



President's Message

*2002-2004
CANAC
President
Brenda
Done* We are very pleased to present our spring/ summer newsletter as a conference

summary for those of you who were not able to join us in Halifax. Not to rub salt in a wound, but those of you who didn't get to Halifax missed something special !

The 11th Annual CANAC conference " The Tapestry of HIV Care" started out with it's share of challenges. Who could have anticipated a war , or a major public health crisis (SARS) as obstacles to putting on a conference?!

On behalf of the entire Board of Directors of CANAC/ ACIIS I would like to thank our conference organizing committee. Yvonne Lynch-Hill and her small but dedicated committee worked tirelessly to produce an amazing conference program that stimulated, educated and inspired all of us who attended.

I was proud to be able to share with the membership at our AGM the successes of CANAC over the past year. As I reported in the last newsletter I am very proud that CANAC is clearly recognized as a source for expertise in HIV/AIDS

nursing. It is a credit to prior boards and members who have been such remarkable ambassadors for this organization that now when someone needs a credible representative to represent HIV/ AIDS nurses we get the call.

One very exciting opportunity that came to CANAC was from CPA Global Health programs. They needed a nurse to do a train the trainer program in the Caribbean on short notice and because Terry Pook had done such a wonderful job in St. Kitt's she was approached. Terry accepted this project along with Yvonne Lynch Hill and from what I've heard this dynamic duo took Tortola by storm!

An exciting spin off of this contact is that CPA invited CANAC to help create a pool of nurses that would be interested in international work that they could draw on when projects like this come along. To facilitate this we had an informal gathering of interested members to look at creating an International Interest Group. The response was overwhelming and around 35 nurses came to the first meeting and indicated interest in forming a group.

If you would like to be included in this group or would like more information please contact Terry Pook tpook@rogers.com

There are lots of other opportunities for CANAC members to become involved in the work of our organization or to represent your colleagues on committees etc. If you would be interested in taking on a new challenge please contact any board member . I would especially like you all to consider putting forward your name or the name of a co worker to sit on our board of directors. we have several positions coming open in November and we would welcome anyone who has the time and interest to consider this exciting work.

As we all wind down towards the lazy, hazy days of summer, I wish you all a safe, relaxing time with family and friends.

Brenda

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Tracey Stevenson,
Treasurer

Report from the Treasurer

CANAC has maintained good financial standing at our fiscal year end October 31st, 2002. We have done well at managing and executing the associations business in order to balance our account with an excess of income over expenses of \$631 for the fiscal year 2001-2002. Our net equity (working capital) at year end amounts to \$115,960 This includes CANAC's reserve funds which have been invested in GICs. Although interest rates are at an all time low, and our returns will reflect this in the next fiscal year, our principle investment remains safe. Details of the financial statements were reviewed at the Annual General Meeting in Halifax, and motion to accept the financial statements (as completed by CANAC's accountant, Bernard Schiltz) was moved and seconded. In addition I am happy to announce that

Bernard Schiltz was accepted by the membership to serve as our 2002-2003 accountant.

It was wonderful to see everyone at the conference this year, I wish you all the best in the coming year and hope to see you in Toronto next year for CANAC's annual conference.

Tracey



Pattie Daley,
Secretary

Membership Update

Membership is continually growing. We currently have 111 members.

- Atlantic Region – 13 members
- Quebec Region – 17 members
- Ontario Region – 41 members
- Prairies, NWT & Nunavut Region – 20 members
- BC & Yukon Region – 19 members
- International – 1 member

REPORTS FROM YOUR REGIONAL REPRESENTATIVES



Yvonne
Lynch-Hill,
Atlantic Rep

Atlantic

Now that the conference is behind us it is time for new challenges in the Atlantic region. I will be travelling to Tortola in the British Virgin Islands with Terry Pook the last week of May. We will be teaching a group consisting of PWA's, Nurses, Physicians and Social Workers. It is a train the trainer workshop so the attendees will go back to their homes do a workshop and then we will get together again to see how it went. I am very excited about the opportunity and will share the details when we return.

Lise Dupuis is busy planning the third annual ACHIVE (Atlantic Collaboration for HIV Education) meeting to be held in St Andrew's New Brunswick.

This meeting allows the HIV teams from Newfoundland, New Brunswick and Nova Scotia to get together annually and discuss common clinical issues and areas for collaboration. It also allows us to know each other as people not just names.

Just a short report this time but will catch you up with all the news next time. Take Care

Yvonne



Jean
Clermont-Drolet
Quebec Rep

Quebec

HIV/AIDS Quebec
Mentorship Program
Nursing Branch

Introduction

The HIV/AIDS Quebec Mentorship Program (QMP), created in 1997, is

directed to the doctors and nurses of Quebec assigned with providing care for seropositive patients.

The program's primary objective is to render accessible, continuous, quality care to all people affected by HIV/AIDS in Quebec.

The program pairs experienced mentors with novice nurses, in order to answer their questions and supervise them in the follow-ups of patients affected by HIV/AIDS. It facilitates access to information and encourages the sharing of expertise.

Furthermore, the HIV/AIDS Quebec Mentorship Program also organizes training activities according to the needs of its members, and offers a range of tools specially designed for them.

To date, 123 nurses have enrolled in the program: more precisely, 33 mentors and 90 novices.

General Objectives

To promote accessibility and quality of care in all regions of Quebec.

To ensure more collaborative links with specialized resources of healthcare networks and community resources.

To recognize the expertise of the mentor nurses.

To respond effectively to the needs of novice nurses.

To encourage ongoing training (conferences, symposiums, on the job training, Internet site www.cmeonhiv.com for access to international conferences).

To develop educational activities based on the needs of members.

To expand the theoretical and practical knowledge of nurses on the care of people living with HIV/AIDS.

Specific objectives

- To provide ongoing training.
- To develop optimal work tools.
- To encourage the exchange of expertise.
- To ensure the recruitment of novice and mentor nurses.

- To enable member nurses to undertake internships or to be paired with mentor nurses in different specialized services.

Acceptance criteria for members

Novices

- To be a member of the Ordre des infirmières et infirmiers du Québec (Quebec Order of Nurses).
- To have completed the form for novice nurse.

Mentors

- To be a member of the Ordre des infirmières et infirmiers du Québec.
- To be sponsored by a mentor.
- To have completed the form for mentor nurse.
- To attend at least two of five mentors' meetings per year.
- To have been recognized as a mentor by his or her peers during one of the annual meetings.
- To be recognized in an area of expertise related to HIV/AIDS.
 - Academic and/or
 - Clinical and/or
 - Professional
- To have a recognized field of expertise related to HIV/AIDS.
 - Systematic follow-up
 - ◇ drug addiction
 - ◇ woman
 - ◇ child-youth from 0 to 20 years old
 - ◇ adult
 - Clinical research
 - Community health
 - Community organization

Criteria for retaining title of mentor

- Submitting an annual report of activities.
- Attending two mentors' meetings during the year.
- Accepting the supervision of at least one trainee.

How to become a member

Nurses are invited to call the AIDS information line at 1 800 363-4814 to enroll in the program.

Conclusion

Since its creation, the Mentorship Program has not ceased recruiting new members. Thanks to the Quebec Mentorship Program, the mentor nurses have been able to meet frequently, share their experiences, exchange and publish their ideas, and produce tools and quality training in HIV/AIDS care. Next June 13th, in Quebec City, we will hold our second symposium for mentor and novice nurses, during which, 6 nurses will speak, sharing their expertise, in French of course.

For more information, do not hesitate to contact me or Yves Jalbert, coordinator for the QMP at (514) 282-9606 - Fax (514) 282-9607.

Jean



Hannah Cowen
Ontario Rep

Ontario

The AGM breakout session: asking our Ontario attendees for ideas on increasing membership; on what's wanted from the rep, the website and the newsletter.

Having conversations that make you want more time. Ontario nurses suggested: increase membership via the 2004 conference program "rekindle the fire"; the theme will be on leadership and leading edge nursing; seek recruits also amongst those nurses needing basic HIV- taking care of PHA'S but not thinking of themselves as AIDS nurses; needing info and mentoring from specialist nurses. The 2006 International AIDS conference will be in Toronto; let's plan a nursing satellite; let's increase nurses' visibility as presenters. Keep up CANAC communication! For the newsletter: write about the awards winners and put them on the website too. Consider links to CME opportunities we can do on line; prep for the ACRN's; get a presentation on what the ACRN was like from those who have taken it; consider other presentations on the web; a chat room ; links to scholarship or other funds for attending \presenting at conferences. Consider monthly email from the regional rep, including a reminder to members about upcoming newsletters so more people can contribute. Technology exists so we could have a kind of report form filled in on the web; would take

minimal effort to collate. Whew! Not bad for 15 minutes work, eh? Those of you who were there , please correct me if my notes don't reflect your memories of the discussion. For those who couldn't be there, please send your ideas.

Hope the spring and summer are good to you.

Hannah



Allan Wood
BC Rep

British Columbia

The Eleventh Annual CANAC/ACIIS Conference, "**The Tapestry of HIV Care**", was held in April and was an amazing success in view of such huge

obstacles we faced. In this post-9/11 world, when people are more apprehensive about travelling, we certainly didn't need it compounded by a war in Iraq and a major epidemic in Canada's largest city. This looked as if it would spell disaster for this year's Conference but that East Coast hospitality and welcome for which Halifax is so well known, prevailed and the distinguished "**Order of the Good Time**" was bestowed upon nurses from across the country and around the globe.

On behalf of CANAC members in BC/Yukon, my congratulations go out to **Yvonne Lynch-Hill** and **Lise Dupuis**, Conference Co-Chairs, and the rest of the Planning Committee for pulling off an awesome event in the face of enormous adversity. Their vision and determination to hold on to those threads, no matter what, paid off. The people and culture of the Maritimes are indelibly woven into our Tapestry of Care, which expresses the pride, commitment and compassion of HIV nurses in Atlantic Canada, across the country and around the world.

I was asked to choose a particular presentation from the Conference program and summarize it for the benefit of members who (like me) didn't get a chance to see everything. I decided on International Concurrent Session #9.

The session consisted of three presentations from nurses working in international communities and began with **Elaine Tapp** and **Felicite Murangira**

from the **Ethnocultural HIV/AIDS Prevention Education Project** in Ottawa. Elaine and Felicite told us that this project, which began in April of 2002, works with Sub-Saharan African and Caribbean communities in the Ottawa area, providing HIV/AIDS education and prevention strategies. It is funded through a grant from ACAP for three years but it is expected that the Project will continue beyond that time. They described how a community coordinator and working groups are recruited from the target populations and an Advisory Committee is established, consisting of health care and social service professionals from local community service agencies and government. They explained that strategies are based on a community development model using collaborative approaches including an HIV Train the Trainer Module and workshops to educate mainstream health care and social service workers in providing culturally appropriate HIV/AIDS prevention education. Elaine and Felicite provided insight into the implications for nursing, including the development of an adaptable framework for providing prevention education to cultural minorities and marginalized groups at risk for HIV/AIDS, by developing partnerships and fostering community capacity building. They reminded us that cultural sensitivity has always been at the forefront of nursing care and nurses can use this strength to take the lead in creating change for the benefit of marginalized populations.

Terry Pook did the second presentation, **"Building Bridges: A CANAC Nursing Education Project in St. Kitts & Nevis"**, reporting on the Health Canada/CANAC initiative to provide education for nurses and other health care workers in the Caribbean. Terry, a long-time CANAC member and ACRN, explained how she volunteered her time for two weeks in October, 2002 to prepare and facilitate workshops in hospitals on the tiny islands of St. Kitts & Nevis. She described the logistics, challenges and rewards of short-term, international volunteer teaching for nurses. Strategies for preparation, organization and needs assessment were reviewed and the design, content, presentation and evaluation of her workshop curriculum were examined. Terry emphasized that Canadian nurses have an obligation to seek out international opportunities

because there is an urgent need to address the AIDS epidemic in the Caribbean and elsewhere. She passionately urges nurses to share our wealth of expertise in HIV care, education and advocacy. She says that, in return, we will be reminded of the joys of nursing fellowship and of our motivation to provide excellent and compassionate care. Learning from each other is an enriching and rewarding experience. In the words of one of the local people in St. Kitts & Nevis with whom she worked, Terry is definitely **"qualified!"** Interest in establishing a CANAC International Interest Group, with Terry's leadership, is overwhelming.

The final presentation in the session, **"Initiating an HIV Clinical Trial in a Developing World Setting: Barriers and Bonuses"**, was given by **Cheryl Arneson**, a founding CANAC member and ACRN, living and working in Botswana. Cheryl portrayed her experience in helping to initiate the first ARV clinical trial in the Pediatric Department of Princess Marina Hospital in Gaborone, Botswana. She examined the process and related issues of setting up, education of staff, recruitment, use of Good Clinical Practice Guidelines and ethical considerations within the context of a health care system unfamiliar with research trials. Cheryl offers compelling arguments in favour of clinical research drug trials in developing world settings in spite of the many barriers and challenges that have discouraged many other researchers. She asserts that such research is vital to improving treatment and care for those living with HIV/AIDS in such communities throughout the world.

These four very accomplished nurses received an astounding response from a standing-room-only crowd and maintained a tone of passion and humour while sharing their experiences and knowledge with conference colleagues. Many thanks to Elaine, Felicite, Terry, Cheryl and all the other conference presenters, speakers and participants for pulling off a stimulating and successful event. See you all in Toronto next year!

Report on Regional Breakout Group: BC/Yukon Our Regional Breakout Group discussion focussed on the CANAC web site as one of the main tools for communication with the

membership. Suggestions arising from our brainstorming session are as follows:

- Links to relevant topics of interest, ie: skin care/vein maintenance; new meds; AIDS 101, etc.
- Annual Conference preliminary program should be mounted on the site much earlier so that members can show specifics of relevant topics to funders/employers in order to secure financial support/scholarships to attend conferences.
- More links to practice resources such as publications, documents, links, on practice standards, procedures, etc.
- Should be organized so that it is easier to get around the site and find things.
- Listserv or bulletin board to link nurses to other nurses with expertise in specific areas. A good networking tool.
- Standards of Care for HIV/AIDS Nursing should be on the site.
- Promotion of web site could be disseminated through the rest of the region through RNABC Workplace Reps or Regional Reps.
- Notices of upcoming regional events/presentations and member activities, ie: CANAC/BC Centre for Excellence semi-annual Interdisciplinary Rounds schedules.
- Email group lists of special interest groups.
- List of funding resources to assist members in directing funding/scholarship requests and/or funding/sponsorship for projects in HIV/AIDS nursing.
- List of ACRN exam dates/locations and workshops/learning resources, etc.
- Photos of members, esp. at conferences. Award recipients, plenary speakers, etc.
- Newsletter should have an editorial committee.

Above reported to Membership at AGM and respectfully submitted to the Board.

Alan

BC Nurses Win Awards

The 2nd Annual AccolAIDS Awards were held April 27th in Vancouver. Sponsored by the BC Persons

with AIDS Society, the event recognizes the achievements of nominees working tirelessly in the BC AIDS movement in. Nurses won AccolAIDS in two of eight award categories; as described in the program excerpts below:

Service Delivery – The Nurses of 10C, St. Paul’s Hospital

Ward 10C at St. Paul’s Hospital/Providence Health Care was established in February 1997 as an 18 bed specialized HIV/AIDS unit and is the largest dedicated inpatient medical ward of its kind in Canada. The fundamental goal of 10C was to improve the continuity of care for PWAs through a comprehensive interdisciplinary team specializing in HIV/AIDS. The 10C Nurses, now working in a 21-bed unit, are young and old, male and female, and come from all walks of life. The scope of their work defies imagination. Care is becoming increasingly complex on 10C and nurses working on this unit require a remarkable skill set which includes acute AIDS care, palliative and supportive care and rehabilitation nursing. They approach their work not only with the skill of experienced professionals, but also with a type of compassionate care, patience and dedication that no amount of educational or practical training could possibly provide. Most importantly, the nurses from 10C work on that unit by choice - because of a deep affinity for this type of work - because of their sense of team spirit - because they truly care about the health and lives of people living with HIV/AIDS.

Health Promotion and Harm Reduction – Evanna Brennan & Susan Giles

For the past fifteen years, Evanna Brennan and Susan Giles have collaborated to deliver home care nursing services to a population of marginalized people in the Downtown Eastside (DTES); many of these individuals have been multi-diagnosed with HIV, Hepatitis C and have a history of heavy substance use and/or mental illness. Their work has epitomized a health promotion and harm reduction philosophy — whether assisting clients in stabilizing their housing, considering factors such as diet and nutrition, helping them implement and maintain prophylactic and anti-retroviral medication regimens or providing palliative care and support — they have used a holistic and humanistic approach towards nursing care, responding to physical needs and social factors with sensitivity and respect.

CATIE's Plain and Simple Fact Sheets: Great Tools for You and Your Patients!

Our *Plain and Simple Fact Sheets* cover the basics in easy, accessible language. They were created for people living with HIV/AIDS and are designed to be shared. Your patients can read them online or you can print them out for easy distribution. They are also helpful aids for planning treatment options.

These Fact Sheets cover a wide range of topics, from complementary therapies and nutrition, to drug treatment strategies and opportunistic infections. Each topic is treated separately, so you can choose the ones that best meet your needs. They are available on the CATIE Web site through collaboration and support from our community partners - ACAS (Asian Community AIDS Services), ASAP (Alliance for South Asians in AIDS Prevention) and CIHAN (Canadian Inuit HIV/AIDS Network). Some of the information is also available in Chinese, Tagalog, Vietnamese, and Tamil.

Download the Fact Sheets free from the CATIE Web site. You can make as many copies as you like. Simply go to www.catie.ca, enter the English or French side of our Web site and click **Publications** — then click **Plain and Simple Fact Sheets**. Or, you can access them directly at http://www.catie.ca/ACASfs_e.nsf/List+of+Sheets?OpenView

From the list of titles that appears, you can access any Fact Sheet by clicking the title. Or, click the PDF symbol to get a high quality print version — excellent for photocopying! To get the high quality version, however, you must have Adobe Acrobat Reader, software available free from Adobe (www.adobe.com).

CANAC's New Mission Ratified

In November 2002, the board of directors completed its revisions to CANAC's mission statement and objectives. In January 2003, the

proposed revisions were submitted to the CANAC membership for ratification via mail ballot. Members who returned their ballot voted unanimously to approve the revised mission statement and objectives below.

CANAC's mission is **to recognize and foster excellence in HIV/AIDS nursing through education, mentorship and support.**

CANAC strives to achieve its mission through the following actions:

- Promoting education and continuous learning opportunities in HIV/AIDS care;
- Creating a dynamic network of regional and national support for members;
- Providing regular forums to share innovative nursing practices;
- Encouraging research and evidence-based HIV/AIDS nursing practices;
- Serving as a national voice for HIV/AIDS nursing issues.

Advocating for the rights and dignity of people who are living with HIV/AIDS or who are vulnerable to HIV infection.

Bylaws Amended

As part of its work plan for 2002, the board of directors conducted a thorough review of the association's Bylaws. Consequently, eleven amendments were proposed at this year's annual general meeting, held April 14th in Halifax. Members attending the AGM voted to adopt all of the proposed amendments, the majority of which are changes in text for the sake of clarity / consistency. Particular amendments worth mentioning are summarized below. (A copy of the revised Bylaws can be downloaded off the CANAC website.)

Article III – Membership

- Definition of **Regular** membership amended to include *registered psychiatric nurses, registered nursing assistants and licensed practical nurses.*
- **Categories of membership** expanded to include: **Institutional members** (opens membership in CANAC to HIV/AIDS related organizations and health related

institutions), and **Honorary members** (creates the opportunity to recognise an outstanding contribution to the mission of CANAC/ACIS by an individual).

- President-Elect
- Secretary
- Regional Representative - Québec
- Regional Representative - Atlantic Provinces

Article XIV – Parliamentary Authority (NEW)

Confirms that **Robert's Rules of Order** shall govern the conduct of CANAC business (e.g. during board meetings, at the Annual General Meeting, etc.)

*The term of office for each Director is two (2) years, with the exception of the President, who spends one (1) year as President-elect, two (2) years as President, and one (1) year as Past-president. All terms begin on **November 1st** in the year elected to office.*

2003 Board Elections

Heads Up! In the next few weeks, the call for nominations to serve on the board of directors will be circulated to all voting members. In 2003, there are four positions up for election:

Detailed information regarding the nomination process, roles and responsibilities of directors and a copy of the nomination form are included in the call for nomination package. In the meantime, please don't hesitate to contact your Regional Representative and/or a member of the executive to discuss your interest in running for the Board.

A Note from the 2004 CANAC Conference Chair

Dear Members,

Planning for the 2004 CANAC Conference has started. The Conference Committee would like to get your input on topics and issues you would like to see addressed at the Conference. Please response to the following two questions by email to the link below, as soon as possible.

1. What topic areas would you like to see covered through workshops, plenary or abstract sessions?

2. Do you have any suggestions for speakers for plenary or workshop sessions? If yes, can you provide their name, topic they would speak on and contact information.

Thanks for your assistance in helping to ensure that the topics for the 2004 conference meet your needs and the needs of other nurses working in AIDS Care.

Please respond by e-mail to Vivian Reyes at vreyes@bridgepointhealth.ca