

President's Message



*2003-04
CANAC/ACIIS
President
Brenda Done*

**CANAC/ACIIS ANNUAL
GENERAL MEETING
APRIL 19TH, 2004.**

As I was preparing my notes for today's Presidents report I couldn't help but reflect on Gail Donner's words from her plenary address. For those of you who missed this inspiring presentation she shared a quote by Joel Baker,

VISION WITHOUT ACTION is merely a dream,
ACTION WITHOUT VISION passes the time,
VISION WITH ACTION CAN CHANGE THE
WORLD.

I truly believe that the board of directors of CANAC have successfully combined vision and action and therefore have realized many significant accomplishments. I would like to highlight some of our successes.

The board made it their top priority to improve communication within the organization and we

believe that we have made great strides in achieving this goal. The CANAC website has undergone a major overhaul. The site is now clean, up to date and easier to navigate. The links to other sites of interest to HIV nurses has been enhanced and important information about job opportunities and upcoming educational events are posted. Our newsletters are on-line and you will find a comprehensive conference summary in the weeks following this meeting. We succeeded in producing and distributing three newsletters to our members last year and we have renewed our commitment to do this on an annual basis.

Communication with our members has greatly improved in quality and timeliness with Jennifer Shaw taking over the administrative duties of CANAC. Jennifer has done a sterling job updating and improving our member database. Membership applications and renewals are responded to quickly, notices and documents are sent to members on time and Jennifer has created a group e-mail system so those who prefer to receive their information electronically will do so.

CANAC is currently enjoying a financial stability that was often not the case in the early years of the organization. Due to the excellent fiscal management of the Treasurer, Tracey Stevenson and the success of the Halifax conference, CANAC is well positioned to undertake some new projects and will be able to improve its visibility and productivity.

Efforts are already underway to improve the infrastructure of CANAC/ACIIS. Contracting the services of an administrative assistant has proven invaluable. Work is ongoing to maintain a comprehensive database and record of our membership. We have started work on archiving the history of our organization. In the past records moved from place to place and records were not always together or complete. Our first step to rectify this was to find a stable home for CANAC. Casey House Hospice has graciously provided us with that home. Casey House has provided CANAC with space to store all of our files, and a permanent address for our national office. As part

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of the archiving and recording of CANAC history, we have compiled a list of all past board members and Award of Excellence recipients. This list will be available on the website. We felt it was very important to recognize those who have done so much to bring the organization to where it is today and to have a permanent record of these individuals so that history is not lost.

Last year at the A.G.M. I spoke of our concern about declining membership numbers. As you all are aware we attempted to address this decline by offering an incentive to past members to renew or rejoin CANAC. While I am happy to announce this program was successful in increasing membership, we are far from where we would like to be. I challenge each of you to take a leadership role in encouraging nursing colleagues to join. Our greatest strength is our members. We have some wonderful momentum started and we are poised to take on some exciting, challenging initiatives but we need our collective resources for the growth of this organization. I hope I can count on all of you to help in this effort.

We have continued to foster unique partnerships that have proven extremely productive and mutually beneficial. CANAC collaborated with CATIE to develop a joint “Internet Services for Nurses” project. The project was funded by Hoffmann LaRoche. This web-based resource will:

- Increase the ability of nurses to access timely, appropriate HIV/AIDS treatment information for use in clinical practice
- Increase collaboration, communication and capacity of nurses in HIV/AIDS care
- Increase awareness of existing resources available, appropriate to HIV/AIDS care.

The “Beta” site went live on March 31st, it already has a wealth of information and there is more to come. Work is currently being done to update the PEP information and will soon be available on this site. The project will also include a bulletin board where nurses can pose questions to CANAC experts. We are still looking for moderators for both the French and English Bulletin boards.

I would like to thank Tiffany Veinot and Elizabeth Graber from CATIE. Without their hard work and vision this project would never have come to fruition. I would also like to recognize the CANAC members who provided their expertise as the advisory committee for this project, Yvonne

Lynch-Hill, Jean Clermont Drolet, Hannah Cowen, Tracey Stevenson and Jane Mc Call.

Our plenary speaker invited us to give someone who isn't a capital “L” leader an opportunity to lead. CANAC has many opportunities for you to be involved as a leader in your organization.

- We need feedback from all of you: about the work of CANAC, what are we doing well, and what would you like to see improved.
- Currently we are looking for members to serve: on an editorial committee for the newsletter, as a “bank” of people we can call on when committee or project work needs to be done.
- Consider serving on the Board of CANAC. The positions of regional representatives for Ontario, Prairies and British Columbia all come open this November as well as the position of Treasurer.
- We need CANAC members to volunteer to answer questions within their area of expertise for the bulletin board.
- We also need members to help us for the International Nursing satellite in 2006.

I am attending and participating in the nursing satellite in Bangkok, Thailand this summer to learn from my international colleagues and then it is our desire to take the lead for Toronto 2006. We will need help for all stages of the planning and implementation of this important event.

As the conference theme is Nursing Leadership in HIV/AIDS I would like to take this opportunity to recognize the leadership of two past board members. I, on behalf of the entire membership would like to extend our gratitude to Andrew Johnson and Patti Daley for their devotion and efforts on behalf of CANAC. Where we are today as a national nursing organization and the credibility we enjoy is due in no small part to these leaders.

I would like to personally thank all of you for the opportunity to be the President of CANAC. I am awed by the dedication and Trojan work effort of those I am blessed to serve with on the board. I am humbled by the generosity of all the CANAC members who have mentored me and provided their support and wisdom as we endeavor to make this a nursing organization we can all be proud of.

**Brenda
President CANAC/ACIIS**

Membership Update

*Yvonne Lynch-Hill
CANAC/ACIIS
Secretary*



**Tell me and I'll forget;
show me and I may remember;
involve me and I'll understand.**
Chinese Proverb

This quote reflects the truth about life and about membership in our organization. The more people become directly involved with the organization the greater we become. We all have something to contribute as nurses in AIDS care.

Membership numbers fluctuate from year to year, often depending on where the conference is held. We would like to encourage nurses who join CANAC to become more involved, maintain their interest and membership. If you have ideas on how we can actualize this plan we would love to hear from you! There are lots of ways to be more involved such as writing for the newsletter, participating on a committee or working on the annual conference. If you are interested, please forward your name to any of the board members and we will be in touch. Our contact numbers are on the website.

We have a total of 139 members; regionally there are 68 in Ontario, 17 in Quebec, 6 in Atlantic, 21 in the Prairies, 26 members in British Columbia, and one international member.

CANAC is an excellent way to expand your horizons, embrace exciting new career opportunities as well as maintain your knowledge of current affairs in HIV/AIDS nursing.

Yvonne Lynch-Hill, Secretary

Treasurer's Report



*Tracey Stevenson
CANAC/ACIIS
Treasurer*

For those of you who were unable to attend the conference here is a brief synopsis of our financial standings:

CANAC continues to maintain good financial standing for the fiscal year ending October 31, 2003. In fact our financial wealth continues to grow. Our net equity at October 31, 2003 was \$123,196.00, our largest source of income still being the annual conference proceeds. Expenses were slightly higher than the previous year for administration and transportation costs, due in part to the expanding role of the admin assistant and expenses incurred with an Atlantic conference location. Overall, the financial statements revealed an excess of income over expenses (totalling \$7,236.00). With CANAC's expanding financial status we will be readjusting the format of the financial statements to reflect more detail of our income and expenses. Look for changes at the April 2005 Conference in Banff.

The membership voted to accept the financial statements as presented at the conference, and a motion was passed to accept Bernard Schiltz as our accountant for the next fiscal year.

Unfortunately I was unable to attend the conference this year and left the task of reporting our financial status in the competent hands of Hannah Cowen, whom I understand did a superb job. Thanks Hannah!

Tracey Stevenson, Treasurer

Atlantic Regional Report

Lise Dupuis
CANAC/ACIIS
Atlantic Regional Representative



It was very exciting to see that a small yet very important group of nurses from the Atlantic region took part in the 12th Annual Conference in Toronto. As we are all working in different parts of the Atlantic region the conference provides an excellent opportunity to be able to network with each other. During the Annual General Meeting a regional breakout session was arranged and members had a long discussion around some of these following issues: support for the Nursing Satellite at the International AIDS Conference in Toronto 2006, creating better links and communication between the members in the Atlantic region and brainstorming ideas for developing new Position Statements.

Wishing everybody a safe and restful summer.

Lise Dupuis, Atlantic Representative

Quebec Regional Report



Jean Clermont-Drolet
CANAC/ACIIS
Quebec Regional Representative
Nurse Representative in the
Programme National de Mentorat

Hello to all of you!

Just a short little message, on returning from the Toronto conference, to tell you how good it was to meet again with colleagues and friends from all over the country and to share with them their diverse experiences in HIV/AIDS nursing care. A

conference such as the one we had in Toronto gives us the energy to carry on in our work and become more involved so that our patients receive better care and our colleagues receive information and support in their work. Bravo to the organizing committee, they put in a huge amount of work!

Several people asked me for references on the workshop that I gave on the interactions between street drugs and antiretroviral therapies. In fact, two websites are worth visiting: www.harmreduction.org, which describes in detail the interactions between methadone and each antiretroviral drug, and www.numedx.com, which offers two relatively detailed charts on street drugs and certain drugs like benzodiazepines. For the latter, go to the Lifestyles section; the name of the article is Risky Cocktails. Note that there is also an excellent article on dementia related to HIV, with a list of specific symptoms.

I would like to thank the pharmaceutical companies for their support and involvement in our conferences, symposiums and training projects. Without them, it would be impossible for us to cover all the costs involved and to offer so many activities at an affordable price. Furthermore, their materials are often useful for teaching the patients as well as for our own ongoing education; I successfully approached the Gilead company, which allowed us to supply the participants with a copy of a small CD-ROM very relevant to our work. It gives a relatively complete list of the Web resources related to HIV/AIDS. I took extra copies back with me, and if anyone would like to receive one, please contact me by email and provide your exact contact information.

Our conference ended on a humorous note with a presentation by Patti Wooten, a nurse with true clown training and background (no, it is not a joke!). She has specialized in therapeutic humour for patients and caregivers. Her Power Point presentation was a great presentation on humour and its benefits, punctuated with comical images and amusing photos inviting us to practice. Her presentation made us laugh as much as it made us think and was a great conclusion to such a rich conference. For more details, visit Patty Wooten's website at www.jesthealth.com. It is a site worth visiting, whether to laugh or to obtain information on the basics of therapeutic humour.

I will finish here by saying that we are seriously considering organizing the 2006 conference in

Montreal. I will keep you posted on that in the coming months, but until then, note on your calendar the dates of the next conference, which will be held in Banff: April 30th, and May 1st and 2nd, 2005.

Looking forward to hearing from you.

Jean Clermont-Drolet, Quebec Representative

Ontario Regional Report

*Hannah Cowen
CANAC/ACIIS
Ontario Regional
Representative*



At the AGM, Ontario members quickly brainstormed on “ Hot Issues” and position paper ideas; we discussed whether CANAC\ACIIS should have our usual conference in 2006 as many of us will also be involved with the Nursing Satellite before the International AIDS Conference that summer; we signed up for opportunities such as being resource person on our web site with CATIE, volunteering at the Nursing Satellite and a Canada-wide project being set up by Canadian AIDS Society on school curriculum based HIV prevention education.

I began with a brief report of what the Board and I as your Ontario representative have been able to accomplish on issues highlighted last year: improved communication via the newsletter and web site (our own and the project with CATIE); increasing membership; encouraging nursing involvement in International Conference. A member request that is still on the list is regular communication from me to you, to increase the communication both ways. A great idea – one I plan to make a reality.

This year, our practice concerns and opportunities included: the *isolation* of nurses doing HIV work in the correctional system and how to overcome it; *co-infections*, including Hepatitis C, syphilis; HIV

and *depression*, with opportunities for collaborative work; preparation of practical resources for RN’s in *international* work; *cultural competency*; *best practices* in HIV; *rehabilitation* in HIV; making heard our *support for Health Canada’s* and provincial AIDS strategies; enhancing both *educational support for novice and advanced practice HIV nurses* in the conferences and on the website.

Notwithstanding our enthusiasm about the International Conference in Toronto 2006 (18 Ontario nurses signed up immediately!), nurses definitely want a CANAC\ACIIS conference as well, at our usual time of year. Many nurses cannot afford the costs of the International Conference as well as the CANAC conference (which is excellent) but don’t want to miss either. Nurses who had attended both conferences in 1996 warned how exhausted they had gotten, and suggested the CANAC\ACIIS conference needs to be in a city other than Toronto in 2006.

To give more time to the breakout groups, we did not reconvene to see how our ideas compared to those in other parts of the country. Check out the other reps’ reports for their experiences, and please send your feedback!

**Hannah
Ontario Regional Representative
CANAC/ACIIS**

Prairies, NWT and Nunavut Regional Report



*Ted Birse
CANAC/ACIIS
Prairies, NWT and
Nunavut Regional Representative*

It was a pleasure to meet delegates from the Prairie region in Toronto this year. It was great to meet some familiar faces and others who are new to CANAC and/or the area of HIV/AIDS care.

At the Annual General Meeting, the breakout session was a chance to gather ideas from members in the prairies region on various topics including the 2006 International Satellite for Nurses to be held in Toronto. There was definite interest in assisting in the development of this important event. Members are asked to submit their names to me to forward to the committee that will be brought together to bring the Satellite meeting to fruition.

Since the 2006 International Conference will be held in Toronto, the Board is polling members on whether CANAC should continue to have an Annual Conference in the same year. Our concern is that some members may be attending one, but not both Conferences. The members from the Prairies felt that the two conferences have a different focus; the CANAC conference is seen as an excellent opportunity to network with others in the Region and perceived as being clinically focused, providing information and new skills for front-line nursing staff.

The other area explored was whether members had specific ideas for the Board to work on Position Papers. Some ideas were ethics in patient care and research studies, international issues, pre- and post-test counseling, and the role of prevention in treatment and support.

Thank you to all the delegates from the Prairie region that participated in the discussion or provided ideas during the conference and social events.

As you are well aware, the 2005 conference will be in Banff, AB. I appreciate all those from the region (and those from across Canada) who were willing to put their name forward to help organize the conference. If you are interested in assisting and were not able to touch base with me, please contact me at tbirse@cha.ab.ca.

Ted Birse
Prairies, North West Territories and Nunavut
Regional Representative

BC & Yukon Regional Report



Alan Wood
BC & Yukon Regional Representative
CANAC/ACIIS

It was so wonderful and validating to see so many of my BC/Yukon CANAC colleagues in Toronto last Month at the 12th Annual Conference. It is common for membership involvement to increase in the region where the Annual Conference is held, as was the case in Vancouver two years ago when I had the privilege of co-chairing the 10th Annual Conference. It is even more encouraging for me to see that our BC/Yukon membership is still very active in contributing to the collective knowledge of colleagues two years later and half way across the country.

Our membership numbers continue to lead every Region except Ontario and our amazing conference participation is reflected in the high number of exceptional abstracts presented this year by BC/Yukon members. The names listed in this year's Program included an impressive showcase of talented and skilled BC/Yukon nurses from: the BC Centre for Excellence; St. Paul's Hospital's HIV/AIDS Unit; the Vanguard Project; "InSite", Canada's first Supervised Injection Site; and Award of Excellence recipients Evanna Brennan and Susan Giles.

At the Regional Breakout group during the AGM, the BC/Yukon membership discussed the following priorities for the Association:

- 1) A project on "Stigma and HIV/AIDS", picking up from the work already done by the Canadian HIV/AIDS Legal Network and others to:
 - a) Define the role of nurses regarding social action and advocacy,

- b) Network with public school boards and educators regarding nursing and general educational initiatives,
 - c) Partner with BCCDC, VCHA & RNABC to define priorities and strategies regarding fighting HIV/AIDS related stigma,
 - d) Organize a forum of BC/Yukon membership to explore ideas for such a project;
- 2) Ensure broad CANAC/ACIIS membership involvement in providing nursing input into the International AIDS Conference in Toronto in 2006;
 - 3) Continue work on Standards for HIV/AIDS Nursing Practice and push for Canadian Specialty Certification;
 - 4) Create a BC/Yukon Regional List Serve;
 - 5) Request that CNA devote an entire issue of the *“Canadian Nurse”* to HIV/AIDS in 2006.

As my second term as BC/Yukon Rep. on the CANAC Board comes to an end and I prepare to leave the Board, I find myself very reflective on the past four years and the accomplishments of the Association during that time. Some of those achievements include:

- Developing a three year Strategic Plan for the Association;
- Creating a new image and identity for CANAC/ACIIS including a new Logo, website and a renewed Mission and Values statements ratified by the membership;
- Completing the Standards for HIV/AIDS Nursing in Canada;
- Developing a Board Manual;
- Laying the groundwork for a Conference Planning Manual;
- Developing collaborative partnerships with many Government agencies, NGOs, private corporations and other nursing organizations, including Health Canada, CIDA, CATIE, CAS, CNA, ICN, the HIV/AIDS Legal Network, ANAC, HANCB and others, to work on several important projects of priority to nurses both in Canada and internationally;
- Facilitating easier access to ACRN Certification for Canadian nurses and secured a Canadian ACRN seat on the HANCB Board;

- Hiring our first contract staff to provide better administrative infrastructure;
- Improving communication with membership;
- Stabilizing the assets and working capital of the Association (without raising membership fees!) at record and sustainable levels to ensure for future growth;
- Raising the profile of CANAC/ACIIS to be viewed as a respected and expert voice for HIV/AIDS nursing in Canada and Internationally;
- And many other achievements too numerous to mention here in their entirety.

Locally, the BC/Yukon membership pulled off one of the best darned Conferences the Association has ever seen. All through these many successes, the BC/Yukon membership has been centrally involved and we have so much to be proud of.

All in all, it has been an extremely exciting, educational and humbling experience for me and I have felt so honoured to work with such amazing, bright and committed nurses to further the mission of the Association in promoting excellence in the provision of HIV/AIDS nursing care in Canada.

I encourage all HIV/AIDS nurses in BC/Yukon to consider taking on this incredibly enriching experience, both professionally and personally, of serving on the national CANAC/ACIIS Board.

The call for nominations for the BC/Yukon seat will soon be out. Don't pass up this awesome opportunity to seek nomination or to nominate someone you know would serve well as a voice for BC/Yukon HIV/AIDS nurses on the national CANAC/ACIIS Board.

See you all soon!

R. Alan Wood, B.Sc.N., R.N.
Regional Representative, CANAC/ACIIS Board



Election to the Board of Directors 2004-2006

It's that time Again!



Every Year we say good-bye to some of the Board members and welcome new people from among our general membership to participate in the development of the organization.

This year we need to chose a Treasurer and Representatives from the Prairies, Ontario and BC/ Yukon Regions.

You will soon receive a nomination form for the Treasurer and your regional representative (for Prairies, Ontario and BC/Yukon members).

Please take a minute to consider if there is someone you wish to nominate; if you need more information please contact your regional representative he/she will be happy to tell you more about Board activities.

Job Opportunity CANAC/ACIIS: E-Bulletin Board Moderators English and French Language

Description

Posting Date: January 28, 2004
Start Date: Start Date: As soon as available
Location: Not applicable
Position: CANAC/ACIIS E-bulletin board
Title: Moderator(s)
Profession: CANAC/ACIIS Member, nurse involved in AIDS Care
Status: Part-time (1-3 hrs/wk)
Position Description: Moderators monitor and maintain the electronic bulletin board and its content; primary duties include:

- post announcements
- generate discussion and enforce posting policies; remove messages and/or close subjects
- answer user questions about the bulleting board
- help to determine the addition or deletion of categories within the bulletin board(s) they moderate
- maintain the currency of the bulletin board (ie. decide how long inactive threads remain on a bulletin board and number of messages posted to an individual thread before it is closed)

Qualifications: Must be

- a CANAC member
- a nurse involved in HIV/AIDS care
- able to set time aside weekly
- Computer literate
- able to access a computer
- a team player
- Experience with online communities is an asset

Moderators are required for both English and French Bulletin Boards

Contact

Contact: Brenda Done, President CANAC/ACIIS
Telephone: (510) 646-6207
E-mail: Brenda.done@sjhc.london.on.ca
To Apply: to apply, please contact Brenda Done, by phone or e-mail

CANAC/ACIIS 12th Annual Conference
April 18-20, 2004/ 18 au 20 avril 2004

Nursing Leadership in HIV/AIDS: From Bedside to Boardroom!

**2004 AWARDS of EXCELLENCE
WINNERS**

NEWCOMER OF THE YEAR



Kara Piels

**EXCEPTIONAL CONTRIBUTION TO
THE DEVELOPMENT OF NURSING IN
HIV/AIDS CARE**



Sally Simpson

**JILL SULLIVAN AWARD FOR
EXCELLENCE IN CLINICAL PRACTICE**



Caroline Côté

AWARD OF RECOGNITION



June Callwood

AWARDS OF EXCELLENCE CELEBRATION

Once again the Awards of Excellence Celebration was one of the highlights of the conference. Sally Simpson and the rest of the conference planning committee wanted to make this night one of the most memorable in CANAC history and to all who attended, it was apparent they succeeded.

The night started with a wonderful reception held on the upper floor of the magnificent Arcadian Court Restaurant. The formal part of the evening started with a welcome by Brenda Done, CANAC President who introduced Mr. Lorne Fox from GlaxoSmithKline in partnership with Shire Biochem who hosted our awards of Excellence evening.

We were pleased to welcome the Honorable George Smitherman, the Ontario Minister of Health and Long Term Care who brought greetings from the government of Ontario and spoke glowingly of the contributions of nurses in HIV/AIDS care.

The emcee for the evening was our own Deborah Randall-Wood who did a wonderful job facilitating the flow of the evening events and ensuring a fabulous time was had by all. As in years past the evening was one of fun, camaraderie and celebration.

During the presentation speeches the heartfelt words of the nominators were a testament to the outstanding contributions each of the recipients; they were: June Callwood, award winning author and advocate was presented a special Award of Recognition by John Flannery and Sally Simpson. The Exceptional Contribution to the Development of Nursing in HIV/AIDS Care was awarded to Sally Simpson; the Jill Sullivan Award for Excellence in Clinical Practice to Caroline Cote and Kara Piels was honored with the Newcomer of the Year Award.

After a superb meal, exceptional entertainment was provided by Alisa Gayle-Deutsch on piano and Kelly Backwell vocalist. We all went away rejuvenated and inspired for another year.

Our congratulations are extended to all of the Award of Excellence Recipients.

NOTE: In the September newsletter look for summaries of each of the award nominations and the reactions of our award winners.

Brenda Done

SESSION REVIEWS

I had the special honour of moderating Abstract Session #1:

S1.1 Jane McCall from the **BC Centre for Excellence** gave an outstanding and in-depth presentation entitled *“Not Just Another Drug Club: Crystal Meth and HIV/AIDS”* in which she explored the epidemiology, history, pharmacokinetics and high risk behaviours associated with this notorious recreational drug and the related implications for the spread of HIV and other diseases as well as the physiological threats its use poses to a person living with HIV/AIDS.

S1.2 Carla Frost, Julie Killie, Heather Lamont, Joanne Simpson and Denise Thomas from **St. Paul’s Hospital** in Vancouver did a superb job at presenting a case study entitled *“How the Crack Pipe Broke My Femur: The HIV-Infected Aboriginal Woman’s Care Plan Challenges in a Tertiary Care Setting and Future Implications”*. These five nurses described an aboriginal woman’s journey through some of the most extreme complications associated with disease progression, infection, addiction, high risk behaviour and hospitalization faced by women within a marginalized, street entrenched, aboriginal population.

S1.3 Jean Clermont-Drolet a Street Nurse with **MIELS-Quebec** in Sainte-Foy and Quebec City, and our **CANAC/ACIIS Regional Board Rep. for Quebec**, gave an excellent presentation on the plethora of street and club drugs used in the Quebec City and Montreal areas. He explained the many interactions between different substances and between street drugs and ARVs, the implications of street drug use for a person living with HIV/AIDS, some strategies for managing common physiological and psychological effects of street drugs, and many common street terms used.

Alan Wood



Conference Registration Crew

(Clockwise) Bill, Jennifer, Shahrani, Joan, Deborah and Jane

PLENARIES

Gail Donner

Our conference was saturated with enriching and useful sessions; I have the pleasure of sharing my impressions of the plenaries offered by Gail Donner, currently of donnerwheeler career consultants and Judith Outlon, the chief executive officer of the International Council of Nurses. Both of these renowned nurses have been supporters of CANAC/ACIIS in the various career roles they have had; their conference presentations continued and enhanced that history, thank you!

The mission at donnerwheeler (www.donnerwheeler.com) is to promote career resilience by developing tools and strategies for nurses and organizations. Gail brought that to life for us in a session which encouraged us to analyze our work so we can make HIV nursing a “Career for Life”. The formal outline included five steps:

- Scan the environment for career opportunities but also to enhance advocacy by knowing how to effect change.
- Complete a self-assessment and reality check, especially to define your values as she asserts most nursing job dissatisfaction comes from workplace clashes in values.
- Create your career vision, nurses know what we want to do!
- Develop a strategic plan
- Market yourself

For me, much of the power in her talk came from the injection of poetry and humour into her evidence-based advice. She quotes poets like Mary Oliver “Tell me, what will you do with your one wild and precious life?” Her own strategies for success read like a poem for all HIV nurses, novice or advanced, questioning or near burn out. Let us be inspired whether we stay in direct HIV care or move productively to another arena.

Judith Oulton

“Nurses are skilled at bridging divides between patients and better care. Bridging the bedside – boardroom divide will make the greatest difference in AIDS care in Canada and the world.”

That is the main message from Judith Oulton’s early morning speech from the ICN.

She also eloquently evoked four themes that echoed throughout the conference:

- The dire need everywhere for more and better work against HIV,
- The progress being made and momentum building in the struggle,
- The reasons to hope and act,
- The call to action based on nursing values, experience and skills.

Judith defined the scope of the problem when she spoke of: the 4000 new infections daily, the rise in safer sex in developed countries, the frequent lack of integration of care and prevention programs, the forty million people living with HIV, that 2% of Africans needing ART get it compared with 84-90% of North Americans and Europeans.

Judith refuses to despair. She sees grassroots mobilization, political commitment and new

money, treatment and prevention programs ramping up, Canada's work in the World Trade Organization helping to provide lifesaving drugs to impoverished countries. "Political will and effective policy make a difference!"

Advocacy by the ICN for nurses takes many forms: reminding us that nurses shoulder the largest burden of the epidemic, caring for others often while ill themselves, that nurses are the principle care givers of their communities and individuals, that the "3x5" campaign (to get 3 million African people who need treatment on it by 2005) should enhance the nursing resources in those countries, not just create new ranks of under-skilled and underpaid HCWs. ICN also exhorts developed nations like Canada to solve our own nursing shortages ethically, not just by seeking nurses from poorer nations. ICN points out that "Head Nursing Officers" at WHO and UNAIDS are MD's!

Judith was more than pleased with our leadership theme as nurses are in the frontlines but sadly missing from the boardrooms. She and ICN urge us to get ourselves into the boardrooms around us, whether hospitals, development agencies, foundations or industry. Look at existing boards, learn about the political decision makers, get to know and bring your HIV expertise to bureaucrats, planning committees, labour organizations and businesses. We can do it and ICN can help. Did you know you are a member of the ICN if you are in the CNA? Check out their programs at www.icn.ca

Questions posed by the audience further enriched the discussion, such as ICN's position on Harm Reduction, working with provincial governments and how to improve student preparation to eventually take on the boardroom. Thanks to Gail and Judith and to the conference planners whose energy and talents brought a great array of learning to us.

Hannah Cowen

Injection Drug Use: The Journey from Research to Community Action (Presenter: Grace Getty, RN MN).

It was of great interest to be updated on Grace Getty and Margaret Dykeman's continued work in primary care, harm reduction and HIV/AIDS in

New Brunswick. At last year's conference Grace and Margaret presented the evolution of a Community Health Clinic developed and run by nurses. The clinic continues to flourish and has become a Methadone Maintenance site with sixty clients and sixty more on the waiting list. Clients are screened before acceptance and HIV testing is available. Social support is provided either one-on-one or group counseling. Addiction is a family issue involving a sophisticated community network which supports opiate addiction. The clinic clients have become a target for opiate dealers!

Grace also presented a report on a qualitative study which looked at the experience of thirty two intravenous drug users who were mainly in their 30's or 40's. They all had early experience with substances and the experience was very much a social process. All had received drug education commonly found in schools. They felt that the education was irrelevant except for showing them what to look for in the way of drugs. Participants began injecting two to three years after marijuana use started. It was initially for pleasure and very much a group endeavour. Hydromorphone (e.g Dilaudid) has become the drug of choice in New Brunswick, with few users of cocaine. For those who develop substance use problems as a result of an initial painful stimulus the progression of drug use is from acetaminophen with codeine to oxycodone to hydromorphone. Prescribing patterns of physicians, lack of a central repository of records of opiate prescriptions and proximity to other provinces, all promoting "doctor shopping" are seen as areas that need to be worked on as a community and provincially.

Beyond Condoms: Nurse and Microbicides (Presenter: Marc-Andre LeBlanc, Canadian AIDS Society).

Mr. LeBlanc provided the audience with a fascinating look at the evolution of microbicides for the prevention of sexually transmitted diseases including HIV/AIDS. He opened by reminding us that the majority of individuals who are infected by HIV do not know their status. Microbicide research is focused on any substances that can substantially reduce the incidence of sexually transmitted infections/diseases. Ideally the substances should be broad spectrum in effect and are targeted for use in the vagina and/or rectum. Currently none are on the market but many are in development. Some

will have contraceptive properties also. It is felt that the first generation of agents will be 50-60% effective and second generation agents becoming 70-90% effective. Mr. LeBlanc stressed that these agents would be adjuncts or a “back-up” for condoms, not a replacement. These agents would work in different ways:

1. Kill or disable the pathogen(s).
2. Boost vaginal/rectal defense systems.
3. Create a barrier to the walls of the vagina or rectum.
4. Prevention of infection by taking hold of the virus once it enters the body.

An example of an agent that is being investigated is carrageen (Carraguard) which is a thickening agent. Once it enters the rectum or vagina, it becomes thick and coats the walls preventing bacteria or viruses from coming in contact with the thin membranes that are part of these regions.

Unfortunately, although these agents hold great promise for the future, their development by large pharmaceutical companies is not hopeful. These agents would probably have low profits and there are concerns about liability for the manufacturer among other issues. As nurses we will potentially be agents for education and awareness, access, patient teachers, advocates and researchers on microbicides. For further information about microbicides see: www.global-campaign.org.

Self-Collection for Anal Cancer Screening in Gay Men (Presenter: Mary Lou Miller, BC Centre for Excellence in HIV/AIDS)

As individuals continue to live longer with HIV/AIDS, the incidence of anal carcinoma has increased dramatically. Squamous cell carcinoma of the anus/rectum is approximately 80 times more common in gay or bisexual men. The development of cellular changes in this area is related to the presence of human papilloma virus (HPV) which causes “warts”.

A study was devised by the investigators to investigate the efficacy of patients performing self-screening for HPV by taking samples of cells in the transitional zone of the anal area. This was compared to the screening being performed by a clinician. Patients were randomized to either clinician sample first, client sample second, client sample first and clinician sample second. The sample size was 222 male participants, twenty-eight

of whom were HIV seropositive. Half of these twenty eight individuals had a normal PAP smear, while 14 were abnormal. All those who had abnormal smears were referred to a colo-rectal surgeon for follow-up. Results showed that there was no difference in the quality of the samples whether they were collected by a client or clinician. This screening test should become a part of the ongoing prevention activities for individuals living with HIV/AIDS. In addition, females who have engaged or are engaging in anal intercourse should have screening available.

Ted Birse



CANAC/ACIIS BOARD

Alan (BC Rep), Hannah (ON Rep), Ted (Prairies Rep), Lise (Atlantic Rep) and Brenda (Board President)

On all Edges at Once: Implementing Rescue Regimens for Marginalized Clients, (Presenter: Evanna Brennan and Susan Giles, RN, Community health nurses, Vancouver Coastal Health authority, BC)

It is always a pleasure to listen to Evanna and Susan talk about their work, whether it is over a good coffee or during one of their presentations (always well prepared). During the last conference in Toronto, they addressed the problem of antiretroviral therapy among marginalized patients who experienced a therapeutic failure. In these cases, Fuzeon is one drug to seriously consider, even if this treatment requires a high degree of nursing support within an appropriate setting. Their experience in helping a woman who lived alone and received Fuzeon for three months gives us some

very relevant insight for addressing these problematic areas. For instance, the importance of monitoring injections, support to the client for management of side effects, ensuring the client understands their treatment, and managing difficulties as presented. Although challenging for the nurse, Fuzeon can be an effective therapeutic option for marginalized clients.

Sex, Drugs and Rock & Roll : Growing up as a teen with HIV (Presenter: Cheryl Arneson, RN, BScN, ACRN, HIV Nurse Consultant, Toronto, ON

Antiretroviral treatment has enabled children born with HIV to grow and mature. Nurses must interact with patients in a healthy and positive manner, emphasising a normal and healthy childhood, particularly with families who perceive HIV/AIDS infection in terms of sickness and imminent death. Experience acquired at the HIV/AIDS ward of Sick Children's Hospital in Toronto shows us the importance of acknowledging the vibrance that radiates from these children, and to let ourselves be touched by their thirst for knowledge and experimentation, either as children or as teens. From this perspective, it is essential to keep good connections with these young clients, especially as they reach the age of their first sexual and drug-related experiments.

Jean Clermont-Drolet

It's never too early to start planning!

CANAC/ACIIS
2005 Annual Conference and
General Meeting
will be held
at the Banff Centre in Banff,
Alberta

Keep these dates open:

April 30-May 3, 2005

For further information contact Ted
Birse, Regional Representative for the
Prairies, NWT & Nunavut.

CONFERENCE 2004

The Conference Planning Committee would like to thank everyone who made the 12th Annual Conference a success! As many of you know, the planning for such an event starts more than a year prior, and gathers momentum as the big day approaches. Your planning committee spent many hours trying to make sure no detail was overlooked and that your conference experience in Toronto would be one to remember!

One of the challenges was to make a conference agenda that fulfilled the needs of both the experienced and naive. We all remember well those confusing days when we first encountered HIV/AIDS, and for some of our colleagues those "first days" are happening now. Those of us who have been in practice for many, many years also know that as HIV/AIDS continues to evolve there are things that we need to learn as well. Some of this learning comes from the invited speakers as they bring news of their research/project findings and program updates; some comes from the displays set up by our various and generous sponsors. The most significant learning however comes from the opportunity to see and talk with colleagues from across the country. Discussing what others are seeing in their practices tells us what we can expect in ours. We learn how new treatments and technologies are working "in the field", compare success stories and tales of disappointment or worry. The conference reminds us that we are together in this; no matter how alone we may feel there are other nurses to call on for advice, information, support and encouragement. We are a strong association. We come together once a year and are reminded of this strength. We are everywhere "from the bedside to the boardroom", and we come together once a year to be reminded of this diversity.

If you have a particularly memorable experience from the conference that you would like to share, please write to us and we will include this in a future edition of the newsletter.

We look forward to seeing you at the 2005 Conference in Banff; what better way to re-confirm your role as a vital part of the continuum of care for people living with HIV/AIDS. For as long as we are needed, we are here.

Deborah Randall-Wood
Conference Planning Committee

Resources and Research

Nursing Resources for You!

CATIE in partnership with The Canadian Association of Nurses in AIDS Care (CANAC) is pleased to launch its extensive Web based resource centre for HIV/AIDS Nursing Information.

Within this site there is a host of information, including new drug information, symptom management, resources on HIV drugs, side effects, interactions, adherence and post-exposure prophylaxis, Practical Guides for nursing and clinical practice and much, much more. You may use this site to find out about new research, international opportunities and events or programs to help build your skills.

Use this site to find the tools you need to help you care for your patients including: how to meet the needs of diverse individuals and communities affected by HIV/AIDS; information on cases; clinical care; treatment guidelines and policies and programs used by other nurses.

In addition, the site provides useful tools for your patients including: basic HIV/AIDS information, links to local HIV/AIDS services and other HIV/AIDS Web sites as well as easy to read treatment information for patients.

CATIE has collaborated with CANAC to ensure that we deliver information that is valuable to the nursing community and its clients.

CATIE and CANAC gratefully acknowledge an unrestricted educational grant from Hoffman LaRoche Ltd. for production of this resource.

The following letter was sent to CANAC with a request that we encourage our membership to participate to ensure a broad base of information.

This study will look at the impact of HIV/AIDS Care on nursing professionals and how to address this. Please take a minute to read about this opportunity to have input into a very important and timely piece of research.

Dear ANAC Member,

ANAC has partnered with Indiana University and the AIDS Community Research Initiative of America (ACRIA) to conduct a research project entitled: **Issues Facing HIV Nursing Professionals**. This is a unique research study that will assess attitudes, behaviors and stigma encountered by providers of HIV/AIDS services. While there has been considerable work on stigma and how it impacts individuals living with HIV/AIDS, virtually no research has explored whether service providers encounter a form of stigma that is unique to their professional role and that has associations with the epidemic.

The results of this study could have broad value for the specialty of HIV nursing as it may lead to the identification of mechanisms to assist nurses in addressing and coping with the unique stigma that is encountered. The impact could be an improved quality of life for HIV nurses and an enhanced ability to provide competent and compassionate care to patients.

The proposal for this study has gone through rigorous scientific review, including review and refinement by ANAC's Research Specialty Committee. Furthermore, it has met all the criteria for protection of human subjects and has been approved by the Institutional Review Board of Indiana University.

You are being invited to participate in this research study. The study will be conducted entirely via the Internet. Participation will take approximately 20 minutes. Please know that your decision whether or not to participate does not affect your relationship with ANAC in any way.

Feel free to forward this e-mail to your nursing colleagues.

To participate in the study, simply click on this link or paste the address into your Internet browser:

http://webdb.iu.edu/Hperweb/icts/hiv_survey/index.html

Thank you for considering participation.

Sincerely,

F. Patrick Robinson, PhD, RN, ACRN



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