

Conference & AGM

September 18th-20th, 2008!

Gerontological Nurses Association of British Columbia

Newsletter

Fall Edition / September 2008

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“It takes a lot of courage to release the familiar and seemingly secure, to embrace the new. But there is no real security in what is no longer meaningful. There is more security in the adventurous and exciting, for in movement there is life, and in change there is power.”

(Alan Cohen)

The weather is changing, the temperature is becoming cooler and the colours of the leaves as they begin to fall from the trees are changing to varying shades of yellows and reds. As I sit down to write my final “President’s Message” to you I reflect on the changes we have made and on what we have achieved over the past two years.

As Gerontological nurses you informed us, your executive, that you were no longer content with the restrictions that CRNBC had placed on our specialty interest group, and let us know by an overwhelming majority that you were willing to leave the security of being a professional practice group with CRNBC to become a new entity. You also wanted Gerontological to come “first” in our new name as it reflected the importance of how we, as nurses, define who we are and who we care for. With this mandate before us, the transition team successfully completed the disaffiliation process and now we are known as the “Gerontological Nurses Association of British Columbia.” Congratulations!

Our website has also changed to www.gnabc.com and for anyone interested in Gerontological Nursing in British Columbia, our website can also be accessed directly from the CGNA website. Individual chapter information regarding meeting times and upcoming speakers will be posted shortly.

Many of you will now have noticed our revised application form which should be accessible from our website. Please note that our membership year is now from June 1st to May 31st. We are excited to welcome LPN’s and RPN’s as full members of GNABC and

PRESIDENT’S MESSAGE

affiliate members of CGNA.

Our Annual Conference and AGM is being held in Coquitlam this September from the 18th to the 20th. The theme, “New Frontiers in Gerontology,” promises to be both interesting and informative. This is a wonderful opportunity to stay current in your profession and to network with other nurses that have the same interests as you, as well as assisting you to meet your competency requirements for your professional organization. I look forward to seeing you there!

The executive positions of president-elect and education chair are available and we welcome your interest. Please feel free to contact me if you would like more information regarding either of these positions.

We are also looking forward to CGNA’s 15th National Conference being held in Alberta. “Making Moments Matter,” will be held from May 27th to 30th, 2009 in the Banff Conference Centre. The call for abstracts submission deadline is October 1, 2008. The application form and more conference information are available on the CGNA website.

On behalf of the executive, I want to congratulate all our members who have successfully completed their CNA exam in Gerontological Nursing. It is exciting to note that in our province, our specialty has the largest group of CNA certified nurses and that nation wide, Gerontological nurses continue to remain the largest of all the nursing groups represented.

Thank you for your support for GNABC, for advancing the care of seniors in this province, and for being there for each other.

Yours in Gerontological Nursing,
Catherine Marsden,
President, GNABC



GNABC EXECUTIVE 2008-09

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NEWSLETTER LAYOUT – Intelliga Productions

Contributions Welcome

This quarterly newsletter is produced by the Gerontological Nurses Association of B.C., a conjoint member of the Canadian Gerontological Nurses Association. It is designed to provide information and support for Gerontological nurses.

Everyone is welcome to contribute. We would like your articles, viewpoints, letters, book reviews, news about workshops, jokes, anecdotes, pictures or whatever you wish to share with your gerontological nursing peers.

A newsletter announcement is emailed to all members of the Gerontological Nurses Association of B.C. with a link to our website where the newsletter is posted. Membership is \$65/year for four issues and includes CGNA membership, and the CGNA newsletter. Mail to: South Granville Business Services, 101-1001 West Broadway, Dept.370, Vancouver, BC V6H 4E4

Please send written contributions to the Newsletter Editor's email address in Word format* (see below re: Office 2007), or fax/phone 604-879-4199.

Sheila Clark
Email: sheilac@telus.net

Newsletter Deadlines
Feb. 15 Aug. 15
May 1 Nov. 15

Advertising rates are: 1/4 page, \$75; 1/2 page, \$100; full page, \$150. (Please send ad enquiries to the editor.)

* if you're using a new version of Office Word which uses .docx file extensions, which are unique to the new Office, older versions can't open it. If you save your files in the Office 2003 file format, or just as a .doc. or paste it into the body of the email, our older versions can deal with it. Thanks! -Ed

Editor's Note

We all need to end some things when we begin something new. Our old newsletter has served a good purpose for many years. It was an easy-to-find salmon colour, with chapter updates, announcements, member profiles, articles, and contact information. It got a group of people together stuffing envelopes four times a year.

Now, we have a printable electronic newsletter, with a website and links for contact information. We save trees, reach more people possibly, and have full colour images.

We are working to build our email database for announcing the newsletter. In future, we may see a members-only section, for photos or shy contributors.

This is your newsletter, your Gerontologic Nurses Association. The opportunities for great things to happen are expanding. It will be great when you bring a part of yourself to it, with stories, experience, and good questions. Welcome your coworkers to read our newsletter and to see what happens in a chapter meeting.

I am looking for a team of nurses from around the province to join me in finding key themes of interest, shy writers who have something to say, and people we can interview.

I will work at keeping it short and clear. It is a good chance. Let's do this together.

Warm regards,
Sheila

Alcohol Use – The Choice is Yours

by Heather Alliston-Perry & Becky Lynn Brechin



I am more powerful than the combined armies of the world;
I have destroyed more men than all the wars of the all the nations;
I have caused millions of accidents and wrecked more homes than all the floods,
tornadoes and hurricanes put together;
I am the worlds' slickest thief.
I steal billions of dollars each year;
I find my victims among the rich and poor alike,
I am relentless, insidious, unpredictable;
I bring sickness, poverty and death;
I give nothing and take all;
I am your worst enemy;
I am ALCOHOL

(author unknown)

There is a great deal of written information about alcohol consumption. Recently, The Vancouver Sun highlighted alcohol as the most commonly used substance by older adults. Here are some facts and information regarding alcohol use, some possible reasons for its use, and the risks and benefits associated with its use. In our next newsletter, we will provide the reader with suggestions on ways to help someone modify or change their alcohol use, including use of Safe Drinking Guidelines. Also included are some risky behaviors that may occur as a result of alcohol use.

Facts about Seniors and Alcohol Use:

West Vancouver has Canada's highest rate of alcohol consumption per capita. Twenty-two percent of senior adults (those over 65 years of age) drink four or more times weekly. With the older adult, at risk alcohol use may be complicated by a cognitive impairment including early dementia. Alcohol may have an effect on an individual's behavior and impacts upon memory and good judgment.

Early-onset drinkers (start alcohol use early in life) comprise approximately 2/3 of older problem drinkers. Late onset drinkers (start alcohol use later in life, especially women) comprise 1/3 of older users. Older Adults who drink alcohol are more likely to use and overuse prescription drugs than younger persons who use alcohol. Men consume larger quantities of alcohol but



women may be at greater risk of becoming dependent on prescription medications.

About Alcohol Use:

Social isolation, loneliness, depression, pain and boredom are just some of the many reasons people may use alcohol. Older adults may face many challenges such as coping with chronic health conditions. These may include loss of loved ones, bodily changes with aging including mobility changes, arthritis changes, memory changes, thinking processes may be slowed, vision and hearing may be changed, etc.

Older adults often use alcohol to relax, to overcome shyness, reduce pain (on joints etc.), reduce their feelings of sadness from their losses, including loss of control of bodily and environmental functions, overcome loneliness, etc. It helps people to overcome their fears (temporarily), and "medicates people's feelings." Alcohol helps to temporarily overcome boredom and loneliness, as seniors see their friends and loved ones let go of their lives.

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GNABC

Chapter Reports

CENTRAL & NORTH ISLAND

As I sit to write my “farewell” message as the outgoing president of the Central Vancouver Island Chapter, I am filled with pride, gratitude, and humility for the honour of serving on the executive for the past six years and participating in the exciting evolution of our organization. I am also full of excitement for the future as a member of the GNABC! Along the way, I have enjoyed meeting and working with the fabulous membership on the island as well as the entire provincial executive. It has been rewarding both personally and professionally to participate in the invaluable education sessions and learning opportunities for which our chapter is renowned. I have every confidence in our newly elected executive to lead the way as the GNABC continues to support the evolution of best practices in gerontological nursing.

Best regards,
Andrea

As the new chapter president, I am excited about this new position and I hope to be able to bring my energy and expertise into this role. There are currently 28 members of the Central Island Chapter which will be meeting for the first time on Sept. 15th with the new executive. Some topics for education are: Assessing Pain in People with Dementia and Understanding Challenging Behavior.

We hope to continue the “handle with care” series in the spring, which has been well attended and very informative.

Thanks,
Catrin Brodie

CENTRAL OKANAGAN

This update finds us looking forward to our fall agenda and our new meeting time. We have decided as a group to change our meeting time to the afternoons at 4:30 pm rather than evenings. Our regular meetings will be on the second Mondays of September, November, February, and June; Additionally, we will meet on April 6th for our annual meeting, (because of Easter being on April 13th) and May 11 for our celebration of Nurses’ week. We are hoping this change in time will enable our members from neighbouring towns to more easily join us in the winter months, when driving through bad weather has historically proven challenging.

Our educational topic for our September 8th meeting is “late Stage Parkinson’s Disease: Options for Nursing Care,” to be presented by Kathy Van der Star. As a recruitment strategy, and to generate interest in our group, we are inviting our regular members to Bring a Friend for Free to this meeting, thereby eliminating the usual drop in fee charged to non-members for this day.

Our regular membership remains strong. With 11 voting members

present, (14 attended in total) we were able to fill all of our executive positions during our annual meeting in June and have moved our annual meeting month to April for next year, to better align with the new GNABC’s fiscal year.

Respectfully,
Adrien Vaughan, President

VICTORIA

Overall we had another successful year! We continued to offer monthly educational sessions and networking opportunities for both members and non-members. On average there were approximately 26 people who attended each month from a variety of sectors. Our student representation was higher this year because three executive members provided GNA information sessions to the local nursing school. This was an initiative brought forward by our student representative, who has now become a registered nurse, and is increasing her involvement with the chapter agreeing to be the 2008-2009 vice president! Thanks Sara.

This year we conducted a formal analysis of the session feedback and attendance, which will provide us with invaluable information to plan for the future. Thanks to Amy for this extra effort! Of course, a very special thank you to all our speakers who enlightened us on the following topics: Expanding the Philosophy of Palliative Care, Healthy Nutrition in the Older Adult, Caring for People with Dementia in Acute Care, Update on Programs and Services for Veterans, Wound Care- 3M products, Centre on Aging: Current Research Projects, and Controversies in Geriatric Psychopharmacology.

Like many chapters, we have

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PRINCE GEORGE

struggled to keep our membership numbers up. This year we had 37, slightly down from last year. The executive continually worked to encourage attendance and promote the benefits of membership. We offered light snacks and interesting door prizes that represented the theme of the evening's discussion. As a membership perk we decided to create a DVD that includes a copy of the 2007-2008 education session for each member. Members can pick up their DVD's on September 22, 2008, our first education evening of the fall 08. We also initiated a \$2.00 drop in fee for non-members as a way to pay for the prizes. Financially, the chapter is in good shape with just over \$3000.00.

I would like to acknowledge the commitment and thoughtful ideas brought forward by the Victoria chapter executive over the last year. Executive members included; Deb Swift, Kelly MacDonald, Amy Paterson, Linda Marshall, Linda Sexton, and Karen Rosson. No doubt we also need to thank Sara Patino-Turcotte (student rep) who often provided enthusiasm and energy, the "fuel" we needed to get the work done.

We look forward to working with the new Provincial executive of the newly created GNA. Change is on the horizon and the Victoria Chapter is ready!

Finally, a special thank you to VIHA administration who allowed us to gather each month free of charge, at the Begbie Hall, a former nursing residence, which has been our home for many years where we have always felt welcomed!

Prepared and Submitted By:
Patti Parkyn
September 13, 2008

Greetings from the Prince George Chapter of the GNABC!

We are looking forward to an exciting year as we introduce you to our new executive members. Previous vice-president, Donna MacDonald, has accepted the role of chapter president. Donna is a full time practical nursing instructor with many years of acute care experience and an interest in gerontological nursing. Bev Larsen is the new vice-president. Bev is also a full time practical nursing instructor and continues to practice in an acute care facility. Lynn Whitfield, our new secretary, has an extensive background in gerontological nursing. Lynn holds her CNA certification in gerontology and is a full time home support/residential care instructor.

Another new addition to our executive is Arlene Dreher. Arlene

is our chapter's treasurer and brings a wealth of critical care experience with her. Her current role is clinical supervisor for our community's transition and GEM unit.

With our combined years of experience in various clinical settings, we have seen a variety of issues facing older adults in our community. We look forward to discussing these issues in our meetings that are held every second month. As well, we look forward to seeing familiar as well as new faces at our meetings. With a variety of guest speakers, it is our goal to continue learning and sharing our knowledge with each other and members of our community.

A heartfelt thank you goes out to the past executive members who have graciously contributed their time and expertise: Brenda Miller, President; Nancy Nelson, Secretary, and Wilma Hislop, Treasurer.

Donna MacDonald, President

Internet Websites

Nursing Center

This is a great site to explore; CE courses are offered for a fee but there are numerous articles on Geriatrics as well as other nursing specialties that are free to access. This website also offers the series from the American Journal of Nursing entitled, "A New Look at the Old." If you browse through CE Connection and then into clinical topics, at the time I write this, there are 62 articles that are related to Geriatrics. You will also find access to video clips. My recommendation is to access this site when you have some time for exploration – you'll be glad you did!

www.nursingcenter.com

The Hospital Elder Life Program (HELP)

This website provides information, videoclips and educational material about the prevention and recognition of delirium in hospitalized older people. It describes the Hospital Elder Life Program, a patient-care program that was developed at the Yale school of Medicine. It offers one manual on-line with the anticipation that all the manuals will be on-line in the future. This site also has a searchable bibliography of over 500 references on delirium. Although copyright restrictions prevent provision of full articles, this is a great database to start with.

<http://elderlife.med.yale.edu/private/manuals.php?pageid=01.03.12>

- Catherine Marsden

Risks and Benefits of Alcohol Use

Physical Risks of Alcohol Use	Benefits of Alcohol Use
<p><i>Bowels & Bladder</i></p> <ul style="list-style-type: none"> * Control may lessen leading to incontinence * Irritates lining of intestines and colon and urinary tract and bladder * Can contribute to stomach upsets such as nausea, vomiting and diarrhea * Contributes to cancer of intestines and colon * Impairs intestine’s ability to absorb nutrients and vitamins such as Vitamin B1 (thiamine) and C * Impairs driving ability leading to potential harmful injuries to self and others <p><i>Brain</i></p> <ul style="list-style-type: none"> * Impairs behavior, judgment, memory, concentration, co-ordination * It stimulates, then depresses mood * Reduces balance and mobility * May lead to High Blood Pressure * May affect blood sugars and lead to pancreas inflammation and potential problems including diabetes, and also low blood sugars * Induces mood swings (highs and lows) and increases emotional outbursts * Sedates and reduces ability to respond * Disturbs sleep pattern * Leads to mind fog and confusion * May lead to anxiety reactions * May lead to tremors and blackout one’s memory as body’s tolerance to alcohol increases * Can contribute to heart attacks, heart failure and strokes * Aggravates Parkinsonism * Reduces sexual performance * Long term drinking can lead to permanent brain damage and addiction * Can contribute to sleep respiratory failure, coma and death <p><i>Muscles & Bones</i></p> <ul style="list-style-type: none"> * Muscles & bones weaken, and bones can become more brittle and thinner (osteoporosis) * May contribute to stooped posture 	<ul style="list-style-type: none"> * Small amounts may help intention tremor * Habit and social lubricant as relaxes people in social situations * A drink a day can raise HDL (or good cholesterol) which may protect the heart 

Alcohol is a complex subject which has social, emotional, and cultural issues attached to its use. The choice of alcohol use is yours. It is important to use this choice wisely.

Heather Alliston-Perry RN, MScN, is a Concurrent Disorders Nurse Clinician with the North Shore Older Adult Mental Health Team. Becky Lynn Brechin, RN, BScN, NCA, GNC (c) is Nurse Coordinator of The West Vancouver Adult Day Centre.



CNA Certification in Gerontology: Are You Ready?

Coming up...

- ❖ April 4, 2009: the next Certification Exam Date.
- ❖ October 17, 2008: application deadline to write the exam for non-certified nurses.
- ❖ November 21, 2008: renewal application deadline to re-certify by either applying your continuous learning activities or re-writing the exam.

Benefits to certification are:

- Confirms the currency of your knowledge in gerontology.
- Demonstrates your sincere commitment to Gerontological nursing, and your professional nursing career
- Shows your desire to challenge your skills and knowledge at a National level
- Prepares you for positions of greater responsibility in Gerontological nursing
- Increases your credibility, marketability and recognition to the public, your peers and other health care professionals
- Includes you in a country wide community of Registered Nurses committed to nursing excellence and continuing competence

DID YOU KNOW?

Statistics from 2007 (CNA, 2008) demonstrate that the number of CNA certified Registered Nurses have consistently increased to reach a total of 14,526 Nurses. There are 17 different specialties in the certification program.

There are 1,989 Registered Nurses certified in Gerontology across Canada in 2007. According to the CNA, our gerontology specialty has the highest number of certified nurses in Canada. Pretty impressive! We need to continue to have more registered nurses receive this credential as the challenges with older adult care continue. Please think about your every day practice and consider how this important credential would help you to apply specialized knowledge to these older adults and help improve outcomes.

Visit the CNA website at:

www.cna-aiic.ca/CNA/nursing/certification/default_e.aspx. for your application guide.

Respectfully submitted,
Sharon Galloway



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Transition Team

Yes, we are now the Gerontological Nurses Association of British Columbia!

One day in December 2007, the GNGBC transition team met in Ladner at my home to begin writing the constitution and bylaws. While I was looking after food and fluids, Patti Parkyn was typing on computer, Judy Delaney added expertise and knowledge, Catherine Marsden provided sound advice, and Sandy Oxenbury was on the phone reminding us of our goals. (Sandy had already spent a great deal of time formatting the document, and sent it to me on email that morning).

We worked for 6 hours that Saturday and after everyone left I discovered that I had not saved our original document. Now, as I am not computer-smart, I thought my son, the computer tech, could fix all, but that was not the case. London Drugs couldn't help and neither could the local computer nerd company. Everything was lost.

However, because of the dedication of this group of individuals we were able to piece things back together. It didn't happen over night, but in the winter and spring months and after several draft revisions we sent the Constitution and Bylaws to the government. After only a slight revision they accepted everything.

Three cheers for the Team for all their hard work, and congratulations to everyone as we emerge once again as the GNABC.

Sincerely,
Heather Hutchinson,
President Elect and chair of the Transition Team