

# THE CANADIAN GERONTOLOGICAL NURSE



CGNA

Canadian Gerontological Nursing Association

*Vol. 26 #2 Newsletter of the Canadian Gerontological Nursing Association Fall 2009*

## PRESIDENT'S MESSAGE



This summer has been one of the most exciting of my life. The opportunities I have been able to take advantage have made me reflect on how blessed I am and how far nursing has come since the beginning of formal nursing education. I found this article from 1887. At that time these were the expectation of nurses.

"In addition to caring for 50 patients each nurse will follow these regulations:

1. Daily seep and mop the floors of your ward, the patient's furniture and window sills.
2. Maintain an even temperature in your ward by bringing in a scuttle of coal for the day's business.
3. Light is important to observe the patient's condition.

Therefore, each day fill kerosene lamps, clean chimneys and trim wicks. Wash the window once per week.

4. The nurse's notes are important in aiding the physician's work. Make your pens carefully: you may whittle nibs to your individual taste.
5. Each nurse on day duty will report every day at 7 a.m. and leave at 8 p.m. except on the Sabbath on which day you will be off from 12 noon to 2 p.m.
6. Graduate nurses in good standing with the Director of nurses will be given an evening off each week for courting purposes or two evenings per week if you go regularly to church.
7. Each nurse should lay aside from each pay day a goodly sum of her earnings for her benefits during her declining years so that she will not become a burden. For example if you earn \$30 a month you should set aside \$15.
8. Any nurse who smokes, uses liquor in any form, gets her hair done at a beauty shop, or frequents dance halls will give the director of nurses' good reason to suspect her worth, intentions and integrity.
9. The nurse who performs her labors and serves her patients and doctors without fault for five years will be given an increase of five cents a day, providing there are no hospital debts outstanding."

We need to acknowledge and thank all of those who have gone before us and paved the way so that nurses today are considered to be leaders in health care and an integral part of the interdisciplinary team.

In July I attended the International Association of Geriatrics and Gerontology in Paris, France. There were approximately 6,000 delegates of different health care back grounds from many countries around the world. The opportunity to meet with a number of the delegates was

priceless. The group from Seoul Korea was working hard to promote the next conference in 2013. The issues that would be discussed are similar around the world, the aging population, dementia, depression, incontinence, poly-pharmacy, pain, palliative care, long term placement are just a few examples. I had a poster presentation based on one of the sites that I work at and the premise is how does one attempt to make a large tertiary health care complex elder friendly. This presentation generated a lot of discussion and interest.

Respectfully Submitted,  
Beverley Laurila, RN, BN, MSA, GNC(C)-President CGNA

## EDITORIAL



It was wonderful to be part of the 6,000+ participants at the 19<sup>th</sup> IAGG World Congress of Gerontology and Geriatrics in Paris from July 5 – 9. The theme of the conference is, in many ways, the theme that most gerontological nurses adopt, that is, promoting longevity, health and wealth among older adults.

I have a CD that lists the abstracts for all of the posters, oral presentations and key note speakers. If you would like further information about this CD, please contact me at [clenave@ucalgary.ca](mailto:clenave@ucalgary.ca). My poster presentation addressed the topic of the effective recruitment strategies to attract students and new nursing graduates to work in nursing home and long term care settings. The following list of topics of some of the presentations will give you an idea of the range of research being done around the world

- Care workers and quality of services in public long-term care programs
- Treating osteoporosis in the elderly
- Overcoming everyday challenges in people with Alzheimer's disease
- Cognitive training in later adulthood; findings from four intervention programs
- Nutritional support in nursing homes
- Social roles of older adults in multigenerational families
- New departures in critical gerontology
- Special session of forgiveness in aging
- Bridging research and practice toward a global model of gerontology education
- A new approach to falls and osteoporotic fractures
- Psychological aspects of aging
- End-of-life care in long-term care facilities
- Migrant long-term care work as a rising challenge for eldercare research
- New perspectives on rural aging
- Changing families/emerging issues and needs
- Anti-hypertensive therapy and cognitive function
- New insights into the pathophysiology and treatment of geriatric anorexia
- Studies of telehealth and telecare services for older adults with chronic diseases and their family caregivers.
- Ambient assisted living technologies in an aging world
- Cross-national standards of quality indicators in multiple sectors

- Perspectives on healthy aging
- Obesity in older age
- The war against polypharmacy
- Oral hygiene in frail geriatric patients
- Canadian Geriatric Society symposium: Developing and assessing geriatrics curriculum
- The importance of quality sleep for healthy aging
- How to assess and modify the falling risk among older adults
- Nutritional evidence for slowing down the aging pathologies
- Older people in disasters
- Socioeconomic inequalities in health in older people
- Increasing the participation of the elderly in clinical trials (PREDICT)
- Gerontechnology for optimal health in a multi-disciplinary context
- Emergency medicine in the elderly: How to improve it.
- Elder abuse: A multi-country comparative study of social policy and practice
- Home care to older adults: Challenges and promise
- Urban aging: Global perspectives
- The international database inquiry on frailty (FRDATA)
- Symposium on supporting elderly people discharged from hospitals
- Physical activity for older people
- Anti-aging medicine by Astrid Stuckelberger



I invite people who presented at the conference to please submit, by December 1, 2009, a resume of their presentation. Please send it to me at my email address below. You will also want to begin preparing a paper for a special issue of The Canadian Geriatric Society Journal. The new editor, Dr David Hogan, has recently contacted some of the CGNA Board members to extend an invitation for CGNA to consider submitting something for their journal. Precise details from Dr Hogan will be included in our December 2009 issue.

A happy Fall to you all

Submitted by Carole-Lynne Le Navenec, RN, PHD  
[cilenave@ucalgary.ca](mailto:cilenave@ucalgary.ca)

## REPORTS FROM CGNA PROVINCIAL REPRESENTATIVES

### Report from Alberta Gerontological Nurses Association (AGNA)

At the Alberta Gerontological Nurses Association ([www.agna.ca](http://www.agna.ca)) Annual meeting held in Banff May 29, 2009, the AGNA membership voted unanimously to extend its membership to include Licensed Practical Nurses and Registered Psychiatric Nurses as full voting members within the specialty practice group. AGNA continues to work with its membership to facilitate this opportunity to further gerontological nursing within the changing Alberta provincial healthcare landscape. AGNA continues to monitor these changes and lend its voice to advocate for our frail older adults and the role of gerontological nurses in meeting these special care needs. Submitted by Bonnie Launhardt [Email: Bonnie.Launhardt@covenanthealth.ca](mailto:Bonnie.Launhardt@covenanthealth.ca)

Interested readers may wish to peruse the latest issue of the AGNA News at:  
<http://www.agna.ca/newsletter.htm>

### **Report from New Brunswick Gerontological Nurses Association (NBGNA)**

Working hard to let New Brunswick nurses and those with NBGNA registrations know about an informative educational session by Peter Wiebe (RN, GNC[C], BRE, Geriatric Education & Consultation Services in Manitoba: email: [mail@geriatricservices.ca](mailto:mail@geriatricservices.ca) or website: <http://www.geriatricservices.ca>

His presentations in Moncton and Fredericton will be October 19 & 20 and October 22 & 23 respectively. Topics to be included are: Behavioural Therapy for Dementia Care, Ethics in Dementia Care and Psychogeriatrics. I hope to be at the Moncton sessions and would be delighted to speak with anyone about joining NBGNA. I can be reached at the email address below.

Dawn Fenton, Treasurer for NBGNA Email: [dafenton@serha.ca](mailto:dafenton@serha.ca).

### **TREASURER'S REPORT**



The first 4 months of our fiscal year were busy. After a lengthy process, CGNA received the final disbursement of the Estate of Ann C. Beckingham. In Banff, we awarded \$15,000 from this fund in 3 scholarships. We also awarded a \$2,000 Memorial Scholarship. Money for this scholarship comes from fundraising at conferences. At Banff, over \$4,500 was raised. You can expect a formal call for scholarship applications in the next newsletter. From our reserve (general) funds, CGNA awarded a total of \$5,000 in conference travel grants which helped cover costs for 16 members. CGNA also paid the registration

costs for your provincial presidents/representatives. As well, there was a great deal of activity from general conference and AGM expenses.

Bev and I have been working to ensure all our members are part of our Google Group on <http://google.com/group/cgna>. This group was set up so the executive can get information out to members in a timely manner. Everyone can join discussions but only the executive can send messages to all. There are only 600 members at present as many members have not accepted our invitation. If you are not yet connected, please join us.

In the near future, I anticipate working closely with Bev to ensure a smooth transition to a new, permanent business office.

On a personal note, I accepted an invitation from Nature Manitoba to be the first member profiled in a new series. Here's a link to the newsletter. I'm on page 3.  
[http://www.manitobanature.ca/MNS\\_bulletin.pdf](http://www.manitobanature.ca/MNS_bulletin.pdf)

Respectfully submitted by Denise Levesque,  
CGNA Treasurer/Membership (and "Miss September" for Nature Manitoba)  
September 2009

## CANADIAN NURSES ASSOCIATION (CNA) CENTENNIAL AWARD

### The Symbolism found on the CNA Centennial Award Medallion by Jessie Mantle

This medal was awarded to the 100 recipients of the Canadian Nurses Association Centennial Awards. Jessie Mantle, CGNA nominee, received this award. Considerable interest in the medal was shown by participants attending the 2009 CGNA national conference held in Banff in May 2009. A request was made to provide an explanation of the medal for the newsletter. What follows has been reproduced from the brochure for the event produced by the Canadian Nurses Association.



*One side of the medallion shows CNA House, which has become an Ottawa landmark with its distinctive lantern tower and international style architecture.....the other side of the medallion shows the CNA coat of arms, which was commissioned in celebration of CNA's centennial. The coat of arms was unveiled by Her Excellency the Right Honourable Michaëlle Jean, governor General of Canada, at Rideau Hall on November 6, 2008.*

#### SYMBOLISM OF THE ARMORIAL BEARINGS OF CNA

*ARMS: Above a lamp, the most widely recognized symbol of nursing since Florence Nightingale's service in the Crimea, three triangles symbolize the founding communities of First Nations/Inuit, francophones and Anglophones. Gold represents the generosity and long duration of the profession; red represents fortitude, strength, magnanimity and life.*

*CREST: The lion emphasizes CNA's role as a defender of the profession and of the principles of the Canada Health Act. The scroll represents the act itself and more broadly, the association's advocacy role.*

*MOTTO: the Latin motto, which translates as "knowledge, wisdom, humanity," reflects the enduring values and virtues of CNA and its members.*

*SUPPORTS: The white harts, whose grace and swiftness exemplify the nurse's work, are also a pun, alluding to the emblematic white heart of the International Council of Nurses. Positioned on either side of the shield, the harts reflect the support of nurses for CNA. Their black antlers are a reference to the bands on nurses' caps. The diamonds on their collars symbolize the five domains of nursing, while the wavy band suggests the sashes worn by First Nations people. The medallion, new to Canadian heraldry, refers to incorporated bodies, whose patron is Her Majesty The Queen. The compartment of maple leaves – one for each province and territory – symbolizes the communities served by nurses across Canada and represents new life, new beginnings and new knowledge for patients and nurses.*



Centennial Awards November 26, 2008 Jessie Mantle



**NOMINATION FORM FOR  
ORDER OF MERIT in  
Nursing Clinical Practice, Administration, Education,  
Research OR Policy**

*Please note that only those nomination forms that are completed in full with supporting documents and received by 23:59 on January 15, 2010, will be considered. Forms should not advise "see attached c.v." where specific information has been requested. Information on the nominee's work experience and accomplishments in the three major criteria must be included in the space provided.*

**1. PLEASE INDICATE WITH AN "X" WHICH DOMAIN THE NOMINATION IS FOR:**

CNA Order of Merit for **Clinical Nursing Practice**

CNA Order of Merit for **Nursing Administration**

CNA Order of Merit for **Nursing Education**

CNA Order of Merit for **Nursing Research**

CNA Order of Merit for **Nursing Policy**

**2. DATE:**

**3. NOMINATOR**

NAME of jurisdiction or associate member, hospital, university, individual, etc:

NAME of contact person:

E-MAIL address of contact person:

**4. NOMINEE**

SURNAME:

GIVEN NAMES:

PRESENT OCCUPATION OR POSITION:

COMPLETE MAILING ADDRESS (including city, province and postal code):

TELEPHONE (with area code):

Business:

Home:

FAX (with area code):

E-MAIL address:

HAVE YOU RECEIVED CONSENT from the nominee to let their name stand for nomination for the CNA Order of Merit? (Not relevant if nominee is deceased)

HAVE YOU INFORMED the nominee that his/her name will be made public if the nomination has met the criteria?

IS OR WAS THE NOMINEE A CANADIAN CITIZEN?

IS OR WAS THE NOMINEE IN GOOD STANDING WITH A CNA MEMBER JURISDICTION? (Name the jurisdiction)

**PRIVACY POLICY: Personal information collected on this form will be used only for processing nominations and related follow-up.**

## 5. SUMMARY OF NOMINEE'S WORK EXPERIENCE

*Fill in (150 words maximum)*

## 6. SUMMARY OF OTHER MAJOR ACCOMPLISHMENTS (E.G., VOLUNTEER ACTIVITIES, AWARDS, ETC.)

*Fill in (150 words maximum)*

## 7. LIST THE SPECIFIC ACCOMPLISHMENTS DIRECTLY RELATED TO CRITERIA #1

1. Canadian nurses who have made a significant and innovative contribution to the health care of Canadians by:
  - creating or assisting in the organization and implementation of new health care/education/research programs; and
  - demonstrating expertise that results in a marked improvement in the health-care delivery system.

*Fill in*

## 8. LIST THE SPECIFIC ACCOMPLISHMENTS DIRECTLY RELATED TO CRITERIA #2

2. Canadian nurses whose activities at the national level have resulted in increased status and public recognition for the nursing profession as a whole. These activities may be evidenced by:
  - outstanding contribution to national organizations such as CNA and organizations related to the nominee's primary domain of practice;
  - leadership and service within CNA or organizations related to the nominee's primary domain of practice;
  - demonstrated leadership in the advancement/promotion of nursing in the public or private sector;
  - advancement of nursing theory/research in the primary domain of practice.

Fill in

**9. LIST THE SPECIFIC ACCOMPLISHMENTS DIRECTLY RELATED TO CRITERIA #3 for ONE of the following domain nominations:**

3. Canadian nurses whose personal contribution has had a significant and sustained positive impact on the nursing profession and practice of nursing in Canada **in one of the following domains: clinical practice, education, administration, research and policy.**

**a) Clinical Nursing Practice**

The contribution in the clinical nursing practice domain may be evidenced by:

- in-depth of knowledge of clinical area and an outstanding ability to deliver holistic care;
- demonstrated initiative in influencing positive changes in care delivery using evidence-based practice;
- demonstrated innovation in the delivery of care;
- actively advocating for and fostering a culture that promotes quality care;
- actively sharing his/her expertise and knowledge of best practices in clinical nursing practice with colleagues across the country through presentations, publications and committee participation.

*Fill in if applicable OR ignore*

**b) Nursing Education**

The contribution in the nursing education domain may be evidenced by:

- creativity, innovation and flexibility in motivating learners;
- leadership in promoting excellence in nursing education within academic and practice settings;
- identifying emerging trends in health care and working proactively to initiate changes in programs and curriculum;
- consistently demonstrating a commitment to improving quality of health care through nursing education;
- actively sharing his/her expertise and knowledge of best practices in nursing education with colleagues across the country through presentations, publications and committee participation.

*Fill in if applicable OR ignore*

**c) Nursing Administration**

The contribution in the nursing administration domain may be evidenced by:

- promoting workplace cultures in which nurses and other health-care providers are positive, challenged and involved;
- promoting incorporation of new nursing knowledge and utilization of research findings in health-care settings;
- improving health-care delivery through evidence-based changes that improve effectiveness and efficiency;
- advocating for nurses and nursing in health-care settings;
- actively sharing his/her expertise and knowledge of best practices in nursing administration with colleagues across the country through presentations, publications and committee participation.

*Fill in if applicable OR ignore*



**d) Nursing Research**

The contribution in the nursing research domain may be evidenced by:

- a sustained program of research activity advancing development of clinically relevant nursing knowledge, nursing education, nursing administration and policy development;
- promoting nursing research and the application of research findings in practice settings;
- obtaining research funding from a variety of sources including national health-care research funding agencies;
- actively sharing his/her expertise and knowledge of best practices in nursing research with colleagues across the country through presentations, publications and committee participation.

*Fill in if applicable OR ignore*

**e) Nursing Policy**

The contribution in the nursing policy domain may be evidenced by:

- identifying emerging issues and providing leadership to positively influence the quality of health care for Canadians through evidence-based policy-making including regulation of the profession;
- advocating for nurses and nursing with governments, other health-care professionals and the public;
- developing clear understanding of issues by consulting widely with those who will be affected by policy decisions and fostering partnerships between stakeholder groups;
- actively sharing his/her expertise and knowledge of best practices in nursing policy development with colleagues across the country through presentations, publications and committee participation.

*Fill in if applicable OR ignore*

**PLEASE NOTE THE FOLLOWING DOCUMENTS MUST ACCOMPANY THE NOMINATION FORM (electronic submissions are encouraged):**

- a minimum of three (3) letters from individuals in support of the nomination. This can include a letter from the nominator;
- the nominee's curriculum vitae; and
- a biographical note no longer than one page.

**PLEASE RETURN THE NOMINATION FORM and SUPPORTING DOCUMENTS  
NO LATER THAN 23:59 on JANUARY 15, 2010, TO:**

Governance Coordinator  
Canadian Nurses Association  
50 Driveway, Ottawa, Ontario K2P 1E2  
E-mail: [abaker@cna-aiic.ca](mailto:abaker@cna-aiic.ca)  
Fax: (613) 237-5275

## OBITUARY

### GERONTOLOGICAL NURSING PIONEER and NURSING LEADER DIES

**Vera McIver May** 1916 – May 2009

In May, nursing saw the passing of one of our courageous leaders who dared to think outside the box and change the way we cared for older citizens. In 1967 McIver was appalled by the way she saw older people being warehoused in long term care settings. She set out to humanize the care by developing a model that came to be known as “The Priory Method” named for the Victoria nursing home in which it was developed. Patients became ‘residents’ with dignity, opportunities for interacting with their community, and living with as much normality as possible in their activities of daily living. She created educational programs and an administrative infrastructure that supported the care model which was the core of the nursing service she developed. In the early 1970’s she developed a dementia unit and a hospice unit for dying elderly – ideas that today are just becoming commonplace.



Her ideas spread throughout the North American continent and to countries such as Japan and Israel. This was due to the fact that she wrote extensively and used media, workshops, presentations, conferences, and on-site visits for persons to see firsthand what could be done. In 1986 she received the Order of Canada as recognition for her contribution. In 2003 the method she developed was documented in the book “Forgotten Revolution: The Priory Method: A Restorative Care Model for Older Persons”<sup>1</sup>

McIver never lost her interest in gerontological nursing and at 93 was still promoting the book and inspiring younger nurses with what one can do when you have passion for your practice.

<sup>1</sup> Mantle, J. & Funke-Furber, J. *Forgotten Revolution: The Priory Method: A Restorative Care Model For Older Persons*. Trafford Press: Victoria, BC. 2003.

**Social Justice: Our Role as Gerontological Nurses  
Sandi Hirst RN, PhD, (C) and Carole Lynne LeNavenec RN, PhD**

We had the privilege (and I would add the expense) of attending the International Association on Gerontology and Geriatric World Congress in Paris in July. It was truly exciting to realize that there were 6000 participants. The topics covered a huge range of themes: abuse, pain management, osteoporosis, to name just a few. However, despite the themes of longevity, health, and wealth, what we did not hear voiced a lot either directly or as context was social justice and we found this interesting. Nursing is a caring profession. Caring encompasses empathy for and connection with people; for us, as gerontological nurses, it means older adults and those important to them. As such, social justice is imbedded within our practice and yet we rarely talk about it.

This caused us to go back to the literature and reflect upon two things: (1) what is social justice and (2) what are the roles and responsibility of gerontological nurses in regards to the older adults with whom we interact and work.

A search of the literature identified a global, transprofessional interest in “social justice”; publications from business, philosophy, psychology, religion, sociology, and women’s studies supplement the nursing literature on this topic. Social justice describes the concept of a society in which “justice” is achieved in every aspect of it rather than solely accomplished through the administration of its law. It is generally thought of as a society which affords individuals and groups fair treatment and an impartial share of the advantages and the disadvantages of membership in it (Brown, 2004; Rawls, 1985; Redman & Clark, 2002). Social justice argues that significant factors in society, for example, racism, sexism, and ageism impede the fair distribution of its benefits and burdens.

Within a context of nursing practice, the Canadian Nurses Association (2006) defined social justice as “the fair distribution of society’s benefits, responsibilities and their

consequences. It focuses on the relative position of one social group to another in relationship to others in society as well as on the root causes of disparities and what can be done to eliminate them” (p. 7). The focus of their document, *Social Justice ... a means to an end, and end it itself*, was on the use of social justice as a framework to help CNA achieve its policy goals at a national and international level, rather than the use of the concept in “bedside” nursing practice. Boutain (2005) wrote that for “nurses to restructure social relationships to promote equality, they must first be educated on how unequal relationships are created and sustained in society.” Does this not sound familiar to how ageism must be addressed within our society?

Emerging from this understanding are a number of guiding principles. One principle is the need to increase access to benefits, services, and health care for older adults. Nurses will have to employ a range of strategies to assess this domain such as the use of an Ecomap as developed by LeNavenec and Hirst (In Press). This type of Ecomap indicates the balance between the demands that older people are experiencing, on the one hand, and the resources they have to address those demands on the other hand.

A second principle is to end age discrimination. A third is to promote cultural diversity. There are certainly others that you might identify. Implementing these principles into our practice means that we need to work towards equal opportunities for older adults to be contributing members of our society and to ensure that their autonomy, preferences, and choices are respected. In addition, we will want to ensure that the factors contributing to poverty for older women are substantially reduce and hopefully eliminated, and that the voices of older immigrants / refugees are heard in policy planning. We are certainly facing some challenges in these tasks.

How can we implement these principles into our practice? Turnock (2004) advocated that collective action is needed to address these impediments. In partnership with older adults, we can act as advocates for them. We might explore outreach services to those older adults who are traditionally underserved. Is there a volunteer role for us in the planning and evaluation

of such services or do we need to review our agency / work practices in this regard? Another strategy is to ensure that abuse experiences are reported and addressed in a timely manner. Providing access to technology is another possibility, which means for example access to communication devices and power wheelchairs. Implementing a least restrictive environment in long term care facilities is another strategy.

On a more pragmatic level, there are strategies that our provincial gerontological nursing associations in collaboration with our national leadership can implement:

- Recruit champions to advocate for seniors' health and excellence in gerontological nursing at local, provincial, and national levels,
- Build partnerships with the various levels of government ,
- Invest in cross agencies / communities of practice partnerships,
- Develop a leadership module, via on line learning, specific to social justice and advocacy strategies, and
- Publish social justice success stories in newsletters and on the CGNA web site,

Social justice within gerontological nursing will not happen by chance. It will require us working together in civic engagement. Such engagement requires relationships among all who are committed to promoting equity and fairness for all older adults.

References:

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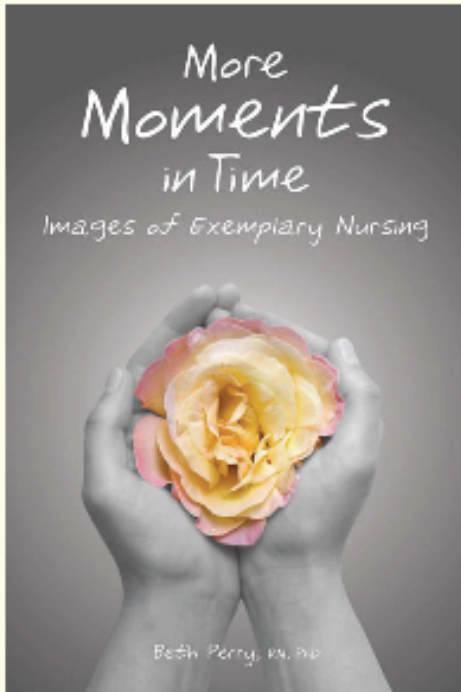
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# INSPIRING NEW EDITION BY BETH PERRY



## More Moments in Time

Images of Exemplary Nursing

Beth Perry RN, PhD

Within most disciplines, there are those who are recognized by their colleagues as being exceptionally competent practitioners. These individuals do their work in such a remarkable way as to become a model for others. This book is based on a study of the beliefs, actions, and interactions of a group of extraordinary oncology nurses—the people their peers would choose to have care for them if they were diagnosed with cancer. Perry's weaving of interviewee's stories with her own field notes and poetry creates a very personal perspective on nursing that leaves the reader with a greater understanding of the experience, and rewards, of caring for others in an exemplary way.

Beth Perry has worked as both a nurse and an educator in medicine, oncology, and palliative care. She has been an Associate Professor of Nursing and Health Studies at Athabasca University since 2001.

Nursing/Health Care/  
Professional Development  
978-1-897425-51-0 PB \$29.95  
258 pages, b/w photos, 6 × 9"

Beth's sold-out *Moments in Time: Images of Exemplary Nursing Care* was published by the Canadian Nurses Association in 1998.

[WWW.AUPRESS.CA](http://WWW.AUPRESS.CA)

AU Press books are distributed in Canada by UBC Press.  
[www.ubcpres.ca](http://www.ubcpres.ca)



## AWARDS

### ANN C. BECKINGHAM SCHOLARSHIP AWARDS



I was very pleased to accept the Ann C. Beckingham scholarship at the CGNA conference in May.

In the past I have taught care of older adults, lead groups for older adults, and conducted research related to Gerontological nursing. I am currently enrolled in the PhD program at UBC where my research interest for my dissertation focuses on understanding the intersections between philosophies of aging and workplace influences in nursing practice with hospitalized older adults. Thanks to CGNA for the Ann C. Beckingham scholarship to further my studies.



Sherry Dahlke  
Email: [sherrydahlke@shaw.ca](mailto:sherrydahlke@shaw.ca)

## LETTER OF APPRECIATION FROM ANN C. BECKINGHAM SCHOLARSHIP WINNER LISA ADAMS



A huge thank you to the scholarship committee for selecting my name as the recipient of the Ann C. Beckingham Scholarship this year. I have outlined below a short overview of myself, including the educational plans.

Lisa Adams is a 4th year PhD. Nursing student at the University of Alberta. She currently works for the Eastern Regional Health authority in Newfoundland as a project leader for the Commission of Inquiry. She is the recipient of many scholarships through the duration of her doctoral program where her proposed research study is "The Use of Acute Health Care Services by Mentally-Ill Seniors of Newfoundland and Labrador: A Mixed-Methods Investigation Proposal". Most of her professional career has revolved around geriatric and mental health settings that included both front line patient care delivery and administration. Furthermore, at the community level she is a volunteer for different provincial seniors' initiatives, most recently of which, included the development of an educational DVD on seniors who have depression in long term care facilities, a partially government funded project.

Lisa Adams  
Email: [lyadams@ualberta.ca](mailto:lyadams@ualberta.ca)

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### UPCOMING EVENTS

**The International Institute for Qualitative Methodology** is hosting its two conferences, QHR and AQM, back-to-back this year in Vancouver. Participants may register for either the QHR or AQM conference – or register for both at a special price.

**October 4-6, 2009: 15th Qualitative Health Research (QHR) Conference** QHR is the premier international and interdisciplinary conference for the dissemination and discussion of developments in qualitative health research

**October 8-10, 2009: 10th Advances in Qualitative Methods (AQM) Conference** - The focus of AQM is the dissemination and discussion of developments in qualitative research methods, and exploring issues and experiences using qualitative inquiry across all academic disciplines.

November 30, 2009 Abstract deadline for the International Clinical Nursing Research Conference, Ottawa, Info: June 14-16, 2010. Info: <http://www.sante.utottawa.ca/enews/conf2010.htm>

May 16-18, 2010. IPNR Conference: Philosophy in the nurse's world: Politics of Nursing Practice. Banff, AB. Info: <http://www.uofaweb.ualberta.ca/nursing/ipnr.cfm>

**May 27 – 30, 2010** International Society for Gerontechnology (ISG 2010) 7th World Conference.. Vancouver, Canada Marriott Pinnacle Hotel. Host organization: Info: [http://www.sfu.ca/isg2010/\\*](http://www.sfu.ca/isg2010/*)

11-15July, 2010< World Conference on Health Promotion Geneva, Switzerland. Deadline for Abstracts is November 30' Info: <http://www.iuhpeconference.net/index.php?lang=>

## **Teaching Gerontology**

**TEACHING GERONTOLOGY Aug. 15, 2009** Issue: Website: <http://www.aghe.org/>

(Email: [aghe@aghe.org](mailto:aghe@aghe.org))

Topics covered:

- Health Care Reform: A "Teachable Moment"
- AGHE Distinguished Teacher Honor
- Lost Generation
- Caloric Restriction: Key to Living Longer?
- Pod casts on Geriatric Nursing
- Current Awareness in Aging Research Newsletter
- Web Sites to check out

Article by Frank King.

Check out: <http://thefirstcanadianhealthcareconference.ca/2009/index.php?/Working-Together-To-Improve-Care>

## **IFA-E News, August 2009: NEWS FROM THE INTERNATIONAL FEDERATION OF AGING**

International Federation on Ageing , 4398 Boul. St Laurent, Suite 302, Montreal, Quebec, H2W 1Z5 , Canada

<http://www.ifa-fiv.org/>

### **The Doors of Akita, Japan are Open to You!**

**- International Forum on Ageing in Place and Age Friendly Cities - Limited Spaces Still Available!**

We are less than 2 months away from the opening ceremonies of the International Forum in Akita, Japan, and there are still a few places available [if you wish to register and attend!](#)

### **Innovation on Display in Akita: Robots**

**Introducing HAL: Tremendous Advancements in Assistive Technologies from Prof. Sankai of Tsukuba University**

Prof. Sankai will be one of the keynote speakers at the [International Forum on Ageing in Place and Age Friendly Cities](#) in Akita, Japan this October 2009! There are still limited spots available to register for this event, and more information about how to attend [can be found here on the IFA website](#). We invite you [to watch this video clip](#) for more information and visual demonstrations of this technology.

Robots have long captured the popular imagination of people around the world, but in recent decades these fanciful creations are no longer limited to the pages of science fiction but are being designed, built and used in real, everyday situations. The next few years promise even



grander advancements in this field, with great potential to impact a range of human activities.



Robotics specialist Prof. Yoshiyuki Sankai (*on right*) of the Cyberdyne Institute at Tsukuba University in Japan is heading a team that is integrating cyborg robotics within the field of assistive technologies, turning fantasy into reality with potentially dramatic results for people with disabilities.



HAL (Hybrid Assistive Limb) is no relation to the infamous HAL robot in Stanley Kubrick's 2001: A Space Odyssey. Sankai's HAL is a full-bodied exoskeleton suit, designed to support the wearer in performing everyday activities. It operates by sensing weak electrical impulses from muscles via electrodes on the operator's skin and sending them to the onboard computer which in turn analyzes them and activates corresponding servos of the suit, mimicking the wearer's motions. The whole suit is powered by a 100-volt battery attached to the operator's waist.

The implications for HAL technology are many and varied, but certainly excellent news for people with disabilities (Continued: **Introducing HAL: Tremendous Advancements in Assistive Technologies from Prof. Sankai of Tsukuba University**)

and people who care for them. HAL is expected to be applied in various fields such as rehabilitation support and physical training support in medical fields, ADL support for disabled people, heavy labour support at factories, and rescue support at disaster sites. HAL can support people to walk and be mobile, and to handle heavy loads.

HAL is slated for production in October 2010, pending field tests.



#### **UPDATE RE IFA, MAY 2010, AUSTRALIA**

##### **Travel Bursary Programme Available for Delegates from Developing Countries**

We have good news for people who reside in developing countries who are interested in attending the **IFA's 10th Global Conference on Ageing in Australia in May 2010!** We recognize that overseas conferences can be a major and even prohibitive expense for some, and in response, IFA 2010 will be providing financial assistance to selected delegates from [developing countries](#) to attend the Conference! Any individual who is at least 18 years of age and from a developing country may apply for a conference bursary, with preference given to people making a presentation. This bursary may help cover all or part of your registration fees, economy airfare and accommodations. The deadline for this bursary is November 20th, 2009, so [please visit here](#) for more info

#### **THE DEMOGRAPHIC PROGNOSIS FOR SOUTH ASIA: A Future of Rapid Ageing**

This report on ageing trends in South Asia is the latest (and sixth overall) in a series of papers

on population ageing sponsored by the [United Nations Population Fund \(UNFPA\)](#). Dr Mujahid was instrumental in establishing this series while working at the UNFPA. A full version of this report [is available for download here](#).

This report shows how, following a late decline in fertility relative to other parts of the continent, much of South Asia too is now set on a course of rapid ageing. Indeed, the region should see an increase of about 350 million people above the age of 60 years by 2050, the most of any region within this time frame!

### **AN AGEING ORGANIZATION FROM CENTRAL AMERICA Introducing the National Council on Ageing, Belize**

For more information about the National Council on Ageing, Belize, [please visit their website here](#). From its inception in 2003, the NCA has worked to systematically improve the situation of older people in Belize. The NCA works primarily as an advocating body to bring attention to public and political attention to the many issues related to growing older and to the concerns of older persons living in the country.

Among NCA's primary achievements have been the development of a National Plan of Action for Older Persons and a complimentary Strategic Plan, based around 11 priority areas. Also, during the past 6 years the NCA has developed many programmes that have focused on highlighting the need for change. This includes public awareness campaigns (including a radio programme and a newsletter), the Golden Age Heroes Awards (which honours older people who had been involved in the development of their community but who have not been otherwise recognized), and in 2002-2003, conducting the first ever Situational Analysis of Older Persons in Belize, with assistance from HelpAge International and HelpAge Belize.

### **FUNDING OPPORTUNITIES FROM THE HEALTH TECHNOLOGY EXCHANGE :The HTX Assessment and Implementation Program**

The Health Technology Exchange (HTX), based in Toronto, has launched a new program to support the acquisition and testing of market-ready health technologies for Ontario hospitals. You can download the application guidelines [from the HTX website](#), or for more information, please contact [Mr. Norman Pyo](#), Director of Business Development and Investment.

### **AN AGEING WORLD 2008: NEW PUBLICATION ON GLOBAL DEMOGRAPHIC TRENDS**

[Please find the whole report here](#). In June 2009, a major study on global demographic ageing trends commissioned by the United States' Departments of Health and Human Services and Commerce was published. The full report, entitled *An Ageing World: 2008 - International Population Trends*, offers nearly 200 pages of extensively compiled and up-to-date figures, presenting a fascinating overview of the worlds population.

This report focuses primarily on people 65 years old and older. The central purpose of this report is to look at past, current, and projected numbers, proportions, and growth rates of older populations in an effort to contribute a consistent, systematic, quantitative comparison of older populations in various countries. There are dozens of graphs and charts accompanied by easy to read descriptions.

### **LATEST DEVELOPMENTS ON OLDER PEOPLE'S RIGHTS WITHIN THE UN HUMAN RIGHTS SYSTEM:**

**Advisory Committee to the Human Rights Council makes older people's rights a priority**

At the end of its third session on 7th August 2009 the newly established [Advisory Committee to the Human Rights Council](#) agreed to make the rights of older people a new priority issue for its work. The Advisory Committee is made up of 18 nominated experts, and its role is to function as an independent think tank and provide the Human Rights Council with evidence and recommendations on a range of human rights issues.

### **EXPERIENCE WORKS: THE MATURE AGE EMPLOYMENT CHALLENGE: [New Report on Unemployment and Older People in Australia](#)**

A new report has found unemployment in older Australians goes unnoticed. The National Seniors report, called *Experience Works - The Mature Age Employment Challenge*, says Australia loses almost \$11 billion each year by not utilising the experience of older Australians in the workforce. For more than a decade there has been an emphasis on younger people, school leavers, university leavers, trainees, apprentices, which is important and we need to ensure that younger people do have those opportunities," he said "But we need equally to recognise that older Australians have an entitlement to work as well and that we need to have those programs in place." [Read the full report here...](#)

## **GOVERNMENT REPORTS**

NEWS RELEASE THE SENATE SPECIAL COMMITTEE ON AGING.

### **Issues and Options for an Aging Population**

Senate Special Committee on Aging Releases Second Interim Report

The report can be found under "Reports" at: [www.senate-senat.ca/age.asp](http://www.senate-senat.ca/age.asp)  
<<http://www.senate-senat.ca/age.asp>>\_

## **International News**

Retirement might become costly in England

See proposed Social Care Bill plan

### **Compulsory social care bill plan**

People in England may be forced to pay as much as £20,000 on retirement to help fund the social care system under plans being put forward by ministers.

< <http://news.bbc.co.uk/go/em/fr/-/2/low/health/8148116.stm> >

## Links to Educational Resources Delirium DVD

The following link provide easy access to a free of charge download Delirium DVD (one for staff, the other for family) done in partnership with WorksafeBC, North Island Geriatric Outreach, Vancouver Island Health Authority.

<http://www2.worksafebc.com/enews/hcare/090626/090626.htm> <https://owa.viha.ca/exchweb/bin/redir.asp?URL=>

<http://www2.worksafebc.com/enews/hcare/090626/090626.htm>

Julie Doyon, BScN; MScN; GNC(C)  
Clinical Nurse Specialist  
Seniors Health  
Phone number: (250) 203-3573

**Article from Elderwise** (Vol. 5, No. 8 © ElderWise Publishing 2009) entitled:

### **STAY IN CHARGE: ADVANCE CARE PLANNING**

Adapted from [www.elderwise.ca/newsletter-archives.html](http://www.elderwise.ca/newsletter-archives.html)

"Decide for Yourself: Why You Must Write Your Power of Attorney and Personal Directive"

Advance care planning is a process in which a **capable person** makes decisions with respect to his or her wishes for future medical care and treatment, and personal care in the event they are not able to give **informed consent**. These health care directives may:

- Appoint a "proxy" who will assume responsibility for ensuring the person's wishes are respected
- Contain health and personal care wishes that must be followed by health care providers, where the wishes are reasonable, possible, and legal.

The first type is called a **proxy directive**. All provinces, the Yukon, and the Northwest Territories allow proxy directives.

The second type is called an **instructional directive**. Several provinces allow this type of directive, as well as the proxy directive.

**Why have a directive?** Manitoba Health provides this general suggestion for writing a health care directive, or "living will."

*"Due to accident or illness, you may become unable to say or show what treatment you would like, and under what conditions. If you have signed a directive, those close to you and the health care professionals treating you are relieved of the burden of guessing what your wishes might be."*

Each province has specific legislation regarding health care directives. The ElderWise Guide, "Decide For Yourself", provides web links to the specific details for each Canadian province and

territory. You must comply with the legislation in your parent's province if the directive is being prepared for them.

Here is a scenario that is all too common for families who do not have advance care planning in place (names changed to protect privacy):

*Clarence was 87 years old and had not named anyone to speak on his behalf. When his niece raised the topic, he said: "You'll be there for me - and I know you will do the right thing." But when Clarence had a stroke and was temporarily in a coma, his niece was unable to legally speak on his behalf because she had not been specifically named as Clarence's **representative**.*

Here are the steps to putting a directive in place:

- Research the information that applies to your province ("Decide for Yourself" includes web resources for all provinces and territories).
- Discuss medical treatments, such as a "Do Not Resuscitate" order, with your physician.
- Decide who will speak on your behalf AND get their consent.
- Write the directive yourself - or get help from a lawyer.
- Provide copies of the directive to your family, your physician, and the person(s) named in the directive.

**Get full details about the contents of "Decide for Yourself"**

**NEWS FROM ELDERWISE** (contact Maureen at: [maureen@elderwise.ca](mailto:maureen@elderwise.ca) or see previous issues at: [www.elderwise.ca/newsletter-archives.html](http://www.elderwise.ca/newsletter-archives.html))

*Thanks as well to those who responded to last month's **on-line survey**. Here are the results:*

**Q #1: Have you written your will?**

69.7% of respondents said YES, 30.3% said NO.

**Q #2: Have you written your power of attorney?**

42.4% said YES, 57.6% said NO.

**Q #3: Have you written your advance directive for health?**

39.4% said YES, 60.6% said NO.

*If you answered YES to all three, congratulations! If not, consider our new ElderWise Guide: **Decide for Yourself**, to help you (or a loved one) complete these crucial documents. Find out more about this publication below.*

*Our other new e-publication, **Caregiver Burnout**, inspired this month's newsletter topic. While burnout is an issue that potentially affects caregivers of all ages, we wanted to draw special attention to the vulnerability of older caregivers in the hope of raising or re-focusing awareness on this topic.*

## Older Caregivers Face Extra Risks

(Source: Elderwise, Vol. 5, No. 6 © ElderWise Publishing 2009)

Most of us hope and expect to "take it easy" in our senior years. But, according to 2007 figures from Statistics Canada, at least 675,000 Canadian seniors have had to curtail travel, leisure and personal interests - and have put themselves at risk for physical and emotional problems - because they are providing care to another senior. They could be looking after close friends (30%), spouses (23%), neighbours (15%) - even parents (9%). One third of these seniors are over the age of 75.

Less than one in five older caregivers gets a break from these responsibilities. Without help from family, community or private services, **caregiver burnout - physical and emotional exhaustion due to prolonged high levels of stress** - is almost inevitable. Not only can physical health problems multiply, but mental health issues, such as feelings of powerlessness, resentment, and isolation, can compromise a caregiver's well-being.

Most of these seniors may not think of themselves as caregivers, but that's exactly what they become when they take responsibility to help others with their daily needs.

Caregivers are from all walks of life and income levels. They are predominantly female but increasing numbers of men are taking on the role. But what they often share in common is stepping unaware and unprepared into a demanding role. **Caregiving responsibilities can occur suddenly, but they typically become chronic, and they don't always have a happy outcome.** Responsibilities can continue even when the person receiving the care moves from a private home to an institution.

Older caregivers are up against more challenges than their younger counterparts. They are unlikely to have the strength and energy of a younger person. Older caregivers may have to manage their own chronic health problems (e.g., high blood pressure, diabetes or arthritis) while caring for another. Doing yard work, shoveling snow, or going up and down the stairs with the laundry basket may be more than they can handle.

Other caregiver duties can be mentally demanding. Managing finances, scheduling appointments, and other household decisions take more time and energy as you age. Conflicting emotions can drain energy as well, particularly when the personal relationships between caregiver and care recipient are strained.

Caregiving for a spouse can be especially demanding. The marital relationship is more intense, private and personal than many. A spouse's illness results in greater stress, yet spouses are less likely to ask for help from others. Often, there's a belief that what is happening should be kept private.

Without greater awareness, understanding and action, more seniors will run the risk of burnout, which can lead to physical and mental collapse. That has significant implications for families, communities and our health care system.

**For more insight on this topic, purchase our new downloadable e-publication:**  
**[Caregiver Burnout - How To Spot It, How To Stop It](#)**

### Related Reading:

[Home Care for Seniors](#)

Information on health, housing and relationship issues in the [ElderWise newsletter archive](#)

## Managing Moves for Seniors - New Guest Article

**Moving house is ranked among life's 10 most stressful events.** Helping a senior move can overwhelm and exhaust not only the older person, but also family or friends assisting with the move. For tips and expert insight, read "**Managing Moves for Seniors**" by Dawn Rennie, President of Transitions Inc. Click on the **Housing tab** at [www.elderwise.ca/library.html](http://www.elderwise.ca/library.html)

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- Provide copies of the directive to your family, your physician, and the person(s) named in the directive.

**Get full details about the contents of "[Decide for Yourself](#)"**



## NEW DVDs

Over the next several issues, we will have the pleasure of introducing you to a series of new DVDs, specific to gerontological nursing practice. Each



one of the DVDs in this collection employs a critical-thinking, evidence-based approach to assessment and intervention specific to common health issues of older adults.



The 28 series includes the following titles:

- Delirium: The Under-Recognized Medical Emergency
  - Eating and Feeding Issues in Older Adults with Dementia
  - Elder Mistreatment Assessment
  - Fulmer SPICES: An Overall Assessment Tool for Older Adults
  - The Modified Caregiver Strain Index
  - The Pittsburgh Sleep Quality Index
- **SEE INSERT FOR THIS SECTION ON THE NEXT PAGE AND MOVE IT HERE**

We will review one or more of the DVDs in this series as an ongoing information item in the CGNA newsletter. The focus in this issue is Horowitz Impact of Even Scale - Revised: An Assessment of Post-Traumatic Stress in Older Adults

A case study of a 93 year old female is presented to demonstrate the use of the Horowitz Impact of Event Scale - Revised in the diagnosis, recommendations for treatment and monitoring for recovery related to Post-Traumatic Stress Disorder (PTSD). This PTSD assessment tool is a collection of questions which help the client and the examiner assess the degree of impact a traumatic event has had on the physical and mental functioning of the client. Lisa M. Brown, PhD, clinical psychologist, along with two nursing students administers this assessment tool to the older adult after a natural disaster (hurricane) has occurred in the client's geographical location. The findings are then presented to a group of health care professionals in a round table discussion. The strength of this DVD lies in showing how effectively this tool can be used to explore all levels of functioning according to the client's perception of their situation currently and in the past via self reporting. This self reporting exercise may allow the client to gain valuable insight as well as help them seek further treatment if necessary.

There are three chapters titled: (1) Assessment, Team Care Planning, (2) Expert Interview: On Post Traumatic Stress with Lisa M. Brown, PhD, and (3) Expert Interview: Impact of Events Scale - Revised with Katherine Hyer, PhD, MPP. The content has a running time of 40 minutes with the choice of watching individual chapters if desired.

This series was produced by Terra Nova Films, Inc. for the *American Journal of Nursing*. For further contact details: Terra Nova Films, Inc. Toll Free: 800-779-8491 Fax: 773-881-3368 Phone: 773-881-8491 e-mail: [tnf@terranova.org](mailto:tnf@terranova.org)

Reviewed by Dildeep Rai, Nursing Student (Year 3) at University of Calgary, Alberta

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<b>1/2 page:</b> 7.5" x 5" (18.75 cm x12.5 cm) OR 3.75" x 10" (9.37cm x 25cm) GST \$200 +	
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<b>Full Page:</b> 7" x 10" (18.75 cm x 25cm) GST \$400 +	All postings to the listserv, emails, and web postings must include the following disclaimer: " <b>Senders(s) or poster(s) opinions are their own and do not necessarily reflect the views of the CGNA</b> "
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**ISSN 0825-9291**

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