universities that educate health professionals. Reference: Supporting Self-Care: A Shared Initiative. 1999-2002.

Editors Note: This program, funded by Health Canada, involved collaboration between the College of Family Physicians of Canada, the Association of Canadian Medical Colleges, the Canadian Nurses Association, the Canadian Association of University Schools of Nursing and Health Canada.



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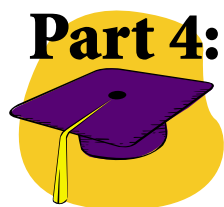
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Part 4: Continuing Professional Education for Health Care Professionals



by Jennifer (Jay) Sherwood, BScN, MEd.

This really is the final section of this special on Continuing Professional Education. What was originally planned for a two month period has stretched into four because of the wonderful response we have had from our readers and advertisers. Some of the descriptions that you will see in this issue were written following interviews that I conducted in June and there may be updates or changes in offerings or available courses since that time. If any one of these organizations or their continuing professional education programs interest you please check the "For Further Information" section that follows the description and directly contact the organization.

Again I am taking this opportunity to thank all the people who participated in the success of this "special". Whether you are the person interviewed or the person who arranged the interview for me — Thank You!

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Cortext Educational Seminars is an internationally acclaimed leader in the field of healthcare education. It offers continuing professional education programs to health

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Cortext is a business that provides seminars for profit but works in collaboration with continuing medical education for the purposes of accreditation on a not-for-profit basis. When it was founded in the early '80s a single instructor presented about 25 seminars throughout California. Today Cortext uses the services of over 40 faculty members who present over 800 seminars a year. Almost 200,000 health professionals attend their continuing education seminars annually. It presents live lectures and independent study programs primarily in the field of psychobiology. Current topics focus on issues concerning memory and aging of the brain, stress and disease, pain, depression, post traumatic stress disorder, fatigue and hate and violence.

Shannon Coulter, Healthbeat's contact at Cortext says that the company serves the continuing professional education needs of a wide range of

health professionals. These include mental health professionals, nurses, physicians and the like. Seminars, typically six hours in length, are submitted for approval to the state's health professionals, regulatory bodies where the seminar is being held. The aim for each seminar is to meet the standards of the Accreditation Council for Continuing Medical Education which according to Coulter has the most stringent criteria for course evaluation and accreditation... Seminars are accredited by several US national agencies related to nurses, dentists, psychologists, massage therapists and counselors. Seminar content is modified to appeal to particular accreditation boards and to target particular professions.

Coulter provided an example of how modification of course content is made to target particular groups using the Posttraumatic Stress Disorder seminar. Content in this seminar will be fairly general for professionals who work in trauma but would be far more specific for mental health professionals actually treating the disorder.

Cortext's motto might well be "have seminar will travel" since they offer them in numerous locations. For people who have difficulty going to a site, Cortext now offers corporate seminars for groups at the site of their choosing.

While Cortext does not offer online programming, they do have numerous home/independent study programs. These accredited programs use a variety of distance delivery methods including evaluation of the program's participants. Marketing strategies for both seminars and independent study include: providing information in hospitals and universities; online information; advertising in print media (like Healthbeat); and direct contact with individuals, using databases provided by particular professions.

Coulter indicated that faculty for the programs are leaders in the field that the seminar or course is addressing. They normally have an earned doctorate and have been published. As well, they are generally in private practice.

Cortext's educational goals include promoting scientifically sound topics, using respected and qualified faculty and providing high quality, accessible seminars at a reasonable cost. Coulter says that customer satisfaction is the key to business success and participants receive excellent customer service while earning educational credits.

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HEALTH *beat* Healthcare Update

Jennifer (Jay) Sherwood BScN, MEd.

Commission on the Future of Health Care in Canada: Activities Update

In an August, 2002 speech to the Canadian Medical Association (CMA), Roy Romanow the sole Commissioner of the Commission on the Future of Health Care in Canada, highlighted the work of the Commission to date and gave some hints about the final report due in November, 2002. I shall summarize the speech and add some detail from the Commission's website.

The Commission was given a very specific mandate by Prime Minister, Jean Chrétien when it was established in 2001. As a free standing body, it has been able to operate independently. Romanow says that he has listened and continues to listen to the people of Canada, including caregivers and policy experts. His recommendations are intended for Canadians

but will be delivered to us via the Prime Minister. He added that the Commission will be on budget and that the report will be delivered on time.

At the time of the speech, Romanow indicated that the Commission has received almost 2000 formal submissions and abstracts and over 10,000 e-mails. As well, more than 20,000 Canadians have completed the on-line surveys.

The Commission has released a number of discussion/research papers and at the time of the speech to the CMA, it released the fifth round. As well, the Commission has contracted with three research consortia to produce analyses of areas where it felt existing research was lacking. The results of these three projects (Fiscal Federalism

and Health; Globalization and Health; and Health Human Resources) will be released in September. The abstracts of each of the papers released in the fifth round are reproduced here, exactly as they appear on the Commission's website.

"Discussion Paper No. 16: A Framework for Determining the Extent of Public Financing of Programs and Services"

Release Date: 22 August 2002

Maintaining a sustainable, high-quality and universal health care system requires a careful examination of how public health care funding is allocated and whether the money is "well spent". Author Cynthia Ramsay, an independent health policy consultant, writes that the process of deciding which health services to should be deemed "medically necessary", and publicly funded as a result, should begin with a discussion of the relative importance of the system's goals. This paper looks at options to determine which services or programs should continue to be funded, but notes that the delisting of health services is unlikely to produce substantial savings to the government. It concludes that the evaluation process should incorporate cost-effectiveness analysis and consider the relevance of the service to the health system's goals, and that the public should be involved in priority setting.

Discussion Paper No. 17: Delivering health care services: Public, Not-for-Profit, or Private?

Release Date: 22 August 2002

Studying the cost implications and outcomes associated with health care delivered by not-for-profit (NFP) and for-profit (FP) agencies is like comparing apples and oranges writes Dr. Deber. This paper looks at the various roles of NFP and FP groups within Canada's existing health care system, and notes that more than we think is actually delivered by FP organizations. There is lots of room for "win-win" situations, but monitoring systems that measure performance and maintain standards must be in place. The paper concludes that the client focus of the existing system needs to be addressed urgently "to discover why existing NFP organizations appear to be less nimble, innovative and flexible than their FP counterparts".

Discussion Paper No. 18: Federalism and Health Care: The Impact of Political-

Institutional Dynamics on the Canadian Health Care System

Release Date: 22 August 2002

This paper surveys the relationship between the federal government and the provinces in health care policy-making over time. It examines the way in which the division of powers in the health care system has been shared between the two levels of governments, as well as the conflicts that have arisen over direction in Medicare spending and policies. The paper also explores comparable federal systems such as Australia, Germany and the United States." (www.healthcarecommission.ca)

Romanow acknowledged in his speech that the ultimate product will be the final report but that the body of research and knowledge assembled by the Commission will provide an equally important legacy. In his final report he has promised that the recommendations will be firm and specific, focusing on the whole, not just individual issues. He says that the vision will be coherent, cohesive and comprehensive. To aid in the effort a National Conference will be held in September in the National Capital Region. This conference will focus on two issues namely, governance and accountability.

Prior to Romanow's address to the CMA, Federal Minister of Health, the Hon. Anne McClellan, had the same podium. In her address she promised swift action on the part of the federal government in addressing the final report of the Commission. She suggested that more federal dollars would be made available and that the federal government's recommitment to health care "will not falter due to lack of funding." However, her cabinet colleague the Hon. John Manley, speaking to reporters in Quebec, indicated that if Romanow calls for additional new funds for health care that it would probably not be possible due to shrinking federal surpluses. According to reports in the public media Manley's comments angered Romanow who suggested that if the report is acceptable to the Canadian public, any faltering on the part of governments would be political suicide.

For detailed information on the Commission's activities and the full text of all the reports/discussion/ research papers considered by the Commission to date I encourage you to visit the Commission's website, www.healthcarecommission.ca.



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New Vision Health: Consulting and Training



Located in Manitoba, New Vision Health: Consulting and Training is a company that was founded about a year ago. It's underpinning is a belief that the health care needs of our society can only be met by caregivers who are constantly upgrading their knowledge and skills. New Vision primarily serves Licensed Practical Nurses (LPNs) in Manitoba but will serve registered nurses (RNs) and registered psychiatric nurses (RPNs) as well.

Andy Sing Fat one of New Vision's principal founders and its Training Director says that the company is filling a gap in continuing nursing education. Sing Fat, a nurse himself, has many years of experience in both basic and continuing nursing education. He says that nurses and other health professionals are stressed and work within time and resource based constraints. New Vision uses the latest education technologies, delivering programs at a distance and online.

New Vision handles all the continuing professional education for the College of Licensed Practical Nurses in Manitoba. Courses that are required for initial and renewal of registration must be approved by the College for the participant to receive credit. Practical nurses seeking registration in Manitoba must first have their credentials assessed by the College. Out of province and out of country practical nurses often need a course so that they can meet the standard for practice in Manitoba. If this is the case, the College refers the nurse to New Vision indicating the additional skills that she/he requires. Such courses are: physical assessment, IM injections, catheterization and the like. Occasionally, practical nurses who are already licensed need to acquire additional skills due to a broadening of LPNs scope of practice.

New vision also provides post-basic certificate programs for LPNs in Manitoba. An example of this is the certificate program on foot care. Once the program has been successfully completed, New Vision officially advises the College.

As well as its training opportunities, New Vision provides a consulting service to health care agencies and educational institutions. The company's partners and associates all have a background in education and health (primarily nursing) and one has combined a health background with law.

For more information: Mailing address: Box 20168, Brandon, Manitoba, Canada, R7A 6Y8 Website: www.newvision-ct.com E-mail: information@newvision-ct.com or click "e-mail us" on the website

INR Biomed, INR Seminars



INR Seminars and Biomed are two separate companies that operate under the same umbrella. For Healthbeat's purposes only the INR

Seminars will be addressed in this section.

INR is a continuing professional education business and has been for over seventeen years. They offer quality seminars for health professionals in all of the states in the US. They also offer home-study courses for health professionals.

Seminars are offered all across the US. INR serves all health professionals with the exception of physicians. Currently, these seminars are not offered in Canada. Typically, seminars are six to seven hours in length and are offered at reasonable cost (about \$75.00 US).

When I talked to Elaine Baden, Healthbeat's contact at INR I asked her why the company doesn't offer its seminars in Canada when it had a history of doing so. She explained that all seminars need to go through an approval/accreditation process so that participants can claim credit and continuing education contact hours in states where there is continuing competence review and/or mandatory continuing education. Canada apparently has approval programs for continuing professional education that are challenging for providers because of the marked difference from such programs in the US. Canadian health professionals are attracted to the seminars offered in the US but the reasonable cost of the seminar may be offset by the cost of travel and lodging.

Baden explained that when a new seminar is introduced to the INR prospectus, it is tried out in two or three locations. Participation and quality of the material and delivery method are evaluated and if it meets the standard set by INR, regulatory approvals are sought and the country is "blanketed" with the seminar. INR's objective is to unveil six new seminars a year.

Faculty members are selected from leaders in their respective fields, have peer credibility and usually hold a doctorate degree. In the development of new seminars and the revision of existing seminars, faculty plays a key role. In many instances, faculty members are researchers, recruited from across the US, and will suggest updates or new development based on their research findings. Once a seminar is part of the prospectus, faculty may present as many as two a week.

INR also participates with Biomed in the development and delivery of home-study courses. In the US, course credit is offered under both Biomed's accreditations and INR's (Institute for Natural Resources) accreditations. There is a co-sponsorship agreement between the two organizations. Canadian licensed professionals receive course completion certificates bearing the appropriate number of hours of participation. Canadians are advised to contact their regulatory body for course approval information. INR, Biomed or both are approved providers for nurses, social workers, pharmacists, physicians, dietitians, psychologists and members of the dental professions. Since approvals for credit from state to state may differ, US professionals are advised to contact their individual licensing boards to determine if particular home-study courses are approved for credit. These courses

are also offered at a reasonable price. Baden says that usually 5 three hour home study courses are offered at a cost of \$39.00 US.

For more information: Mailing Address: PO Box 272027, Concord, CA, USA Phone: (925) 609-2820 Fax: (925) 687-0860 E-Mail: info@inrseminars.com

Charles Sturt University, Australia Professional Education



Charles Sturt University (CSU) is an innovative and responsive university physically located in Australia. It prides itself on being student focused, working hand in hand with industry, the professions and government. Viewing these external organizations as partners it uses industry based practical work along with the latest communication technology to provide relevant education at a distance to about 35,000 students on campus in Australia and off campus around the world. International students in all faculties number around 4000. CSU also has an emerging reputation for excellence in research. Our interest in CSU is the Health Studies and Sciences and Agriculture faculty (one of five faculties) that serves health professionals continuing professional education needs in Canada.

I talked to Robert Millar who is the Official Canadian Representative for CSU. Millar and his staff keep the office of the International Student Recruitment Services (ISRS) open seven days a week, providing service to enrolled and prospective students in programs offered

through CSU. Millar explained that the programs in which he has students currently enrolled are the Post-RN baccalaureate program, the Master in Health Sciences program (Nursing) and the Masters program in Medical Imaging.

The post RN baccalaureate program is offered entirely by distance in Canada. It attracts students from all over the country. Registered nurses require experience in nursing and while there is no clinical component in the program, the final "nursing project", selected by the student is based on a workplace relevant issue. Millar says that these projects are usually education based, e.g. development of a program to educate either colleagues or clients. Semesters in the program run from February to June and September to January each year. A student can complete the program in two calendar years if they take two subjects at a time. The more common scheduling is that of having students take one subject at a time. In that instance, the program takes about four calendar years to complete. While there is no set time limit for completion, students are only permitted to take two semesters off from the program.

The Master in Health Science (Nursing) normally takes three years of study by distance education. The program is designed to build on previous knowledge attained in the undergraduate degree in nursing and at least one year of work experience as a registered nurse, completed after the undergraduate degree. Registered nurses who have an undergraduate degree in a related

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The Traditional Chinese Medical Approach to **WEIGHT CONTROL**

by Steven KH Aung, MD, FFAFP

The definition of 'weight control' in Traditional Chinese Medicine (TCM) involves a physiological balance in body weight. This means that we should not increase weight, or decrease weight. In order to achieve this harmonious balance, one has to prevent oneself from imbalance – such as thyroid and endocrinal problems. These systems have to be constantly stable.

In TCM, weight gain is also associated with accumulation of phlegm (which results in increased deposits of fat) due to a deficiency of the spleen and immune system. Weight can fluctuate according to the amount of fluid retention due to spleen, lung and kidney energy stagnancy or deficiency.

The TCM approach to weight consists of: positive mental attitude, balanced nutritive diet, regular daily exercise (physically, mentally, and spiritually), herbal medicine, acupuncture, acupressure and manipulative therapy.

Mental attitudes

Weight can be altered by mental attitudes (especially when in disharmony). Examples of this include stress, depression, and obsessive-compulsive behaviours which all cause mental disharmony, and this in turn results in unhealthy eating habits.

Balanced nutritive diet

From the diet perspective, weight control in TCM involves many angles. For example, certain foods are good for certain organ systems. Certain colours, flavours, and tastes are good for specific conditions or disorders, dis-ease and disease. For example, persimmons and yams (both yellow in colour and sweet in taste) are good for the spleen. An understanding of making certain foods (porridge, teas, soups, and special dishes) is good for weight control. Moreover, the understanding of how to eat and cook according to seasons and medical conditions keeps the body in a healthy and harmonious state. Since

foods keep the body in a harmonious state, it gives an adequate amount of energy to perform daily functional activities (and does not add extra calories to cause weight gain). Also, regular intake of specific amounts of water at certain times to cleanse the body, and fasting with tea, juices, vegetables, along with eating meals for only half days are also used to supplement the above practices to help with cleansing of the body.

Most of all, the traditional Chinese drinking of tea constantly reduces weight, decreases cholesterol and fat, decreases fluid retention, and increases digestion (which provides great assistance in weight control). This is why there are not too many obese Chinese people. Tea tends to flush away fat and cholesterol. Moreover, tea helps to remove dampness, helps flush the kidneys, helps decrease fluid retention, decreases fatty deposit, and helps to cleanse the digestive system. Oolong tea, Wu Hua tea, and Green tea are all examples of teas that are very effective in weight control.



Dr. Steven KH Aung

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Regular daily exercise

Cultural attitudes toward regular exercise (namely, physically with Tai Chi Chuan, mentally with Qi Gong exercises, and spiritually and spiritually through various meditation exercises) can control harmony of the body and, in turn, control weight.

Daily exercise keeps the body in a harmonious state of physical, mental, and spiritual wellbeing. This also assists with stretching, concentration, and deep regular breathing. This not only helps the central nervous system, but also the autonomic nervous system (which balances the two systems). It also constantly promotes awareness of our special senses (vision, hearing, tasting, feeling, and smelling). Since the whole body becomes balanced internally, this helps to promote a more positive mental attitude. This assists in controlling behaviour – preventing over- and under-eating behaviour.

Qi Gong practice is another way of strengthening the body, realigning the body, mind and spirit. Qi Gong means building Qi (vital energy) through discipline and skill. It is a discipline that increases willpower, and provides concentration and self-awareness. Therefore Qi Gong meditation helps to keep the body in constant harmony, increases willpower, and is spiritually uplifting.

Herbal medicine

Herbal medicine (namely, Japanese sea tangle, Waxgourd) are examples of natural herbs. Lotus Leaf and Hawthorn Fruit Drink are examples of Chinese dietetic drugs. Herbs such as Poria (Fu Ling), Benincasa Peel (Don Gua Pi), Rush Pitch (Deng Xin Cao) are natural diuretics. To decrease dampness in the body, Dao Tan Tang (phlegm expelling decoction), Li Zhong Tang (a decoction which regulates spleen and stomach), and Jian Qi Hua Tan Tang (a decoction for descending Qi and dissolving phlegm) are all typically used. The

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Improving health... promoting wellness

Located in the Northwestern section of Alberta and bordering the BC and NWT boundaries, Northwestern Health Services Region is a progressive regional health authority servicing several rural communities, each with its own unique blend of historic, cultural and demographic backgrounds.



We are also a diverse ecological region made up of some of the largest and richest agriculture, forestry, oil and gas, and wildlife areas in the province. Paved highways access all major communities, including airports with daily flights to Edmonton and Calgary. Our pleasant summer days and midnight sunsets, combined with the beautiful glow of the Northern lights in the winter, make living in our region a truly unforgettable experience.

Our team-focused organization offers all the opportunities of a larger health care facility but with the ability to practice within one's full scope of practice, as well as gain valuable experience working in a rural setting. Our hospitals, health centres, long-term care facilities and regional offices are among the best equipped and up-to-date in the province, including construction of a brand new hospital to be completed in March 2003. We also provide community health and home care nursing throughout the region to those individuals in need.

Our nursing staff enjoys the highest salaries in the country, including education allowances and shift, on-call and overtime premiums, and all staff receive very competitive wage and benefits packages. We also enjoy no provincial sales tax, the lowest income taxes and provision of a Federal Northern Living Allowance of up to \$5,400. Relocation and other recruitment incentives may also be available for designated positions.

We are currently seeking qualified individuals to fill the following positions:

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If you are looking to experience peaceful rural community life, and have the drive and team spirit to make a difference, we look forward to hearing from you. Full-time and flexible part-time and casual positions are available throughout the region. New graduates are also encouraged to apply.

So what are you waiting for? Grab the Challenge... Come to Northern Alberta!

To submit your resumé, or if you require additional information, please contact us at:

Northwestern Health Services Region, Human Resources Dept.
Suite 200, 10106-100th Avenue, High Level, AB T0H 1Z0
Toll-free: 1-877-926-3791. Fax: (780) 926-4379
E-mail: hr@nwhsr.com



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For more information on the Primary Care Nurse Practitioner Program, visit our website at www.siastr.sk.ca or contact:

Joyce Bruce
Primary Care Nurse Practitioner Program
SIAST, Nursing Division
Continuing Nursing Education
Phone: (306) 798-3528
E-mail: brucej@siastr.sk.ca



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Ling Zhi mushroom is also a very useful general tonic as well as an effective reducer for fat and cholesterol in helping to stabilise one's weight control system.

Acupuncture

Acupuncture is a great help to control weight since the principle of acupuncture is to balance the Yin and the Yang. There are certain points in the body that can reduce body weight, increase metabolism, decrease fluid, increase energy and positive attitude. Auriculo Acupuncture is very useful and effective way of approach.

The points in detail

Points in the body that can reduce weight are CV.23 (thyroid), LI.11 (homeostasis), CV.12 (stomach hyperactivity), ST.36 (homeostasis), SP.6 (hormone and fluid retention), SP.10 and LI.3 for smooth flow of Qi and blood, ST.40 for removal of phlegm and KI.3, KI.10, LU.9 and SP.9 for removal of fluids. These points create homeostasis of weight control. The points around the anterolateral aspect of both wrists called 'Wei Wei points' are very useful for addiction. The points in the back, 3 cun lateral to the midline are very beneficial for psycho-emotional, obsessive-compulsive disorders and anorexia.

Auricular acupuncture points such as the mouth, anti-hunger point, anti-addiction point, shenmen, stomach, thyroid, kidney, spleen, liver are all essential points to stabilise weight. Auricular acupuncture has become very useful in weight control. Since auricular pins can be placed in the ear points for 1 - 3 weeks, this allows patients to press these points (when necessary) for cravings. Auricular acupuncture plays a major role in weight control since it allows patients to participate in their own treatment plan

Acupressure and manipulative therapy

Acupressure and Tui Na/Am Mor (manipulative

therapy and massage) are also very useful for weight control and relaxation. One method is acupressure to the essential acupuncture points. This allows personal contact for the patients and keeps the body in harmonious and balanced stage. Am Mor on the bladder, governor vessel and conception vessel are also traditional Chinese methods of weight control. Tui Na on the meridians – especially pulling and stretching skin along the bladder, heart, spleen, and lung meridians are also typically performed. This, in addition to adjusting one's jaw (Temporo-Mandibular Joint – TMJ) is particularly effective. Adjusting the TMJ balance the whole body system.

The points in detail

Tui Na on the meridians – especially pulling and stretching skin along the bladder, heart, spleen, and lung meridians are also typically performed. This, in addition to adjusting one's jaw is particularly effective. Am Mor on the bladder, governor vessel, and conception vessel are also traditional Chinese methods for weight control.

Conclusion

In conclusion, TCM provides various options for controlling one's weight and enhancing bodily harmony and homeostasis. It is a natural and holistic approach, without any unnecessary interventions or additives. Dietetic herbal medicine typically treats a body from inside the body outwards, whereas acupuncture, Tui Na, and Am Mor treats from outside to inside the body. Exercise, meditation, and Qi Gong treat from both directions. The main focus is on total health and wellbeing, as has been practised successfully in China, other Asian countries and around the world throughout the centuries.

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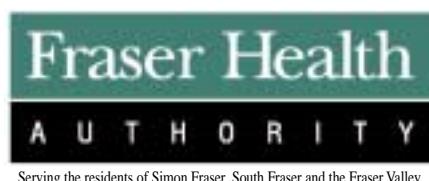
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health discipline may also be admitted if they meet the same experience criterion. In year one of the program, students do course work in one of four elective areas. These include: Rural/Health; Management; Nursing Education; and Mental Health Nursing. In the second year, core subjects in the discipline of nursing and research methods are completed. The third and final year is focused on one of three options. Students may complete a thesis, complete four further subjects from available electives or complete two elective subjects and a major project.

The Master of Applied Science in Medical Imaging has been available by distance education since 1999. The specializations that students can choose from are currently: diagnostic radiography; computerized tomography and magnetic resonance imaging. Other specializations will become available subject to the university's Academic Senate Approval. The program is designed for practicing medical imaging technologists with an

undergraduate degree in the profession, to advance both their technological expertise and academic understand of the chosen specialization. Experiential and academic admission requirements are stringent and it is suggested for those of our readers who are interested in this program that you contact Robert Millar.

For more than a century, CSU has had a record of higher education. Millar says that its record for distance education speaks for itself. It is the largest Australian provider of distance education for overseas students and is at the leading edge of the delivery of information technology services. The infrastructure for distance education takes into account time zone and geographical factors. Like other distance providers, it started out in its distance programs using what Millar calls the "old fashioned way" with print media, modular courses, perhaps the suggestion of a text and the use of phone and regular mail for communication purposes. Today, along with heavy use of electronic media,

including e-mail, online instruction, and online forums, Canadian students are offered the assistance and support of a Canadian office. Help with the technology and expertise in the subject matter are available from the university electronically as well as the presence of a consultant (who also acts as a "marker" in nursing in the Canadian office. As well, unlike other off shore distance education providers, CSU holds annual convocation ceremonies in Canada. While these ceremonies may be symbolic, Canadian graduates have the opportunity to celebrate their achievements with colleagues, friends and family in an official way.

For more information: Website: www.csu.edu.au
Phone: (905) 648-7130 (Robert Millar and staff at ISRS) Fax: (905)648-7133 (Robert Millar and staff at ISRS) E-mail: isrs@sympatico.ca (Robert Millar and staff at ISRS)

Loma Linda University: Canadian University College

Loma Linda University is a Seventh Day Adventist coeducational health sciences institution located in Southern California. The Canadian University College is the Canadian campus of the university and is located slightly north of Lacombe, Alberta, a town that is almost equidistant from the cities of Calgary and Edmonton.

Loma Linda University is part of the Seventh Day Adventist system of higher education. When I talked to Doug Werner, the contact person I had for the university in Canada. I asked him what was meant by the term. He explained that the Seventh Day Adventist is a religious denomination and that part of its mission is to develop higher education. The denomination also runs elementary and high schools. The Canadian University College is an off-campus extension of Loma Linda University and is the only one of its kind in Canada. While run by the Seventh Day Adventists, only about 10% of its students (in Canada at least) belong to the denomination, indeed not all students are part of the Christian faith. Programs are rooted on Christian tenets and this is recognized by students before they enroll.

For this continuing professional education special, Healthbeat's interest in the Canadian University College is the Marital and Family Therapy program held on-campus at Lacombe. It leads to a Master of Science degree. The

program is designed to provide students with a systemic background for understanding and assisting individuals, couples and families. It is an innovative program combining the teaching expertise of the Loma Linda University, California campus faculty with adjunct instructors and guest lecturers from the local professional community. There are usually between 55 and 65 students enrolled in the program who come from diverse backgrounds such as business, education, nursing, social work, law and counseling.

Werner explained that the program is clinically based with 500 hours of face to face instruction. About 1/2 of the courses are taught on an "intensive" basis. As the name implies a three unit "intensive" runs for four full days. The remainder of the courses are run on a more traditional basis with once a week classes, seminars and the like. Courses are taught for three quarters per year, mid-September to mid-June of the following year. In the first year of the program courses are more general and about 1/2 way through the year the practicum begins. In the second year the student must choose from among 5 or 6 models of therapy in which they want to practice. Study in this year culminates in a written, oral and video project that is presented to a three member expert panel. The project must be in keeping with the model of therapy that the student has chosen.

When I asked Werner if there were any plans to provide this program using distance education techniques he replied in the negative. In his view the Marital and Family Therapy program does not lend itself well to distance learning. There is a heavy clinical component and the classroom segments stimulate the discussion and reflection that is important to the program's content. As well, there is a strong bond that is built among students that serves them well as students and eventually, therapists.

The Master of Science degree is conferred by Loma Linda University, a fully accredited university. As well, the Canadian University College program is recognized by the Alberta Advanced Education department and graduates qualify for licensing as a psychologist in Alberta.

For more information: Phone: (403) 782-3381
Website: www.llu.edu (Loma Linda University)



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Riverside Health Care Facilities Inc is a progressive health care organization providing primary and secondary health programs and services at three sites in Fort Frances, Emo and Rainy River. Fort Frances is located on the Ontario/Minnesota border (across from International Falls) about 200 miles southwest of Thunder Bay, Ontario and 200 miles southeast of Winnipeg, Manitoba. Fort Frances combines a great outdoor lifestyle with the advantages of a good size population (25,000 including International Falls, Minnesota).

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Full-time registered nurses required. Candidates with the following qualifications are invited to apply - currently licensed with the College of Nurses of Ontario - BscN or related degree preferred.

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Full-time and part-time positions available. We are seeking experienced Registered Nurses with excellent clinical, organizational and leadership skills to supervise the delivery of nursing and patient care on all tours of duty. Applicants should be licensed with the College of Nurses of Ontario and have a minimum five years acute care nursing experience.

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- Meet the qualifications outlined in the Ambulance Act, Part III, Qualifications for Employment.

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Human Resources Department
Riverside Health Care Facilities Inc.
110 Victoria Avenue Fort Frances, ON P9A 2B7
Phone: 807.274.4802 Fax: 807.274.2898
e-mail: riverside@fort-frances.lakeheadu.ca



West Parry Sound Health Centre

The Health Centre is a community focussed health care facility that provides a range of services for both permanent and seasonal residents of the Parry Sound Area. With funding approved and plans well underway for a 'new' Health Centre, the next five years promises to be an exciting time for all staff.

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Human Resources, West Parry Sound Health Centre, 10 James Street, Parry Sound, ON P2A 1T3
wpschr@vianet.on.ca or fax 705-746-7091

The Health Centre thanks all applicants for their interest however, only those selected for interviews will be contacted.

Career Opportunities

Unlimited Nurse Search Meeting the nurse's needs

Unlimited Nurse Search is a privately owned medical recruitment company located in San Diego, USA. Its specialty is the placement of registered nurses in permanent full time positions throughout the US.

Nadia Gruzd, owner and spokesperson of Unlimited Nurse Search, believes that it is the personalized service offered by the highly trained recruitment specialists on her staff that has been responsible for the company's success. The company's focus is on meeting the nurse's needs. Unlimited works for the nurse not the hospital using the underlying philosophy that if the nurses' needs are met they will be well satisfied with the placement and will be an outstanding employee.

Because Unlimited mainly recruits for hospitals in the US, her most frequent placements are for Canadian registered nurses. US hospital officials know from experience that the education and

training of Canadians is superb. As well, the free trade agreement allows for registered nurses to get a working visa quickly. The same ease of obtaining a visa does not apply to Canadian LPNs or registered psychiatric nurses so Gruzd recruits far fewer of these.

Although Unlimited works for the nurse, fees are paid by the hospital that places the nurse. No fees are charged unless the placement is successful for the hospital and the nurse. Employers usually have a recruitment budget and Gruzd says that they save dollars using her agency because of savings achieved through pre-screening, assistance with licensure, the personal attention that is given to the prospective employee and the dollars saved from advertising.

The process for a nurse using Unlimited for a full time employment placement in the US is as follows. Once the application is received from the nurse, Unlimited schedules a phone interview to

determine the nurses needs that are perhaps not evident from the application or resume. A fit is found between the nurses needs and the needs of the employer, considering not only the nurses clinical skills but lifestyle as well. The interview between the hospital and the nurse (usually by phone but sometimes face to face) is scheduled by Unlimited and if the nurse and the hospital are satisfied, the placement is made. Unlimited keeps in touch with the nurses they place for follow-up and support. To date in 2002, Unlimited has 20 placements a month in US hospitals.

One of the most interesting features of Unlimited Nurse Search is their placement of new graduates. In Gruzd's own words she "loves new graduates, they are so enthusiastic". There are hospitals with which Unlimited has a

recruitment contract that pay special attention to the needs of newly registered nurses. Typically, these hospitals have a 16 week orientation program for them where they have classroom as well as supervised clinical experience in each area of the hospital. During this orientation period the nurse receives full benefits and is paid a salary that is a bit less than that of the full time employee they will become. There is also a two year mutual commitment made between the hospital and the nurse. Gruzd says that this is truly a commitment not a contract.

For more information: Phone: 800-903-8532
E-Mail: info@unlimitednursesearch.com. To apply online visit www.unlimitednursesearch.com.



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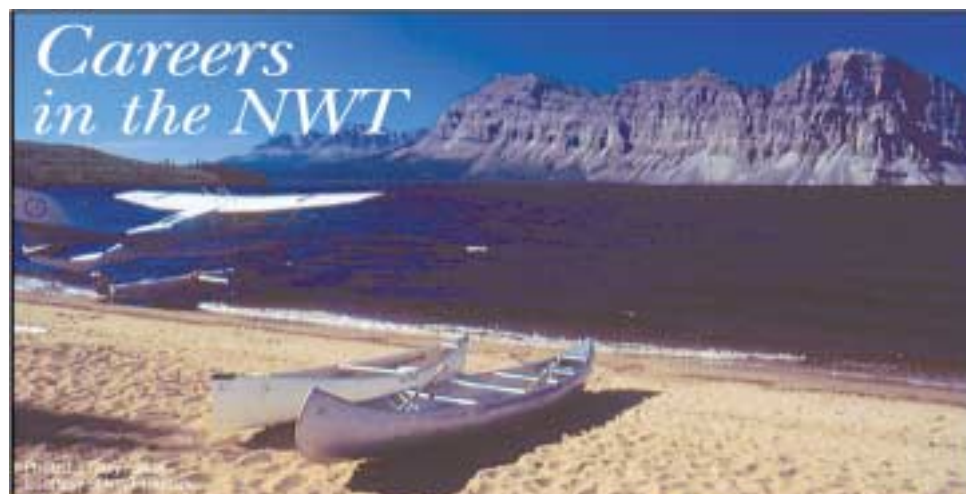
for its base in Yellowknife

Qualifications: **BCLS, BTLS, ACLS, PALS**

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- Previous flight/northern experience an asset

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Pat O'Connor
344 Old Airport Rd.
Yellowknife, NT X1A 3T4
Phone (867) 873-9099 Fax (867) 873-2093
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FOR MORE INFORMATION

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