

THE CANADIAN GERONTOLOGICAL NURSE



Vol. 25 #3 Newsletter of the Canadian Gerontological Nursing Association Winter 2008

PRESIDENT'S MESSAGE



Season's Greetings from the CGNA Board and Executive. Last December 2007 I spoke of our accomplishments and hopes for the future. This involved the success of the 2007 CGNA conference in Winnipeg, a fresh and new executive team, a website renewal project, an additional \$10,000.00 in scholarship funding for members, and work on refining our business processes. Moreover we began work to open our membership to all nurses, we were political advocates, educators, and had a renewed commitment to research. This was in keeping with our strategic plan and the CGNA Board priorities, which involved dissemination of knowledge and expertise; membership; promoting the association, and certification. The last twelve months have been busy with the work continuing in all of these areas.

Highlights for 2008 include: a Memorandum of Agreement with the Gerontological Nurses Association in Ontario, completion of the position paper "Prescriptions for Excellence in Gerontological Nursing Education" (joint-venture with the National Gerontological Nursing Association), and Jessie Mantle receiving the CNA Centennial Award for Gerontological Nursing. This past year has also been devoted to infrastructure and organizational systems and process changes, and supporting provincial groups with educational funding. We really must celebrate our successes in the spirit of generosity and giving. The power from committed, interested, and generous people in our organization makes our proposals reality. These are individual nurses who respond when a call goes out for help. To all of you, I thank you for your contributions, and for the enduring belief that you have in this organization.

In turning to the future, 2009, I would like you to think about what CGNA means to you. Think about why you are a member. We are in a busy and competitive world where others vie for our time, energy, and money. I've been thinking a lot about these questions. I also wonder if an organization like CGNA can maintain stability, and sustainability on volunteerism. I also wonder about our reliance on the CGNA conference as our primary source of funding. Please think about this — what do you want your organization to be in the future? What are we facing for 2009 — the closure of Granville Street Business Office; the viability and non-profitable 2009 conference; no provincial volunteer host for the 2011 conference; provincial gerontological associations struggling to stay afloat; a lack of nominees for the CGNA executive ballot; and rising costs with falling memberships. It is time to consider seriously the focus and mandate of CGNA. We have come too far to just fade away.

This is especially poignant given the economic situation in the world. We all need to be thinking about how we can each contribute to the sustainability of our organization. I believe that even small effort pointed in the same direction adds up to a mighty force. Let us create our own sustainable force.

Dr. Belinda Parke, CGNA President

NOTE FROM THE EDITOR

As noted in the various reports in this newsletter, there have been a lot of happenings in gerontological nursing and gerontological care. Although I am not aware of all of the major provincial reports that have been released this year pertaining to gerontology, I was delighted to review the *Healthy Aging in Canada: A New Vision, A Vital Investment* by the Federal, Provincial and Territorial Committee of Officials. I am hoping that reports like this will indeed help guide governments across Canada as they develop policies and programs for their aging populations. It outlines three pillars for action: (a) health, wellness and security; (b) continuous learning, work and participation in society; and (c) supporting and caring in the community. Another related report was released by the Alberta Government to guide the development of a new aging population policy framework.

I invite submissions from the membership for upcoming issues on ways that gerontological nurses can contribute to such visions and frameworks for action that will result in "health, wellness and security" (p.5; See website: http://www.gov.mb.ca/shas/fpt/healthy_aging_in_canada_long.pdf) for older Canadians and/or news about reports that have been issued in your province.

While at the October 23–25, 2008 Canadian Association on Gerontology Conference in London, Ontario, I was absolutely delighted at the growing interest in pursuing studies and careers in gerontology among



Continued on page 2

undergraduate students. Some of the papers presented include: A case study of the attitudes and values of nursing students towards caring for older adults (Courtney Evers); *Creating an interest in gerontology* (Almier Alicelebic); *Promoting careers in gerontology* (Veronique Boscart); *Clinical experiences in long-term care settings isn't for beginners* (students with Lynn McCleary); and *Just give me 5 minutes of your time: Capturing the imagination of potential gerontology students* (students of Dr. Paula David). These articles are included in this newsletter.

May I take this opportunity to thank you very much for the submissions you have sent throughout the past year. I look forward to receiving your submission for the next edition on April 1, 2009.

Have a happy holiday and a healthy, prosperous New Year. Dr. Carole Le Navenec (clenave@ucalgary.ca)

TREASURER'S REPORT



Seasons Greetings,

CGNA's 2008-2009 Budget was approved at the Board meeting teleconference in September and, so far, expenses and income are as budgeted. Unfortunately, no con-joint province has offered to host the 2011 conference. We are looking for alternatives because the biennial conference has many benefits to the members. As well, the conference is a major income source for CGNA. The threat of this loss has resulted in a reassessment of our current budget and a "tightening of our belts."

Concurrently, the executive of CGNA has been busy with the upcoming retirement of Gwen and the closure of our current business office, South Granville Business Services. We are looking for a solution that will meet our needs and our budget

Enjoy this holiday season and make plans to see us May 27-30, 2009 in Banff!

*Respectfully submitted by Denise Levesque,
CGNA Treasurer., December 2008*

*To: Gwen Turpin of South Granville Business Services
Special thanks for your dedication to our organization over the years.
Best wishes for your upcoming retirement.*

From: The executive and membership and CGNA

CONGRATULATIONS

Congratulations to Honorary member Jessie Mantle for receiving the Centennial Award. This award was announced earlier this year but was just presented by the Canadian Nursing Association to recipients this November in Ottawa. CGNA would like to thank everyone who helped to coordinate this event, especially:

- ◆ CGNA member Sandra Stec for serving as CGNA's ambassador and liaison during Jessie's visit.
- ◆ Dr. Miriam McGee, a friend of Jessie's, who invited Jessie to stay with her in Ottawa.
- ◆ The conjoint provincial groups of British Columbia, Alberta, Manitoba, Saskatchewan, and Prince Edward Island that provided financial support.

*Respectfully submitted by Denise Levesque,
CGNA Treasurer., December 2008*

HAPPY NEW YEAR

WISHING YOU GOOD HEALTH AND GOOD FORTUNE IN 2009

UPCOMING EVENTS

Mark your calendars today to attend our Canadian Gerontological Nursing Conference in beautiful Banff
Springtime in the Rockies!!!

15TH NATIONAL CONFERENCE ON GERONTOLOGICAL NURSING “MAKING MOMENTS MATTER”

May 27 - 30, 2009

BANFF CONFERENCE CENTRE

Banff, Alberta

Information at: <http://www.cgna.net/?action=viewEvents&id=6>

Risk Management Seminar for Health and Safety 2009 (RMSHS2009)

Period: March 26 (Thurs) to March 30 (Sat), 2009

Venue: The University of Tokyo, Medical Campus, Tokyo, Japan

Host organizer: Union of Risk Management for Preventive Medicine (URMPM).

Information: <http://www.urmpm.org>

6th Annual International Congress on Vascular Dementia

Barcelona, Spain November 19–22, 2009

Information: <http://www2.kenes.com/VASCULAR/Pages/MainTopics.aspx>

12th Annual NICHE Conference

Feb 23-26, Wald Disney World Hotel, Orlando, FL: <http://www.regonline.com/builder/site/Default.aspx?eventid=633996>

International Conference on Alzheimers Disease

Jul y 11–16, 2009

Reed Exhibition, Meese Wein Congress Center, Vienna, Austria Info: www.alz.org/ICAD

Health Professions Education 2009 Conference: Global Best Practices In Simulation

May 21–23, 2009 Toronto, ON More information at <http://bloomberg.nursing.utoronto.ca/CIENE/conference2009.htm>

Family Centred Care In Context 2009 Conference

May 24–26, 2009 Edmonton AB Details at <http://www.fcc-conference.ca/index.htm>

International Council Of Nurses 24th Quadrennial Congress: Leading Change: Building Healthier Nations

June 27–July 4, 2009 Durban, South Africa More details at <http://www.icn.ch/congress2009.htm>

OUR POETRY FOR DECEMBER: *ONE FACE OF KINDNESS*||



With open heart, I give my skill and gentleness
Equally to all those in my care.
I am the light brown hand cooling your fevered brow.
I am the lilting voice offering encouragement and hope.
I am the pale white ear listening patiently to you.
I am the olive palm holding your heavy head gently.
I am the dark brown eyes reading your chart carefully.
I am the aching legs hurrying to your bedside quietly.
AI am the soft young ears hearing your words unspoken.
I am a thousand faces, with one face of kindness.
I am your nurse.

By Mitzi G, Mitchell, RN, DNS, PhD (c)

Mitzi Mitchell is a Lecturer in the Faculty of Nursing at York University in Toronto.

Email: mitzim@yorku.ca

AWARDS

Biography: Lois Stewart-Archer HBScN, BA, RN, MN, CPMHN(C)

Lois Stewart-Archer is the Regional Clinical Nurse Specialist of the Winnipeg Regional Health Authority's (WRHA) Geriatric Mental Health Programme. She earned an Honors Bachelor of Science (First Class Standing) concurrently with a Bachelor of Arts (Political Studies, Law) from Lakehead University and a Masters of Nursing specializing in both Administration and Restorative Health from the University of Manitoba. She has a Specialty Certificate in Psychiatric/Mental Health Nursing from the Canadian Nurses Association since 1995. Lois is enrolled in the PhD programme at TUI University in California, USA specialising in Nursing Administration.



Lois Stewart-Archer,
BA, HBScN, RN, MN, CPMHN(C)

Lois currently provides consultations to a wide range of professionals, groups, and families regarding the management of challenging issues related to the elderly and treatment of the elderly with mental health/psychiatric concerns. She enjoys working with these sages and strongly endorses the maintenance of the integrity, spirit, independence, and well being of the elderly with whom she works.

Letter of appreciation from recipient of the Anne C. Beckingham Scholarship

Dear Bev Laurilla:

It is with a sense of deep honour, gratitude, and pride that I accept the Anne C. Beckingham Memorial Scholarship; a scholarship given in recognition of outstanding Registered Nurses undertaking graduate education preferably in the field of gerontology, offered by the Canadian Gerontological Nursing Association (CGNA).

By making this scholarship possible, CGNA acknowledges that as an organization, it not only supports continuing education, the need for better to best clinical practice, and clinical expertise, but also most essentially nursing research. Nursing research is one of the critical elements via which our clinical skills and expertise are honed in combination with intuitive knowledge and compassion to generate and demonstrate the best evidence to support both the art and science of nursing practice.

Again, thank you for your continued dedicated support to nurses and nursing and for the encouragement of my peers.

Sincerely

Lois Stewart-Archer, HBScN, BA, RN, MN, CPMHN(C)
Regional Clinical Nurse Specialist
Winnipeg Regional Health Authority Geriatric Mental Health



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Margaret W., VCH Registered Nurse

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A PARTNERSHIP TODAY FOR NURSING EXCELLENCE IN SENIORS CARE

*Sandra P. Hirst RN, PhD, GNC(C) (shirst@ucalgary.ca) Director,
Brenda Stafford Centre for Excellence in Gerontological Nursing
Faculty of Nursing, University of Calgary*

Canada is experiencing a rapidly expanding aging population. Both the absolute number of older adults and their percentage in its total population are increasing dramatically. This rise in numbers of older adults in Alberta and in Canada demands a response from nurse educators in general, and from the Faculty of Nursing, University of Calgary, in particular. Yet, to many students, the learning and subsequent workplace appeal is the perceived excitement of the ER or the ICU; care of the older adult is not considered by most to be appealing or exciting.

The Faculty of Nursing at the University of Calgary and The Brenda Stafford Foundation announced on October 1st in recognition of United Nations International Day of Older Persons, a unique partnership in nursing care for older adults. The Brenda Stafford Centre for Excellence in Gerontological Nursing (BSC) is a joint venture between these two organizations. The Foundation has earmarked \$1.1million for the five year project, marking it the largest donation every received by the Faculty.



The BSC was created to develop the Faculty's commitment to improving the health, quality of life, and delivery of superior nursing care to older adults. This mandate moves from idea to reality through a series of initiative in three key areas: education, research, and practice.

The Objectives of the Centre

1. To prepare future generations of gerontological nurses.
2. To help focus attention on the importance of LTC facility based gerontological nursing care.
3. To generate and disseminate gerontological nursing research about evidence-based practice for older adults living in LTC facilities.
4. To promote academic excellence in the FN by increasing the expertise and commitment of the faculty, staff and students to the care of older adults.
5. To position the Centre for Excellence as a local, provincial and national leader in gerontological nursing within LTC facilities.

The partnership is not only exciting because there is no other like it in Canada, but also because of the win-win benefits. On the education side, it will create more theoretical and clinical opportunities and financial support for students. They will find out the rewards of working with this population are immense and far-reaching. Restructuring of clinical teaching will occur to maximize students' experiential learning and critical thinking skills specific to gerontological nursing care. Dedicated clinical instructors will be assigned to supervise students undertaking learning activities at the Stafford facilities. Research opportunities for graduate students and faculty will be available.

One of the strengths of the BSC is its emphasis upon building partnerships to promote its work. For example, it is embedded in a strong supportive and interdisciplinary network, most noticeably with the National Initiative for Care of the Elderly (NICE) (see: <http://www.nicenet.ca/>)

The Faculty of Nursing at the University of Calgary is very grateful to the Brenda Stafford Foundation. They have recognized the critical shortage of nurses in this field and have a strong commitment to promote of quality care for older adults living in long term care facilities.



A CASE STUDY OF THE ATTITUDES AND VALUES OF NURSING STUDENTS TOWARDS CARING FOR OLDER ADULTS

Courtney Evers, RN, MSc. Lecturer. School of Nursing, McMaster University

At the recent Canadian Association on Gerontology conference, I presented the paper "A Case Study of the Attitudes and Values of Nursing Students towards Caring for Older Adults". My paper addressed the growing need for gerontological nurses in Canada by focusing on the attitudes and values of fourth year BScN students towards caring for older adults. In addition to identifying attitudes and values, many factors influencing students' attitudes and values were also examined. These included personal and work experiences, as well as experiences in the BScN program. Attitudes and values expressed by study participants included respecting older adults, caring about them, and enjoying their company. In contrast, students also identified a dislike for gerontological nursing and a disinterest in working in a gerontological setting. My discussion included consideration of the influence of relationships with grandparents, work experience in long-term care, and a lack of gerontological content in the curriculum. Important implications for practice, education, and research were also identified.

Courtney Evers, RN, MS ceversca@mcmaster.ca (Tel: 905-525-9140 Ext.26620)

STRONGEST COMMUNICATION TOOL

Abstract

In this interactive workshop participants will identify ways in which the communication processes change with the trajectory of the Alzheimer's disease.

Utilizing the Living Dementia Approach model participants will understand the impact of their communication with persons with dementia. Participants will utilize the "Yardstick" theory to appreciate that persons with dementia communicate with feelings rather than words.

Learning Goals

- Connect theory to practice
- Provide strategy for strength-based care
- Offer creative care solutions through shared-lived experience
- Empower both family and professional caregiver

Learning Strategies

- Apply case-study approach
- Identify caregiver's experience
- Apply theory-to-practice principles

Learning Outcomes

- Understand the communication process
- Utilize the Care Wheel
- Analyze Early, Middle and Late stage communication

Gwendolyn de Geest, RN, BSN, MA Gwendolyn@CruiseRespite.com



THE LIVING DEMENTIA APPROACH

In this interactive workshop, learners will explore the Living Dementia Approach to dementia care, which describes the passages through the emotional journey. This philosophy of care utilizes the Circle of Care model, placing the family and person with dementia right in the centre. Through fostering this model, theory is connected to practice. Learners will recognize that both family and professional caregivers are empowered in care.

The Living Dementia approach stretches the boundaries of dementia care, bringing theory to life. This philosophy of care utilizes the Circle of Care model, placing the family and person with dementia right in the centre.

The Living Dementia approach embraces who the person was prior to the diagnosis of dementia. Family and professional caregivers will be empowered in care. Most importantly, the individual's sense of personhood will be sustained.

Gwendolyn de Geest, RN, BSN, MA gmdgeest@CruiseRespite.com



CRYING FOR HAPPINESS: A FILM ABOUT ETHICAL ISSUES IN PSYCHIATRY

<http://www.skyworksfoundation.org/documentaries/?sectionID=documentaries&subSectionID=cryHappiness>

Three parts: each section is designed to be shown separately or sequentially

Crying for Happiness raises issues, asks questions, and provokes discussions at all levels of the health care sector. The film examines the ethics of consensual process, patient and staff autonomy and accountability.

Valuable in the classroom for health care students and professionals and for people interested in patient concerns, *Crying for Happiness* is sure to stimulate a lively discussion and to help practitioners and patients alike in the 1990s.

The film introduces the audience to a group of older women who have been treated for depression at an urban geriatric hospital. They attend a Day Hospital Program, which follows a cognitive therapy model combining pharmacological treatment with group and individual therapy. *Crying for Happiness* was filmed on location at Baycrest Centre for Geriatric Care.

Crying for Happiness was created with the participation of these patients, which formed a voluntary film group. Together with director Laura Sky, they decided how their lives would be represented on film. They planned and monitored how their memories, depression, treatment and aspirations were documented.

The clinical team involved in this film are seen discussing their vision of the program along with their ethical dilemmas. The team discusses specific patient issues only when given consent by the patients.

Patients and staff had access to immediate playback of all their interviews and conversations. These portions of the film were edited at the hospital in order to maximize consultation as the film was being made.

TENSIONS AMONG SIBLINGS IN PARENT CARE

From a place of 'genealogical equivalence' as children of their parents, siblings spend a lifetime developing separate identities. As parents near the end of their lives, issues of sibling equivalence are renegotiated in the face of 'equal' obligations to provide care and typically expected equal entitlements to parent assets. In this presentation we hypothesize how unresolved issues of rivalry for parent affection/attention among siblings may be reasserted when parents need care. Data are drawn from a project about how parent care and assets are shared. In-depth interviews with eight sibling groups sharing parent care and assets along with six Canadian legal case portrayals of disputes among siblings over how parent care and assets were shared, are examined. Findings are that in some groups, disputes occur when siblings perceive others as dominating parent care and assets through tactics such as separating the parent from other siblings and preventing other siblings from being engaged in decisions about care and assets. Discussion is focused on paradoxes faced by siblings given expectations for equity in parent relationships alongside perceived pre-eminence in care and asset decisions.

By Bonnie Lashewicz & Norah Keating

Dr. Bonnie Lashewicz (lashewiczb@macewan.ca)

Faculty of Health and Community Studies, Grant MacEwan College



BATHING SPARKY

A short segment of the article is provided here. You can read the rest at:

http://www.cruiserespite.com/case_studies/bathing_sparky.html



Bathing Sparky

... a dog provides creative solutions for bathing a person with dementia



Peter was 13 when he had his first dog, 18 when he worked in the lumber camps, and 20 when he married. Peter, now 74, is pacing up and down the hallways of Tick Tock Manor where he is a resident. Peter always paces on this day, because today is Peter's bath day.

Things are done right on schedule at Tick Tock Manor. The caregivers never forget Peter's bath day. Even more amazing, is that, although Peter has dementia, he never forgets the bath day either.

This morning is different however. Peter is clutching a small book close to his chest. When the caregiver approaches him to offer to assist Peter with his bath, he becomes agitated and walks off quickly in the other direction. Any further mention of bathing sets Peter off in an angry outburst.

When I approach Peter and ask if he would like to share what is in his book, Peter continues walking off in the opposite direction. He then pauses to think, gives me an indignant look, places his hand on his hip, and replies, "Sure, why not?"

Peter and I sit side by side in the lounge situated next to the bathing area. And Peter proceeds to share the family photos in his small album. It becomes evident that many of Peter's photos have been taken of a black Labrador dog in a garden.

"Who is this Peter?" I ask. "That's Sparky, my dog," replies Peter, with a big smile on his face. Peter is happy to share that he and his dog, Sparky, have spent many happy years together. He also adds that he misses Sparky very much. In one of the photos, Peter is in the backyard with Sparky, where Sparky is receiving a bath.

"What's going on in this picture Peter?" I ask. "Oh, Sparky is having his summer bath," says Peter. "I can't do the bath in the house, because Sparky races around after, shaking off all the water. Sparky loves being clean." Peter shows pride on his face.

I see this as an opportunity to distract Peter away from his own bathing situation.

"Peter, I see that you and Sparky are having a lot of fun together. And Sparky likes to be nice and

.....continued

ARTICLES/WEBSITES

Institute of Aging Grey Matters Newsletter October 2008

Website: <http://www.cihr-irsc.gc.ca/e/37860.html>

Seniors Housing Forum Booklet – 2008

The Seniors Housing Forum Booklet is available in .pdf format on the Mount Royal College Gerontology website. It is now located at a new URL on the college web page: <http://www.mtroyal.ca/wcm/groups/public/documents/pdf/infoonhousing08.pdf>

Baycrest Center in Toronto's' Health Matters:

Baycrest Enriching Care Enhancing Knowledge, Enlightening Minds <http://baycrest.privatehealthnews.com>

Data on Seniors' Fall Injuries:

See web page for Alberta Centre for Injury Control and Research: <http://www.acicr.ualberta.ca/> [then click on Newsletters, then click on Vol 11 No 3, Nov 2008] issue of **Injury Control Alberta Newsletter**

The need for education about communicating effectively with older people who have dementia:

Study by University of Kansas nursing professor, Dr. Kristine Williams, indicates that 'elderspeak' can increase resistance to care (RTC) in patients with dementia <http://nursing.advanceweb.com/Editorial/Content/PrintFriendly.aspx?CC=187850>

Aging Research

by Karl Riabowol, PhD and graduate student Mohamed Soliman, J.B. Rattner, PhD University of Calgary, and colleague, Brian Burke, PhD, of the University of Florida.

New research from the University of Calgary is providing a better understanding of the aging process of cells, which could one-day slow down aging and delay many health problems associated with old-age such as the onset of cancer. See story at:

<http://www.ucalgary.ca/news/utoday/nov6-08/aging>

3-Year Project about Increasing Physical Activity and Sports Participation by Women 55 to 70:

Source: Canadian Association for the Advancement of Women and Sport and Physical Activity (CAAWS): www.caaws.ca/women55plus

On behalf of the Canadian Association for the Advancement of Women and Sport and Physical Activity (CAAWS), I would like to share with you the results of a 3-year project focused on increasing physical activity and sport participation for women 55-70.

Baby boomers will be the fastest growing segment of the Canadian population over the next 25 years. Within this growing population, women 55-70 are a unique group that needs to be targeted specifically and by understanding their needs, key decision-makers will be prepared to handle the increased demand in the coming years. The investment made today in areas such as physical activity and sport will go a long way to ensuring these women are healthy over the long term, reducing the burden on the health system and increasing their quality of life as they age.

FEATURE ARTICLES

HELPING AGING PARENTS RELOCATE

“The decision to move may be a choice, or it may be a necessity...Relocation services can take on the planning, organizing, coordination and supervision.”

Leaving and disposing of the family home is among the most highly charged decisions that face families who are in age-related transitions. Often it's the most tangible symbol of another loss — of health or mobility, or loss of a loved one. It's hard to prepare for the emotional upheaval of moving a parent to a retirement residence or care facility. It's also difficult to dispose of the family home and contents while grieving the loss of a parent.

These moves and house clearings may involve family members, executors or persons exercising powers of attorney. The decision to move may be a choice, or it may be a necessity.

Families in this situation can turn to the special services provided by relocation managers. These businesses often specialize in “senior moves,” as well as house clearing and estate services.

“We're definitely dealing with a grieving process,” says Dawn Rennie, President of Transitions Inc., which operates throughout Western Canada. “Often, people haven't anticipated the emotions that come with a loss or with moving on after change.”

Dealing with the family home adds another burden at a difficult time. Belongings need to be divided between family and friends. Valuables need to be appraised, sometimes disposed of. After that, it's packing, supervising the move and preparing the home for sale. All these tasks are time-consuming and can involve complex decisions.

The fact that many families are scattered geographically complicates things further. Others simply don't have the time or physical ability to do the job. Seniors may have no family close by. One elderly spouse may be managing a move for the other. All face physical and emotional challenges when moving house.

"One of the hardest things can be dealing with the paperwork," says Rennie. "Some clients feel overwhelmed because the other spouse always looked after it. They're quite relieved when we tell them we're used to dealing with computers and call centres for all the arrangements that need to be made!"

Our aging population means seniors' relocation and house clearing services are becoming in ever greater demand. For families at a distance, both the logistical help and local support are pluses. An outside party may bring an objective view to the many decisions that must be made. They can be the extra pair(s) of hands that help with the preparation and coordination. Sometimes, the cost of family travel and taking time off work can be greater than the cost of hiring outside help.

"When the move is finally completed, clients are often pleased and relieved to walk into a new place where they're still surrounded by many of their favourite things," Rennie explains. "That can make it easier to let go of the past and start anew."

Relocation services take on the planning, organizing, coordination and supervision. For more information on what's involved, visit <http://www.movewithtransitions.com/>

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BOOKS & REPORTS



Grant, N. & Mansell, D. (2008). *A Guidebook to Religious and Spiritual Practices for People who work with people New York*, Bloomington, IN, Shanghai: iUniverse. [459 pages, paperback, \$28.95 U.S.] ISBN 978-0-5955-0527-2.

This clearly written paperback by two University of Calgary faculty members contains a description of 85 religions/spiritual practices. This book is very timely and will be welcomed by many people worldwide, given the multicultural context in which we all live and work. Another excellent feature is that it is extremely well referenced including direct weblinks to the religious/spiritual communities involved. This book can be purchased from the University of Calgary Bookstore and Library.

Further information will soon be available on the University of Calgary Faculty of Nursing website www.ucalgary.ca/NU. Please ask your librarian to order a copy. See ISBN number above.

Redman, W. (2005). *The 9 steps to Emotional Fitness*

See Website: www.efitinstitute.com Email: warren@EFitInstitute.com Tel: toll free 1-866-310-3348

We seldom if ever understand the full impact of our actions. Yesterday I was talking with a senior manager who told me how satisfied she was in the corporation. "My boss really listens and supports me in my work. That's so different from my previous situation, where I had to struggle to be heard and felt that I was being judged all the time by a boss who seemed to enjoy putting people down."

Then she went on to tell me that one of her colleagues in that previous company had attempted suicide after repeatedly being told that he had to do more and being, as she said "hounded by the boss to get his act together."

"You know," she told me, "all this fellow needed was some support and encouragement, and maybe even a smile now and then to help him feel better about himself, and he would have thrived."

Just imagine; a smile today could save somebody's life. **Two of his other books include: *Achieving Personal Success and , Recipes for Inner Peace***



Be sure to review some of these Government Reports

Healthy Aging in Canada: A New Vision, A Vital Investment. (? 2007)

This brief was prepared for the Healthy Aging and Wellness Working Group of the Federal/Provincial/Territorial Committee of Officers (Seniors) to enable discussion, debate and decisions on how to move forward to promote health aging in Canada. Website: http://www.gov.mb.ca/shas/fpt/healthy_aging_in_canada_long.pdf

Building a Global Framework to Address the Needs and Contributions of Older People in Emergencies (2008)

This report is based on the February 6-9, 2007 Winnipeg International Workshop on Seniors and Emergency Preparedness. This report is available from:

Division of Ageing and Seniors, Public Health Agency of Canada www.phac-aspc.gc.ca/seniors-aines.

Global Age-friendly Cities: A Guide. (2007: Ageing and Life Course, Family and Community Health WHO).

For a comprehensive model of ageing-friendly cities worldwide be sure to review this 76-page booklet that is available free-of-charge from the Division of Ageing and Seniors, Public Health Agency of Canada. Email: seniors@phac-aspc.gc.ca

For information about the booklet visit their website: www.who.int/ageing/en

Canadian Community Health Survey – Healthy Aging. A paper presented by Cathy Trainor at the Canadian Gerontology Association Conference in London, Ont. Oct 24, 2008. For a copy of her report contact her at Health Statistics Division of the Canadian Government. Cathy.Trainor@statcan.gc.ca

Demographic Planning Commission's Findings Report highlights Albertans' thoughts on seniors and how to meet their needs. (2008) : TOMORROUSENIORS [see: www.TomorrowsSeniors.alberta.ca or www.seniors.gov.ab.ca Printed copies are available by contacting **Alberta Senior's Information Line** at: **1-800-642-3853**, (or, if in Edmonton: 780-427-7876) and provide them with your current mailing address.

The Demographic Planning Commission's Finding Report captures the feedback from an online survey and meetings with organizations who support or provide programs and services to seniors. This Report was submitted to the Honourable Mary Anne Jablonski, Minister, Seniors and Community Supports earlier in Fall 2008

The report is divided into 10 main themes: (1) Enabling seniors to remain in their own homes; (2) Providing services to seniors in the community; (3) Better connecting seniors with services; (4) Building the workforce; (5) Undertaking appropriate transportation and capital planning; (6) Meeting the health needs of seniors; (7) Determining how to provide effective government support (9) Supporting the role of the family and informal caregivers; (10) Fostering respect and dignity towards seniors; (11) Raising awareness among future seniors to better prepare. ***For further information see website:*** <http://alberta.ca/ACN/200812/2488802CC4825-FA37-CE2C-CE5328BBDCF44920.html>



REPORT FROM THE SCIENTIFIC REVIEW SUBCOMMITTEE

December 2008

When the call for abstracts closed on October 31st an unprecedented number of abstracts had been submitted. In total, 147 abstracts for either oral or poster presentations were submitted to the CGNA 2009 conference. Thank you to the 13 gerontological nurses from across the country who participated in the peer review process:

Anne-Marie Bostrom PhD
Carla Wells PhD (c)
Donna Marcy-Edwards MN
Gail Low PhD
Margaret Wylie MN
Michelle Valpreda MN, NP
Susan Slaughter PhD

Agnes Mitchell MN
Donna Goodridge PhD
Dorothy Philips MN
Malini Persaud PhD
Marian George MN
Pam Hawranik PhD

All of the authors have been notified of the results of the peer review. Now the final preparation for the presentations and the anticipation of the conference begins. May 2009 is not far away! Please keep an eye on the CGNA website (www.cgna.net) because more conference details, including registration and the timing of the oral and poster presentations, will be posted as the conference approaches.

*Respectfully submitted,
Susan Slaughter RN, PhD, GNC(C)
Chair: Scientific Review Committee*

CANADIAN NURSES ASSOCIATION (CNA) CENTENNIAL AWARDS

Jessie Mantle's Thank You to CGNA for a Deeply Meaningful Experience

I am so humbled by your nomination of me for the CNA Centennial Award. As someone so appropriately said at the gathering, the 100 of us who received the medals stood there on behalf of the hundreds of nurses who give dedicated care to Canadians every day of the year. I truly felt that I was receiving this on your behalf and that I had been given the opportunity to represent you as the symbol of gerontological nursing. On that day you all received the medal as you were with me in my heart.

My celebration started when I arrived in Ottawa and there was a lovely basket of treats awaiting me with a welcome from CGNA. Sandra Stec who was such a gracious host for CGNA also arranged a dinner. It was a snowy night and Bonnie Hall who so many of you know, drove more than an hour to join us. Naturally we talked about our association, our colleagues, and the many changes being faced by so many of you and by the association. It was a rich evening for me and the memory of it put CGNA in first place as I prepared the next morning to go to the Marriot Hotel for the ceremony.

Come with me as I go through the ceremony. We arrived at the hotel (88 of the 100 awardees were present and each could bring one guest) at 9:30 am. On arrival the awardees received a golden name pin and were guided by the CNA staff into the ballroom. Our pictures which were on the website were being displayed one after the other on a large overhead screen. We greeted each other, sipped coffee, and had our official pictures taken by the CNA photographer. It was interesting that so many of us knew each other and suggested to me how interlinked are the members of our profession and of our specialties. Chairs were set out alphabetically with our names on them along with a golden bag that contained a box for our medal, a booklet with all our pictures, and a small box that contained a lapel pin. Only 100 of these pins have been made and so only we will wear them as a special memento. We also were given copies of the computer CD called Milestones which documents the first 100 years of the CNA and which some of you may have seen at the CNA convention. As we each rose to our name, our picture appeared on the overhead screen and we received our medals from Karen Neufeld, President of CNA and Jane Ellis, Acting Chief Executive Officer, CNA. The medal is very beautiful and symbolic and sits in a lovely blue case. One recipient mused that "We will all be over-weight on the plane home". The ceremony concluded by our journeying up many floors to the rotating Merlot Rooftop Restaurant for a lovely lunch.

Before I end I must say how superbly organized this event was. You, like I, would have been very proud of our association. The staff were there at every turn to guide us and to make us feel very special. It seemed to run like clockwork and there was an effortless grace to the whole event.

My dear friends and colleagues, once again I thank you.

Jessie Mantle

To view Jessie's Picasa Web Album - award ceremony copy and paste the following into your browser:

<http://picasaweb.google.ca/lh/sredir?uname=jhmantle&target=ALBUM&id=5273531136391605617&authkey=i7mGLaLNUzg&invite=CPqir400&feat=email>



*Official CNA photograph with
Jane Ellis Acting Executive Officer and
Kaaren Neufeld President CNA*

CGNA NOMINATIONS

sought for the positions of President-Elect and Treasurer-Elect: Please help us find interested persons

We are asking each of you to ask two colleagues (1) within your work place, and (2) outside your work place if they would consider running for CGNA office. The two positions are for **Treasurer-elect** and **President-elect**. See the Nomination form in this newsletter. Further information can be obtained from Dr Sandra Hirst, Past CGNA President at: shirst@ucalgary.ca

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CGNA

Canadian Gerontological Nursing Association

ADVERTISING RATES

1/4 page: \$100 + GST

1.875 x 2.5 (5 cm x 6.5 cm)

1/2 page: \$200 + GST

7.5" x 5" (18.75 cm x 12.5 cm) or
3.75 x 10 (9.37 cm x 25 cm)

3/4 page: \$300 + GST

7.5" x 7.5" (18.75 cm. x 18.75 cm)

Full page: \$400 + GST

7" x 10" (18 cm x 25 cm)

Email List Serve

\$100.00 + GST Each Mailing

All postings to the list serve, emails and web postings must include the following

Disclaimer:

"Senders(s)' or poster(s)' opinions are their own and do not necessarily reflect the point of view of the CGNA."

All ads must be camera ready in digital format, i.e. Postscript, TIFF, High Resolution PDF.

Invoicing information must accompany all orders and be sent to cgna@shaw.ca. Attention: Gwen Turpin.

Inquiries can be directed to the CGNA business office cgna@shaw.ca or to the editor cllenave@ucalgary.ca.

Send your ad for the newsletter to:

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