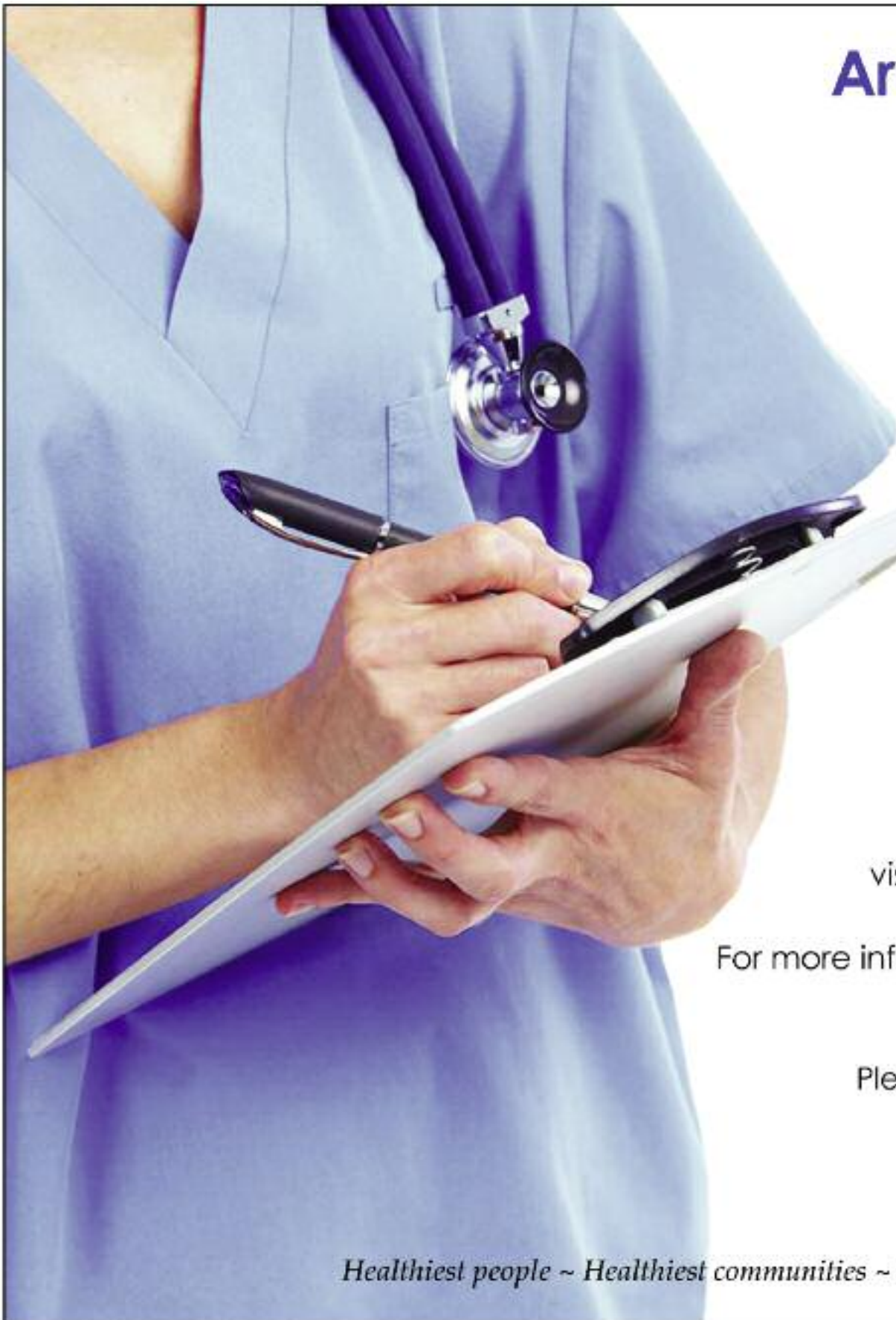




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# HEALTH *beat*

Summer 2011  
Volume 14, Issue 3



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#### Published by:

**McCrone Publications**

9768 – 170 Street, #319

Edmonton, AB T5T 5L4

Toll Free – Ph: 1.800.727.0782

www.mccronehealthbeat.com

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

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With ever increasing emphasis on the formal evaluation of health care professionals' professional obsolescence and continuing competence, continuing professional education has become significant in helping to meet the regulatory requirements for licensure or registration.

Across Canada there are many pieces of legislation regulating health professionals that make clear the requirements to demonstrate continuing competence. Participating in continuing professional education and documenting that participation is one of the ways to demonstrate that professionals are continuing to be competent to do the job they are doing. While Health Professionals have always needed to keep their skills current, the formal assessment of competence is probably an added incentive to do so. It is however, increasingly difficult with the rapid expansion of research and subsequent knowledge, and a rapidly changing technological environment in all the disciplines.

Technical and professional obsolescence is a term used to describe the discrepancy between a professional's knowledge base, skills and abilities and the person's capability to perform tasks required for the job now and in the future. Most writers claim that obsolescence is inevitable unless efforts are specifically made to counteract it. Without continuous updating, a professional's technical competency declines (Knight, 1998 p.1, Sparks, 1999, p. 1). However, Del Bueno (1997) identified three dimensions of competence, thereby acknowledging that technical competency is only once component and not the sum total for evaluating continuing competence. Her three dimensions of competence include: critical thinking, interpersonal skills and technical skills.

Describing or defining continuing

competence has been a major challenge for health professional regulatory bodies. Decker et al, 2011 cited the NBSBN definition of competency that was developed in 1996 and reaffirmed in 2005. It is "the application of knowledge and the interpersonal, decision-making and psychomotor skills for the practice role, within the context of public health [p.1]" (p.2). The Canadian Nurses Association defined competency as "the integrated knowledge, skill, judgement and attributes required of a registered nurse to practice safely and ethically in a designated role and setting. (Attributes include, but are not limited to, attitudes, values and beliefs) These definitions or those very similar, form the basis of many health regulatory bodies framework for assessing continuing competence.

While regulatory bodies require the assessment of continuing competence of their members, it is the member who is ultimately responsible for assessing her/his competence. In a paper addressing the assessment of continuing competence of physical therapists in the United States, Miller et al (2010) suggest that there is little evidence to show that self assessment is effective (p.1). These authors maintain that more rigorous measures of competence be employed. Nevertheless, the purpose of these assessments, self or otherwise is to monitor the member's own competence and guide professional development activities, including continuing education.

There are two issues that remain outstanding in the field of continuing professional education. These are cost and accessibility. While cost can still be an issue in some circumstances, the other, accessibility, has been largely resolved with the rapid growth of technology.

The Internet as we know it is less than a quarter century old. So much has changed as a result of its growth that it is hard to imagine what life was like before the web and before e-mail. For us as health professionals, it is important to know what is happening in our industry as it moved into the area of cyberspace. The impact on our clients as knowledge about their health is more readily available, the impact on our own working life as communications are almost instant, and especially the impact on our education both basic and continuing are worth reflecting upon. The experts tell us that in the not too distant future the web will be used in almost every aspect of our education. Use of the web has become easier as the use of physical links will

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

# Relationships between professional regulation and continuing professional education

disappear, replaced and augmented by wireless devices and hand held tools that connect us no matter where we are or what we are doing. A few years ago this would have sounded like science fiction – today it is reality.

Continuing professional education can now be delivered in a variety of ways using traditional as well as distance delivery methods. While at one time distance education meant ordering large quantities of material on paper; completing assignments and mailing them in to instructors/examiners; communicating with instructors by telephone; and if you were lucky having contact with others taking the same course living in your geographic area. Today much continuing education makes heavy use of distance learning, which not only includes independent study, but which can include videotaped/CD-ROM material, broadcast programming, online/Internet delivery and online Interactive Courses. In addition to independent study, the use of conference-type group study, including study networks (that can, and in many instances, meet together online). As well different types of seminars/workshops (some even called webinars), can be used to facilitate learning. A combination of traditional, distance, and conference-type study, or two of these three types, may be used for a particular continuing education course or program creating a mix of methods that suit the content of the program and meet the learning needs of the professional.

While distance education is undergoing enormous change, educators agree that the pieces are not all together yet. They also agree that even with fluctuating conditions in the distance learning field, there are at least three factors that they can also agree on. These are: distance education is more or less accepted as the norm especially in the areas of formal and informal continuing professional education; the number of distance education providers, both traditional and non-traditional, is growing; and, the roles of both teacher and student are undergoing sharp scrutiny. Even though there are inarguably significantly more changes ahead for educators and students, some experts foresee that traditional on campus learning will not decline. Rather than competition between two methods of learning, educators think that they are parallel roads to the same destination. Differences in teaching techniques and other delivery methods have been

See Editorial page 4

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**Call it what you want; strength training, resistance training, or lifting weights, it's all exercise. The question is why are you doing it?**

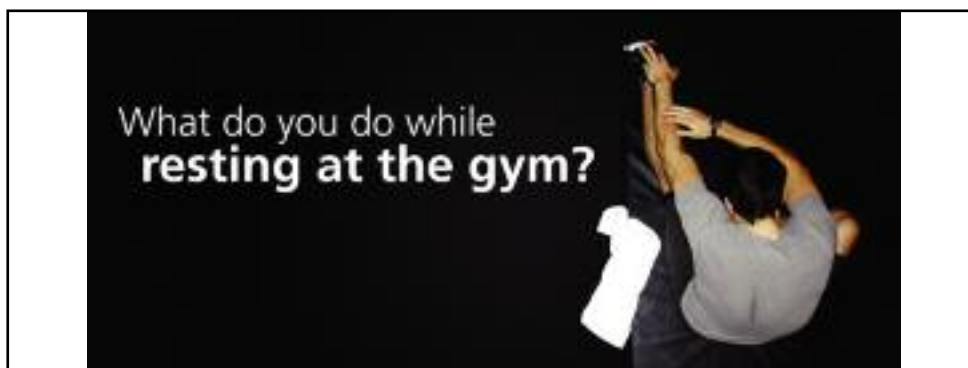
There's a reason your local gym is full of treadmills, elliptical's, barbells, benches and dumbbells. They are there to provide a balanced exercise routine. Life's about balance and your health is no different.

Balance cardio and lifting weights, it's a must!

Lifting weights can help to improve ones self appearance. You'll physically see changes in the mirror like defined lean muscle, a decreasing waist line and overall appearance benefits. That's all great; however at the same time there's so much more going that's not just skin deep.

Here are some benefits from lifting weights on a regular basis:

- As you age you can prevent injury and hold on to your strength
- Reduce the risk of developing heart disease, diabetes and insulin needs
- Increase/boost your immune system = less colds and illnesses
- Relieve neck pain (important for desk jobs, improves posture)
- Increase in strength (everyday tasks like carry groceries becomes easier)
- Increase your balance
- Maintain a healthy weight



What do you do while resting at the gym?

- Increase your confidence (strong self esteem)
- Improve stress management as well as lowered anxiety levels
- Build strong bones, decrease risk of osteoporosis
- Increase muscle flexibility and decrease risk of injury
- Higher levels of energy throughout the day
- Get a good night sleep

You can see from the list above exactly why strength training is so important.

Mix it up; variety is the spice of life and can also save you from boredom in the gym. Don't get stuck in what you know, try new exercises it's great for the muscles and also great for the brain. When you're stuck for new ideas refer to the internet, fitness magazines, ask a friend, or watch what other people are doing in the gym. You might see a few exercises worth trying.

Cardiovascular exercise like jogging biking etc should be apart of your overall healthy livin' routine but not the entire part. Even extreme athletes training for events such as the Ironman Competition which is a long distance event designed to test ones

cardiovascular endurance can benefit from a strength training program.

**Cardio + Weights = A Great Combination**

There are a few ways you can go about balancing:

1. Weights and cardio done on the same day. I would recommend that you do the weight portion first followed by some sort of cardio. Reason being; if your lifting weights overhead you want to make sure you are alert, fresh and full of energy. If you were to do a session of cardio first, you might feel a bit sluggish and that's not the best time to be moving heavy objects over your head.

See *Balanced Approach* page 7



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## Health Observances 2011 Calendar

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.

For the full 2011 calendar please visit:  
[www.ihaonline.org/upcomingevent/healthdays/healthdays1.shtml](http://www.ihaonline.org/upcomingevent/healthdays/healthdays1.shtml)  
and click on the “download 2011 calendar” link

### Editorial from page 2

minimized over time. Students are often offered a mix of methods to achieve the same goal and will choose the best mix to suit their learning needs and lifestyles.

I started this editorial thinking about the relationship among three concepts: professional obsolescence; continuing competence; and, continuing professional education. While writing it I was struck by the changes to my profession that have occurred since I started my first nursing job as a registered nurse 50+ years ago. As I look back I can't remember anyone talking about competence or continuing education. It was a given that we would probably have to learn to perform nursing tasks differently and learn new tasks, but to actually visualize and talk about what I just finished writing about would have been laughable! All health professions have come a long way and our patients/clients can only benefit from our broadened education.

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# Alberta's 5-year Health Action Plan

Our skilled team of health care providers includes more than 90,000 dedicated, energetic health professionals. Alberta Health Services has an international reputation as a leader in research, innovation and care. We'd love you to join us in building the strongest health care system in Canada.

## A Plan for the Future

Reduced wait times for surgeries, quicker access to cancer treatment and more continuing care options are some of the improvements Albertans can expect from the Becoming the Best: Alberta's 5-year Health Action Plan.

"The Health Action Plan clearly defines short and long-term goals for Alberta Health Services (AHS) that will ensure Albertans have access to quality health care," said Dr. Chris Eagle, President and Chief Executive Officer for Alberta Health Services. "With the stability provided by the 5-year funding plan, AHS is committed to delivering on these goals and being accountable to all Albertans."

Alberta is the only province in Canada to have a 5-year health funding commitment in place. Becoming the Best provides the detailed targets to drive further improvements in the health care system.

Some highlights Albertans can expect to see under the plan include:

- Reduced wait times for hip surgery (60% reduction in wait times);
- Quicker access to radiation oncologists for patients (70% reduction in wait times);

- Faster treatment at emergency departments (90% of patients to be treated and admitted to hospital within 8 hours, and 90% of patients to be treated and released within 4 hours);
- More spaces for continuing care (68% increase in the number of people moved out of a hospital bed and into a community care setting); and an
- Emphasis on wellness to keep Albertans healthy (32% increase in child immunization rates).

Under new president and CEO Dr Chris Eagle, AHS is evolving to meet the needs of the organization.

"We have a great opportunity to develop a truly world-class health system and I believe that we, the AHS team, can do just that," says Dr. Eagle. "I want our organization and structure to nurture and support people."

A New Hospital Unlike It's Counterparts

Opening in 2012, the South Health Campus (SHC) in Calgary will be more than just a hospital. The diverse activities that the facility will house – emergency care, inpatient and outpatient care, services to promote wellness for

patients and staff, and research and education of health care professionals – make the term "campus" more applicable.

In the first phase of recruitment 2,400 staff and 183 physicians will be working on the site. Approximately 98 per cent of these positions will be new, meaning new employment opportunities

opening in the Calgary Zone. Opportunities will be available in all clinical service areas, including medicine, surgery, critical care, neurosciences, cardiology, mental health, emergency and women's health programming.

Staff will focus on the four pillars of SHC which include: wellness philosophy; patient and family centered care; collaborative practice and pragmatic hiring as well as community-based

care to bring community and nature together under the theme 'People, Village, Nature'.

The facility will open using a phased approach, beginning in spring 2012, and is expected to be fully operational in late 2013.

Please visit [www.albertahealthservices.ca](http://www.albertahealthservices.ca) for more information.



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To apply or for more information, please contact: [www.albertahealthservices.ca](http://www.albertahealthservices.ca)

# Did You Know...?

by Jennifer (Jay) Sherwood, BScN, MEd.

This column highlights a sample of the information that has arrived 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.

Be advised, *HEALTHbeat* does not endorse or otherwise support any of the products, new ideas etc.

## Did you know that...?

**SHERBROOKE, PQ – Neurosurgeon David Fortin has conducted the first robot-assisted removal of a brain tumour in Canada.** The Sherbrooke-based surgeon and his team also made use of MRI imaging during the procedure.

**CANADIAN ASSOCIATION OF RADIOLOGY (CAR) . A study finds that physicians override DI clinical support.** There was very little compliance with a Canadian Association of Radiology (CAR)-based decision support system in a pediatric hospital, with physicians seldom taking the advice offered by the system, according to a study published in the April edition of the *Journal of the American College of Radiology*.

**WINNIPEG, MB – The number of Manitoba Telehealth sites has officially passed the 100-site mark,** bringing healthcare services closer to home for rural and northern families, Health Minister Theresa Oswald announced.

**GANDER, NL – A \$3 million magnetic resonance imaging (MRI) system** at the James Paton Memorial Regional Health Centre was officially opened by the Honourable Jerome Kennedy, Minister of Health and Community Services. Minister Kennedy was joined by Karen McGrath, Chief Executive Officer of Central Health Centre for the announcement.

**TORONTO, ON – Ontario is consolidating its healthcare improvement work into Health Quality Ontario (HQO).** The organization will bring under one roof the former Ontario Health Quality Council and five other organizations and programs – the Medical Advisory Secretariat, the Ontario Health Technology Advisory Committee, the Ontario Health Technology Evaluation Fund, the Centre for Healthcare Quality Improvement and the Quality Improvement and Innovation Partnership.

**KITCHENER, ON – Over the past 18 months, the eHealth industry in Canada has been twisting in the regulatory winds** emanating from Ottawa. The biggest gust was a notice issued by Health Canada in August 2009 clarifying that patient management

software was subject to the Medical Device Regulations (MDR). It came as a surprise to many unaware stakeholders and a frustration to those who had been willfully avoiding the MDR vortex.

**CALGARY, AB – Alberta Health Services has appointed Dr. Chris Eagle** as its new president and CEO. Dr. Eagle, who has been acting CEO since Dr. Stephen Duckett was dismissed last November, will serve a five-year term in which he has committed to improving healthcare in a number of areas, including emergency services.

**TORONTO, ON – Canadian-owned and operated PatientOrderSets.com** has won a major contract to supply its comprehensive order set program to five more hospitals in Southern Ontario.

**TORONTO, ON – Baycrest, a Toronto hospital and research centre specializing in aging populations,** has allied with global software giant Microsoft and its partner company Orangutech to create a web-based “cloud” for healthcare organizations in Canada and around the world to share information.

See *Did you know?* page 7

## Registered Nurse

### Purpose of Position

A Registered Nurse (RN) at the PCN takes on the role of planning, development, and implementation of programs to provide comprehensive care to chronic disease patients with an emphasis on self-management, healthy living, and disease prevention within a collaborative care model.

### Key responsibilities

The key responsibilities of the RN include, but are not limited, to:

1. *The planning, coordination, and delivery of services for patients with one or more chronic diseases that would include:*

- Utilizing the referral process from physicians or internal referral process from other disciplines
- Triage referrals to appropriate disciplines
- Comprehensive assessment to identify needs
- Data gathering utilizing evidence based protocols and guidelines
- Develop and implement plan of care with patients to promote self-management, healthy living, and disease prevention
- Maintenance and ongoing documentation of patients and ongoing communication with referring physicians
- Patient follow-up and liaise with physicians and other team members, and community resources as needed
- Facilitate education for patients on an individual or group basis
- Identify and track appropriate metrics to evaluate patient outcomes
- Ongoing professional development courses

2. *Participate in the development of interdisciplinary, evidence-based programs to address educational needs of patients with chronic disease:*

- Participate as an integrated team to provide enhanced patient care through active problem solving
- Program planning and delivery of educational workshops on self-management, healthy living, and disease prevention
- Case conference as needed to effectively manage and streamline patient care
- Identify and track appropriate metrics and continually improve as appropriate to evaluate efficiency and effectiveness of an interdisciplinary approach to patient care

3. *Development of group programs:*

- Identify appropriate patient population for programs which will improve patient outcomes
- Foster self-management skills in chronic disease patients to improve quality of life
- Sustainable medical programs
- Pilot medical programs to determine effectiveness and efficiency
- Focus on healthy living and disease prevention
- Identify and track appropriate metrics and continually improve as appropriate to evaluate efficiency and effectiveness

4. *Specialty practices:*

- Assist with clinic procedures in various specialty areas (e.g. cardiac, diabetes, obesity)



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### Qualifications & Expertise

- Baccalaureate degree in nursing preferred
- Minimum 5 years experience as a registered nurse; experience working in a community based primary care setting is a definite asset
- Active registration with CARNA (must be responsible to provide proof of active registration and practice)
- Current CPR and BCLS
- Experience in chronic disease management and geriatric care preferred
- Experience in health education (individual/group education) preferred
- Specialized skills within various specialty areas prevalent in primary care (e.g. diabetes, obesity) preferred
- Knowledge and skills in program planning, implementation, and evaluation preferred
- Computer proficiency with Microsoft Office and Internet Explorer an asset

### Personal Attributes

- Refined interpersonal skills
- Demonstrates excellent clinical skills
- Excellent written and verbal communication
- Able to work with minimal supervision, organizational skills and ability to prioritize
- Desire and proven ability to work in an interdisciplinary team environment
- Able to recognize strengths and limitations
- Able to problem solve and find ways to continually improve
- Responsible and accountable

### Hours of Work & Special Considerations

38.75 hours per week, Monday to Friday exclusive of lunch/breaks during standard operating hours. Classes and groups are offered to patients in the evenings, so the successful candidate must be able to flex their hours at least once (if not more) a week until early evening to help deliver these classes. Early morning or late evening meetings may occasionally be required, particularly when meeting with physicians.

As travel may be required from the PCN office to member physician clinics, a valid driver's license and access to a vehicle is required.

**To apply, please email your resume and cover letter to [greatjobs@enpcn.com](mailto:greatjobs@enpcn.com)**

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Princess Cruises' commitment to excellence extends far beyond being the Consummate Host to our passengers and a favored employer for crew. We are an industry leader in safety and our medical services are no exception – they are unique in the cruise industry having been awarded accreditation and ISO 9001:2008 certification for quality in health care.

With the exceptional vacation product we offer, the need for medical services is a distant concern to many of our passengers. However, our vessels are often likened to small towns and the incidence of illness and injury on board is equivalent to that seen in communities of comparable size ashore.

Comprised of full time doctors and nurses working four month contracts at sea then two months off; our small teams provide complete medical care for all on board through twice daily clinics for both passengers and crew and a 24 hour

emergency service. Routine and intensive inpatient care, diagnostic services, wound care, minor surgical procedures, primary care and emergency response are all in a day's work.

The sea going nursing officer role offers the opportunity to provide primary and emergency care in a variety of settings. Extended skills in emergency response, laboratory testing, equipment competence, X-Ray acquisition and maritime process are just some of the new roles that will be developed in this exciting position. Administrative and computer abilities are a necessity, as are excellent time management, customer service and communication skills.

Princess Cruises is looking for dynamic, resourceful nurses to join our on board teams with experience in Emergency Department or Intensive Care. We expect a high level of commitment from those keen to provide outstanding health care and customer service. Successful applicants will enjoy the benefit of living and working aboard our luxurious vessels in addition to the privileges of being an officer in the merchant navy. A competitive remuneration package is enhanced by supported professional training and development. Our first class medical facilities provide a work place that will take you around the world, while you deliver structured, evidence based care to an ever changing patient demographic.

For more information on how to take your career in an exciting new direction visit: [www.princess.com/employment/onboard\\_employment/index](http://www.princess.com/employment/onboard_employment/index) or [www.pmcmarine.com](http://www.pmcmarine.com) for send your resume to [pmmarine@telus.net](mailto:pmmarine@telus.net)



2. Weights and cardio done on separate days. This way works great for the busy person as each workout is relatively short and doesn't take much time out of your day. A general rule of thumb is to allow one full day of rest between each workout. So if you were to lift weights on a Monday, you could do a cardio workout on Tuesday followed by a weight workout on Wednesday and then again a cardio workout on Thursday. Both weights and cardio have a day off in-between.

As with any type of exercise routine, make

sure you take days off here and there. Rest is just as important as the actual exercise itself. Try to listen to your body; if some days you're having to drag yourself out the door, you're better off eating a healthy meal, relaxing and skipping the gym that day.

**Think about your routine right now.  
Are you balanced?**

*Dougy Wilson, BSc, CSCS (Certified Strength and Conditioning Specialist); Healthy Livin' Practitioner; (604) 612-6220;  
[www.thehealthylivin.com](http://www.thehealthylivin.com)*



## Did you know? from page 6

**FREDERICTON, NB – New Brunswick's Health Minister, Madeleine Dubé, has stated the government is opposed to purchasing high-field 3T MRI scanners for the province's two neuroscience centres, The Moncton Hospital and the Saint John Regional Hospital, maintaining that upgraded 1.5T MRI scanners are needed throughout New Brunswick before such specialized acquisitions occur.**

**WINNIPEG, MB – A \$40 million, comprehensive, aggressive and first-in-Canada cancer strategy will streamline cancer services and dramatically reduce the wait time for patients between the time cancer is suspected and the start of effective treatment, announced Manitoba Premier Greg Selinger. "This is a bold step forward for patients in our province and I am proud that Manitoba will be the first in the country to implement this very important program," said Selinger.**

**WINNIPEG, MB – Manitoba is providing more than \$1.75 million to introduce pharmacists and their expertise into some of the province's busiest emergency departments, announced Health Minister Theresa Oswald.**

**TORONTO, ON – A new working group of clinicians from various disciplines will help shape the future of e-Prescribing in Canada, announced Richard Alvarez, President and CEO, Canada Health Infoway (Infoway). "Infoway greatly values the advice and knowledge healthcare providers have shared with us over the years," said Alvarez.**

**MONTREAL, PQ – Intensive care physicians at Montreal's Sacré-Coeur Hospital are using iPads as they conduct their work. What's more, they've developed a system that gives them secure and instant access to a wide range of patient files, including medication use and lab results.**



## Registered Nurses For Cruise Ships Worldwide

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# BETTER BRAINS / BETTER BODIES

## A BIOMED SEMINAR FOR NURSES: 6 CONTACT HOURS

Seminar registration is from 7:45 AM to 8:15 AM. The seminar will begin at 8:30 AM. A lunch break (on your own) will take place from approximately 11:30 AM to 12:20 PM. The course will adjourn at 3:30 PM, at which time course completion certificates are distributed.

### PROGRAM / LECTURE

- **Weight Loss:** The Scientific Update. High-protein Diets vs. High-quality Eating. How Does Overeating Cause Premature Aging?
- **Good Fat/Bad Fat:** Can "Good Fat" Control the Urge to Overeat at a Restaurant?
- **Earliest Detection** of Alzheimer's Disease. Genetics Vs. Function. The Role of Visual Retention.
- **Biological and Biochemical Markers** of Alzheimer's Disease. The Role of Chemical Senses (Smell and Taste). When to Sound the Alarm.
- **Eight Choices That May Shorten or Extend Life** and Brain Functionality. Should Patients Play Guitar or Hockey or Solve Jig-Saw Puzzles or Sudoku Puzzles?
- **What to Take for Minor Aches and Pains.** Should the Patient Stick with Weight Lifting, Aerobic Exercise, or Cross-training? Right Vs. Popular: How Can One Gauge the Efficacy of Dietary Supplements?
- **The Relationship between Career and Brain Aging:** What is the Most Brain-Protective Career Move?
- **The False Protection of Education:** Understanding the Complex Relationship between Alzheimer's and Education Level. The Issue of Diet. Five Servings a Week - But of What?
- **Rewiring the Body:** From Face-Makers to Deep Brain Stimulators. Can Brain Stimulation Heal Appetite Pathology, Addiction, Depression, Memory Loss, Concentration Loss, and Chronic Stress?
- **Understanding the Principles of Neurotransmitter Balancing.** Updates on Serotonin and Dopamine. Why So Many Patients Suffer from Drug-Resistant Depression Despite Using the Newest Medications?
- **The Greatest Invisible Loss:** Changes in Sleep Architecture and Hormones Associated with Stress and Premature Aging
- **If Cells Are Replaced** Every 7 to 10 Years, Why Don't Patients Enjoy Permanent Youth?
- **Prevent Premature Aging:** Vaccination against Common Herpes Viruses: A Path to a Longer Life?
- **Gum Disease as the Robber of Life Expectancy.** Prevention of Gingivitis and Oral Disease: the Position of Mainstream and Alternative Dentists
- **Oral Restorations:** Nerve Damage and Its Management.
- **Are Patients Killing Themselves** with Omega-6 Fatty Acids? Marijuana and Frying Oils: A Surprise Connection.
- **LDL-Lowering and HDL-Increase:** The Challenge of Lifestyle, Exercise, and Diet. Is It Possible to Normalize Blood Lipids without the Use of Prescription Drugs? Warnings on Specific Lipid-lowering Drugs and the Risk of Irreversible Muscle and Kidney Damage.
- **Is Arterial Hypertension an Unavoidable Sign of Aging?** Angiotensin II and Premature Aging.
- **Vitamin E, Vitamin C, Coenzyme Q10, Alpha-Lipoic Acid, and Carotenoids.**
- **How to Clean Up Areas** of Chronic Inflammation and Reduce C-reactive Protein.
- **Insulin Resistance: The True Robber of Youth.** Insulin, Glucagon, Obesity, and New Drugs: Exenatide (Byetta) and Sitagliptin (Januvia). Can Life Be Prolonged by Suppressing Insulin Resistance?

6 CONTACT HOURS / [www.biomedglobal.com](http://www.biomedglobal.com)

### MEETING TIMES & LOCATIONS

#### EDMONTON, AB

Thu., Sept. 22, 2011  
8:30 AM to 3:30 PM  
Edmonton Hotel & Conv. Ctr.  
4520 76th Ave.  
Edmonton, AB

#### CALGARY, AB

Fri., Sept. 23, 2011  
8:30 AM to 3:30 PM  
Executive Royal Inn  
2828 23rd Street NE  
Calgary, AB

#### EDMONTON, AB

Thu., Oct. 20, 2011  
8:30 AM to 3:30 PM  
Edmonton Hotel & Conv. Ctr.  
4520 76th Ave.  
Edmonton, AB

#### CALGARY, AB

Fri., Oct. 21, 2011  
8:30 AM to 3:30 PM  
Executive Royal Inn  
2828 23rd Street NE  
Calgary, AB

### INSTRUCTORS

**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. R.S. Hullon (M.D., J.D.)** is a physician and surgeon specializing in trauma and orthopedics. His medical experience includes diagnosis and treatment of infectious diseases, neurological disorders, neurodegenerative diseases (multiple sclerosis, Parkinson's, and Alzheimer's diseases) and psychiatric disorders (personality and mood disorders).

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. This activity is co-provided with Biomed.

Institute for Natural Resources is an approved provider of continuing nursing education by the Virginia Nurses Association, an accredited approver by the American Nurses' Credentialing Center's Commission on Accreditation.

For all inquiries, please contact customer service at  
1-877-246-6336 or (925) 602-6140

### TUITION \$109

CHECKS: \$109.00 (CANADIAN) per person with pre-registration or \$134.00 (CANADIAN) at the door if space remains. CREDIT CARDS: Charges by credit card will be processed in U.S. DOLLARS at the prevailing exchange rate. The tuition includes all applicable Canadian taxes. At the seminar, participants will receive a complete course syllabus. Tuition payment receipt will also be available at the seminar.

### TO REGISTER

Please complete and return the registration form below. Or register toll-free with Visa, MasterCard, American Express, or Discover by calling **1-888-724-6633**. Or fax a copy of your completed registration form—including Visa, MasterCard, American Express, or Discover Number—to (925) 687-0860.

### REGISTRATION INFORMATION

Please register early and arrive before the scheduled start time. Space is limited. Attendees requiring special accommodation must advise Biomed in writing at least 50 days in advance and provide proof of disability. Registrations are subject to cancellation after the scheduled start time. A transfer at no cost can be made from one seminar location to another if space is available. Registrants cancelling up to 72 hours before a seminar will receive a tuition refund less a \$35.00 (CANADIAN) administrative fee or, if requested, a full-value voucher, good for one year, for a future seminar. Other cancellation requests will only be honored with a voucher. Cancellation or voucher requests must be made in writing. If a seminar cannot be held for reasons beyond the control of the sponsor (e.g., acts of God), the registrant will receive free admission to a rescheduled seminar or a full-value voucher, good for one year, for a future seminar. A \$35.00 (CANADIAN) service charge applies to each returned cheque. Fees are subject change without notice.

Please check course date:

- Thu., Sept. 22, 2011 (Edmonton, AB)
- Fri., Sept. 23, 2011 (Calgary, AB)
- Thu., Oct. 20, 2011 (Edmonton, AB)
- Fri., Oct. 21, 2011 (Calgary, AB)

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Please provide an e-mail address above to receive a confirmation and directions to the meeting site.