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# HEALTH

# beat

May/June 2007  
Volume 10, Issue 4

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## Education

## May/June 2007 - Vol. 10, Iss. 4

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In a release to the press by the Alberta College of Pharmacists (ACP) in March of this year it was announced that legislative changes governing the practice of pharmacists lead to new services provided by this health professional group. Under the new legislation Alberta pharmacists are given the authority to prescribe medications defined in Schedule 1 (see note) under certain conditions. This authority has been long in coming to the pharmacist profession in Canada.

Prescribing authority for medications for human use has until recently been within the sole purview of the medical profession. While over time



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

# Alberta Pharmacists Granted the Authority to Prescribe

pharmacists and nurses have been playing an increasingly larger role in the prescription and management of drugs, most of the prescribing authority was delegated to these professions by a physician. The key to the new pharmacist regulations in Alberta is that pharmacists are now given the independent authority to prescribe under conditions and standards governed by their own regulatory body.

According to the Canadian Society of Hospital Pharmacists (CSHP) Task Force on Pharmacist Prescribing, a professional may be granted the authority to prescribe independently, dependently or collaboratively. Dependent prescribing can best describe the practice of delegating authority mentioned above; independent prescribing in general supposes that the prescriber is solely responsible for patient outcomes; and collaborative prescribing requires a truly cooperative relationship between or among independent professionals. (p.2) The model of collaborative prescribing is reflected in the Alberta legislation and the standards of practice approved by the ACP.

In any collaborative practice model each profession is equally independent with a defined practice, body of knowledge and expertise. They work together to assure the best outcomes of care for the client. In the case of a collaborative prescribing model, the physician is recognized for expertise in disease diagnosis and treatment and the pharmacist is recognized for expertise in pharmacotherapy and disease management. Recognition and respect for these bodies of knowledge and expertise "optimizes the application of the specific training and knowledge of both health care professionals." (CSHP, p. 2) in providing the best possible client care. There are many examples of pharmacists currently working in what have been called expanded roles in conjunction with other health professionals including physicians. When this occurs, the goal is always to help clients make the best use of their medications to contribute to positive clinical outcomes.

The new legislation came into effect on April 1, 2007 in Alberta. While this is an opportunity for pharmacists to take more responsibility, including prescribing, to assure that their patients receive appropriate drug therapy and are supported while doing so, it does not mean that every pharmacist in Alberta will start prescribing today! The Alberta College of Pharmacists in an addendum to its

publication ACP News (March/April 2007) outlined timelines, prescribing guides and general tips for its Clinical Pharmacist members.

All Clinical Pharmacists must complete the orientation to the new legislation by July 1, 2007 and may not undertake any new authority until they have done so. As well:

- Those who have only completed the orientation may only adapt a prescription or prescribe in an emergency;
- Those who have completed the orientation and have been granted additional prescribing authority under the legislation can undertake initial access prescribing or managing ongoing therapy;
- Prescribing must be conducted in a collaborative environment.

Before a Clinical Pharmacist can prescribe there must be:

- A professional relationship with the patient
- Enough information (about the patient, the condition and the drug) to make an informed decision;
- A collaborative relationship with health professionals including physicians to determine mutual goals for therapy; and
- The patient's informed consent. (p.1)

In today's health care systems collaboration and interdisciplinary practice have become keywords to improving access to health services, reducing wait times and improving health outcomes. The new legislation for pharmacists in Alberta is one initiative to accomplish these ends.

For complete information including copy of the new legislation and the approved standards, please visit the website of the Alberta College of Pharmacists [www.pharmacists.ab.ca](http://www.pharmacists.ab.ca).

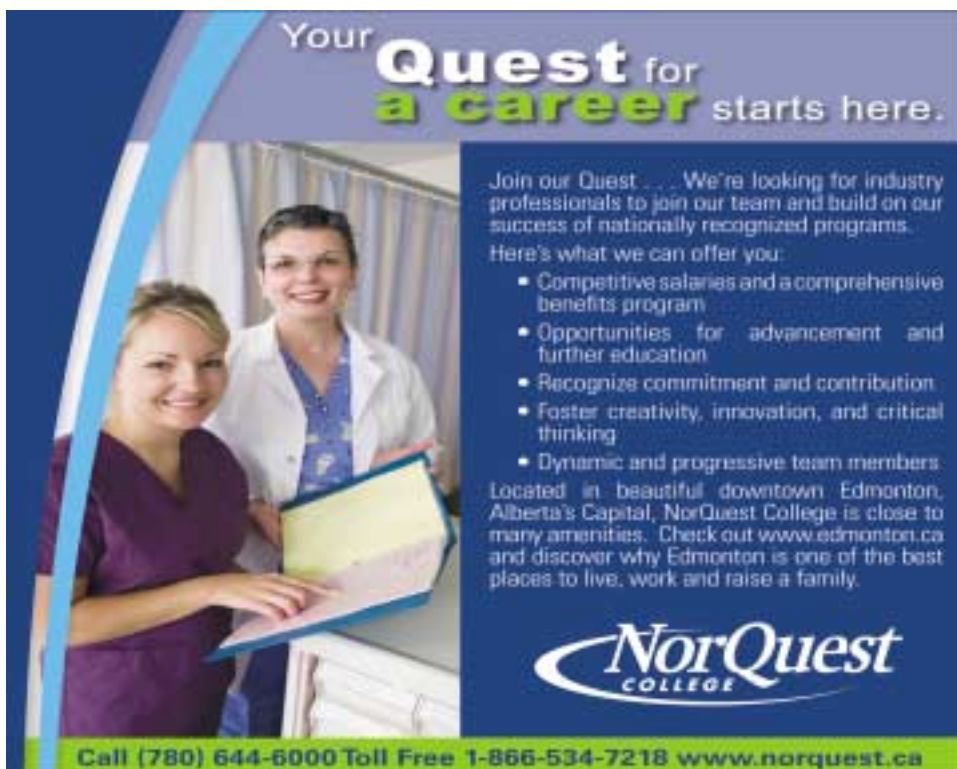
#### Note: Schedule 1

"The drugs included in Schedule 1 require a prescription as a condition of sale. Drugs in this schedule include all federally scheduled drugs and certain others which are specific to Alberta. The latter may appear to be non-prescription drugs (as there will be no symbol directly on the drug product label)." [Alberta College of Pharmacists. Understanding Alberta's Drug Schedules. May 2004]

#### References

Alberta College of Pharmacists. Headsup! ACP News Addendum. (Mar/April 07). [www.pharmacists.ab.ca](http://www.pharmacists.ab.ca)

Task Force on Pharmacist Prescribing. An Information Paper on Pharmacist Prescribing Within a Health Care Facility. (2001) CSHP: [www.cshp-bc.com/publications](http://www.cshp-bc.com/publications)

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Staff shortages across the health care system have prompted governments to expand educational programs and develop new program options.

The growth in health science education programs is opening up great opportunities for those seeking to shape the future of health care.

But who will educate the next generation of health science professionals?

"As society's need for nurses, health care support workers and supporting technicians increases, so too does our need to recruit highly skilled and qualified faculty. We need professionals who bring real-world insights, skills and experience into the classroom," says Joy Holmwood, Dean of Health Sciences at Douglas College.

And the pool of qualified health professionals is draining at both ends. Dwindling staff numbers create the need for educating, while retiring educational faculty create the need for more educators.

Making the transition from working in the field to teaching can be an attractive proposition.

"Many of our contract faculty are working professionals looking for a career challenge and new opportunities," says Holmwood. "They get tremendous satisfaction from passing on their expertise and passion to students who are eager to learn and succeed."

At Douglas College, student numbers are growing each year and degree, diploma, and certificate programs have capacity for new students. But the

growth doesn't stop there. More students and higher credential requirements, such as a bachelor's degree for nursing, are driving the need for new learning facilities. In response, the college is building a new Health Sciences Centre featuring specialized labs, interactive learning environments and the latest health science software and technologies.

"Our faculty members get to participate in the excitement of launching our new \$35 million health sciences centre in Coquitlam next January, which will be home to programs such as Bachelor's degrees in Nursing and Psychiatric Nursing; as well as our Dispensing Optician, Health Information Management and Home Support Care Worker programs."

The growth in programs, student enrolments and state-of-the-art facilities offers dynamic opportunities for health science educators. In British Columbia, as in many other provinces, the Ministry of Advanced Education is supporting professionals who want to move into teaching.

"Recently, a half a million dollars in funding was announced to help nurses earn their master's degrees. This would allow them to qualify for teaching positions at Canadian colleges and universities. Locally, organizations such as the B.C. Health Sciences Association also offer scholarships to help professionals advance in their careers."

For more information about teaching opportunities in Health Sciences at Douglas College call 604-527-5072, or visit the department website at [www.douglas.bc.ca/faculties/health-sciences](http://www.douglas.bc.ca/faculties/health-sciences).



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# Training Myths Debunked - Part one

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

I bet a number of you have heard of different myths in the exercise world. For example: women shouldn't strength train because they'll get big and bulky; strength training will stunt a child's growth; and lifting light weights for high repetitions will shape and tone your body. While there are others, these three are addressed in this article. Belief in these myths is why people are not getting the results they should. Perhaps this explanation will shed some light on the subject and help change your mind about training.

## Myth #1: Women shouldn't strength train because they'll get big and bulky

Women will sometimes look at competitive female and male bodybuilders and think, "Well, if weight training does that to them then I might as well stay as far away from it as possible". This, however, is a bad idea. For one, these female and male bodybuilders for the most part are taking massive amounts of anabolic, androgenic drugs. Second, men produce 10X more testosterone than females and testosterone is one of the main hormones involved in muscle growth and size. Third, there's also a difference in muscle mass distribution in men

and women, especially in the upper body, so if a woman does build muscle, she won't look masculine.

## Myth #2: Strength training will stunt a child's growth

This one may be a little bit of a shocker to you, but hear me out. Parents of course have no problem signing their kids up for football, soccer, hockey, gymnastics, etc., but have an aversion to letting them strength train. Why? Well, they assume as I used to, that the loading of weight on their child's bones (referring specifically to the long bones) will cause damage and result in stunted growth. Essentially what they fear is that the epiphiseal plates in these long bones will close early, thus limiting full, mature growth. The problem with this is that the loading incurred through the running, jumping, and tackling in the sports mentioned above can be as high as ten times more than that from strength training. In other words, the loads on the child's body while out on the athletic field are higher than in the weightroom. Also, by keeping their children away from the weightroom their child is in fact more susceptible to injury on the athletic field due to a lack of muscle mass and stability around their joints. Positions held by the American Orthopedic Society for Sports Medicine



## Do these women look big and bulky?

able to perform at least 20+ repetitions. The problem with this approach is that it doesn't cause enough protein breakdown in the muscles and a metabolic "debt" to stimulate adequate lean muscle growth. The key for shaping and toning your body is to stimulate as much fat loss and muscle gain as possible through a resistance that is "shocking" enough to your nervous system to cause it to recruit as many muscle fibres as possible. To obtain this benefit you'll want to use a resistance for any particular exercise where you can only lift for a maximum of 12 repetitions, preferably eight. This will ultimately lead to greater improvements in lean muscle mass and fat loss.<sup>1</sup>

I hope that these three myths have now been "debunked". In Part 2 of this article, that will be published in a future issue of HEALTHbeat, I shall address two more, namely: *Myth #4: Runners don't need to resistance train;* and *Myth #5: Machines are just as good as free weights. In the meantime happy training!*

1 DeFranco, J. "10 Training Myths Exposed." *Testosterone Nation*. 25 Oct. 2004 [www.t-nation.com/readTopic.do?id=513676](http://www.t-nation.com/readTopic.do?id=513676)

Tyron is a registered kinesiologist, C.H.E.K. Practitioner Level 2, personal fitness coach, and nutrition coach. He specializes in exercise programs for fat loss and muscle gain, corrective exercise programs for individuals with orthopedic injuries, and conditioning programs for athletes. Tyron's passion is to see people living in divine health, the way we're designed to. Tyron will help coach you toward the body the Maker has designed.

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**Dietary fat and your health**  
Your body needs fat for many important functions. Therefore, healthy eating includes eating some fat. However, as fats and oils are high in calories portions should be small to prevent excess weight gain. Of greatest importance is the type of fat you choose. Saturated and trans fat may raise your risk of heart attack or stroke because they increase the "bad" LDL cholesterol in your blood. On the other hand, some unsaturated fats lower your risk because they lower the LDL cholesterol and maintain a protective level of "good" HDL cholesterol. Other unsaturated fats lower risk by lowering blood triglyceride fat and reducing excessive blood clotting.

**Getting to know fat**  
**The Good Fat – Unsaturated**  
All unsaturated fats are healthy. Replacing saturated and trans fat with unsaturated fats can help improve your cholesterol levels and lower your risk for heart disease and stroke. Unsaturated fats include monounsaturated and polyunsaturated fats. All liquid vegetable oils, nuts and seeds are high in unsaturated fat. The omega-3 polyunsaturated fatty acids found in fatty fish may also lower blood triglyceride levels and improve immune and inflammatory disorders.

**The Bad Fat – Saturated**  
Much of the fat in animal products is saturated. Fatty meats and high fat dairy products such as cheese are the main contributors of saturated fat in our Canadian diet. Plant sources of saturated fat include palm kernel and coconut oil, plus manufactured hydrogenated vegetable oils. These saturated fats are commonly used in processed and packaged foods. The different types of saturated fat are currently being studied closely to determine which pose the greatest risk for heart health. Dietary cholesterol is also present in animal products. Foods such as eggs and shrimp contain cholesterol, yet are low in saturated fat and therefore can be enjoyed in moderation.

**The Ugly Fat – Trans**  
Trans fat is industrially produced when vegetable oils are partially hydrogenated. Trans fat not only increases your "bad" cholesterol but also decreases your "good" cholesterol, and is the most risky fat for heart disease. Trans fat may also increase blood vessel inflammation that increases risk for other chronic health problems. There are no known health benefits from industrially produced trans fat. Many Canadian food manufacturers are working to remove trans fats from their products.

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**omega-3**  
**trans**  
**saturated**

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## Making healthy fat choices

**Limit the total amount of fat you eat**

- Choose food products with less fat.
- Check the Nutrition Facts table on food labels and buy foods with a low amount of fat (grams or %) per serving: it is not necessary to always buy "fat-free" products.
- Use only a small amount of fat or oil in food preparation; avoid deep-frying.
- Reduce the quantity of fat used in homemade baking.
- Enjoy nuts and seeds in small portions.
- Limit spreads, dressings, rich sauces, gravies and high fat desserts and snack foods.

**Avoid trans fat**

- Buy foods with zero trans fat or with the least amount of trans fat per serving.
- Read the ingredient list and avoid or limit foods made with partially hydrogenated vegetable oil or shortening.
- Limit commercial baked goods, crackers, cookies, biscuits, pies, waffles, snack foods and deep-fried fast food that may be high in trans fat.

**Reduce saturated fat**

- Limit shortening, hard or hydrogenated margarines, butter, and lard; only have gravy and other high fat sauces on occasion.
- Check the ingredient list on food labels and limit foods containing hydrogenated vegetable oil, shortening, coconut oil, palm kernel oil, beef tallow, suet, or cocoa butter. These ingredients are often found in commercial baked goods, crackers, chocolate bars, specialty coffees, non-dairy creamers and whipped toppings.
- Choose lean cuts of meat such as sirloin, loin, round, rump, and extra lean ground beef; trim off fat; remove skin from poultry; limit processed meats such as bologna, wieners, bacon, sausages, pepperoni.

**Choose skim or 1% milk, low-fat yogurt and "light" or part-skim cheeses; limit ice cream, regular sour cream, coffee cream and whipping cream.**

- Look for the percentage of milk fat (%MF) on the label of dairy products and choose those with the lower percentage, for example cheese with less than 22% MF.

**Choose monounsaturated fat**

- Use olive, canola or peanut oil in cooking and baking.
- Choose salad dressings and soft non-hydrogenated margarines made with these oils.
- Snack on a small handful of peanuts or nuts such as almonds and pecans.
- Sprinkle slivered or chopped nuts, or seeds on cooked vegetables and salads.
- Spread peanut butter or nut butters on toast and bagels instead of butter.
- Top slices of avocado into a salad.

**Increase omega-3 fatty acids**

- Enjoy two fish meals a week using fresh, canned or unbattered frozen fish.
- Choose fatty fish such as salmon, sardines, herring, mackerel and trout. Shellfish is also a good source of omega-3 fatty acids.
- Sprinkle ground flaxseed, wheat germ, walnuts or pumpkin seeds on cereal, yogurt, and salads; use them in baking.
- Use canola oil in cooking and baking; choose salad dressings and non-hydrogenated margarines made with canola or flax oil.
- Choose foods fortified with omega-3 fatty acids; food manufacturers may use terms such as omega-3, n-3, ALA, EPA, or DHA.

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# Canadian Nurses Celebrated National Nursing Week!

By the time this issue of HEALTHbeat gets into your hands National Nursing Week 2007 will be over. This year the dates for the week when the nursing profession is celebrated were May 7 to 13 - the week that includes the birthday of Florence Nightingale, the founder of modern nursing. The 2007 theme was "Think You Know Nursing? Take a Closer Look".

As a profession, nursing is ubiquitous. Everyone has probably had at least one contact with a nurse at some time during their lifetime. They are practicing their profession in schools, the community, homes, public health, the military, clinics, governments, educational institutions and all levels of acute and long term care – just to name the most familiar. Nurses are no strangers to pioneering new health and educational technologies and alone, or collaborating with other health professionals, they are continually seeking new ways to optimize health for all age groups. Their clients are identified as individuals, groups, families and communities.

Marlene Smandu, president of the Canadian Nurses Association is quoted on the association's website as saying: "We often hear how nurses are at the heart of health care" ... "I think that has two meanings: it means that our compassion connects us with patients in a heart-to-heart way, and it recognizes that the health system could not function without our knowledge and actions."

HEALTHbeat congratulates all nurses in Canada and around the world and hope that the outcomes of the celebrations of nursing week will stay with you and the people you care for!



## June/July Observances

These are the June and July calendars of annual health observances and recognition dates for healthcare. Health observances are days, weeks, or months devoted to promoting particular health concerns. This information will come in handy for community relations programs as well as employee appreciation events. Health professionals, 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. The calendars (that have been edited) were obtained from [www.pohly.com/dates](http://www.pohly.com/dates).

June Observances 2007	Dates
Aphasia Awareness Month, National	1-30
Cancer Survivor's Day, National (1st Sunday)	3
Dystonia Awareness Week (1st Saturday + 8 days)	2-9
Eye Safety Awareness Week (9 days including July 5)	27-Jul 5
Fireworks Safety Month	Jun 1 - Jul 4
Headache Awareness Week	3-9
Helen Keller Deaf-Blind Awareness Week (week including 27th)	24-30
Hernia Awareness Month	1-30
HIV Testing Day	27
Home Safety Month	1-30
Light the Night for Sight	May - July
Men's Health Week	11-17
Myasthenia Gravis Awareness Month	1-30
Safety Month	1-30
Scleroderma Awareness Month	1-30
Sobriety Checkpoint Week	30 - Jul 4
Vision Research Month	1-30
July Observances 2007	Dates
Eye Injury Prevention Month	1-31
Fireworks Safety Month	Jun 1 - Jul 4
International Group B Strep Awareness Month	1-31
International Massage Week	15-21
Light the Night for Sight	May-July
Therapeutic Recreation Week, National (2nd Sunday)	8-14
UV Safety Month	1-31

\*Days weeks or months marked "National" refer to the United States. Many of these are also observed in Canada and are included here for information.

## EMPLOYMENT OPPORTUNITY



**Calgary Urban Project Society (CUPS) Community Health Centre** has an employment opportunity for a Registered Nurse. This position is a 0.4 FTE in Primary care. There is also a 0.3 FTE position for an R.N. with interest and experience in Pediatrics. The position would preferably be combined to a 0.7 FTE. The successful applicant will join the CUPS Health Clinic Team in Primary Care, working with complex population of clients experiencing issues of poverty, addictions, and mental health. The team consists of MDs, NPs, RNs, LPNs, and receptionists. Collaboration with the Shared Care Mental Health Team is also a part of the care provided.

Candidates for the position should have the following qualifications:

- Current registration in good standing with CARNA.
- RN/ BScN equivalent or combination of education and experience.
- Minimum 1-2 years experience in primary healthcare, community/public health.
- Knowledge of addictions, homelessness an asset.
- Ability to work independently.
- Excellent organizational and time management skills.
- Excellent communication and sound ability to collaborate with a multidisciplinary team.

Competitions will close when a suitable candidate is hired. Interested candidates should submit their resume and cover letter to:

**Clinic Manager  
CUPS Community Health Centre  
128- 7th Ave. SE Calgary, AB T2G 0H5  
cups.ninfa@shaw.ca Fax: 403-221-8785**



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## NUNEE HEALTH BOARD SOCIETY



### EMPLOYMENT OPPORTUNITY

The Nunee Health Board Society is currently seeking a full time Registered Nurse. The successful candidate will be expected to function as a member of the Nursing Station team. Salary will commensurate with experience and education including an excellent employee benefit package. Willing to train a nurse who just graduated.

Nunee Health Board Society is located in Fort Chipewyan, Alberta. It is the oldest community in Western Canada. The hamlet is situated on the northwest shores of Lake Athabasca at the edge of the great Canadian Shield along with beautiful scenery with endless opportunities for outdoor activities such as camping, boating, cross country skiing, hunting and skidoing. Great place for the outdoor enthusiasts.

Using your extensive experience of nursing skills with an emphasis on assessment, treatment and medication, you will perform examinations and administer medical treatments in a varied clinical setting. Your problem-solving skills and ability to respond effectively to emergency situations is essential in this challenging healthcare setting. Experience in drafting correspondence and writing reports. Experience in operating computer software such as Microsoft Office.

**Qualifications:** Graduation from a recognized nursing program and nursing experience. You must be eligible or have current registration with the Alberta Association of Registered Nurses. Current CPR and First Aid is required.

**Requirements:** The requirement to work overtime may be required at a short notice. Must have a valid Alberta driver's license. Experience working within a First Nation setting is an asset.

**Condition of employment:** Must meet enhanced security requirements.

**Please contact:** Georg MacDonald at 780-697-3650 for more information on the position.

**Closing date:** Open until suitable candidate selected.

**Please submit a resume, verifiable documentation and three (3) professional references to:  
Human Resources Coordinator**

**P.O. Box 476 Fort Chipewyan, Alberta T0P 1B0**

**Fax: 780-697-3031 Email: [leнал@nunee.org](mailto:leнал@nunee.org)**

*We thank all applicants but only those selected for further consideration will be contacted*



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- Pediatrics
- Cardiac Care
- Emergency
- Orthopedics
- Urology
- Continuing Care Unit

Interested persons apply to: **Mary Ann Palmer, Bonnyville Health Centre  
P.O. Bag 1008, Bonnyville, AB T9N 2J7**

**Fax: (780) 826-6526 or Email: [maryann.palmer@aspenrha.ab.ca](mailto:maryann.palmer@aspenrha.ab.ca)**

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# Did You Know...?

by Jennifer (Jay) Sherwood BScN, MEd.

This is another issue of HEALTHbeat that spans more than one month. As usual, this column consists of "editor's picks" of the news items that have come to me since the April issue went to the publisher. Much of the news comes from the technology sector but there is a bit about healthy living that may be of interest.

**Did you know that...**

**VICTORIA, BC – British Columbia and Sun Microsystems Inc. have signed a \$148-million contract** to advance patient care by building the infrastructure needed for electronic health records and improving access to laboratory test results. The agreement was announced in mid-April by Health Minister George Abbott.

**WINNIPEG, MB – Manitoba's government has announced funding of \$150 million for Manitoba eHealth**, a program to implement a province-wide EHR over the next three to five years. The funds will be committed to projects that have recently been implemented, are already under way, or will be started this year.

**TORONTO, ON – Smart Systems for Health Agency (SSHA) and Hydro One Telecom are collaborating** to improve healthcare information flow and patient care. Hydro One Telecom will provide the dedicated core section to SSHA's telecommunications network. It will serve as the foundation of SSHA's overall network service, which is used by healthcare institutions and professionals across Ontario to share patient information securely and reliably.

**OTTAWA, ON – While the Canadian Cardiovascular Society (CCS) gives provincial governments an "A" for meeting or exceeding the benchmark for access to cardiac bypass surgery (CABG), it thinks that an "F" is a**

fair grade for governments' failure to look at the "big picture" of cardiac care that is provided to patients.

**CALGARY, AB – The Calgary Health Region and University of Calgary have developed NeuroArm**, said to be the first 'robotic system' allowing surgeons to operate while the patient is inside an MR scanner. The MRI guidance enables the surgeon to obtain a more accurate view of structures inside the body, while the robot can work with greater precision than the human hand.

**VANCOUVER, BC (May 8, 2007) – As part of National Mental Health Week, the Copeman Healthcare Centre today announced** the opening of the Copeman Neuroscience Centre and the launch of a new corporate health-screening program that will contribute to healthier and more productive workplaces. The Organizational Wellness Program is a preventive-medicine initiative that screens employees for both mental and physical health risks and conditions.

**TORONTO, ON – Dietitians of Canada (DC) applauded the report on childhood obesity** released by the Standing Committee on Health in the House of Commons. (March 2007) The report underscores the urgent need for tackling this complex problem using a multi-faceted approach.

Dietitians have a number of concerns with the growing problem of childhood obesity including:

- the major gap between the reality and the perception of Canadian parents about the weight of their children. Only 9% of parents of children under the age of 18 years identify their children as overweight or obese yet 26% of Canadian children between the ages of 2-17 years are overweight or obese;
- Childhood obesity has implications for both

- mental and physical health, such as type 2 diabetes, high blood pressure, high blood cholesterol and triglycerides, poor body image and self-esteem-related eating disorders;
- Children of lower income households are more likely to be obese than those from higher income households; and

- About 70% of obese children will carry this problem into adulthood, further adding to their risk of developing chronic illnesses and adding to our soaring health care costs. For more information: [www.dietitians.ca](http://www.dietitians.ca)



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

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

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

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

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