

Program Abstracts

Looking Beyond the Conventional: The Role of Complementary Medicine (CAM) in Health Promotion

Featured Presenter: Lynda G. Balneaves, RN, PhD

This presentation will provide an overview of the potential role of complementary medicine (CAM) in the promotion of health and wellness. Drawing on the latest evidence and using case studies, the benefits as well as the risks of popular CAM therapies will be reviewed and discussed within the context of health promotion. Recommendations on where to locate the most current CAM evidence and other decision support resources specific to CAM will be also shared. To conclude, attention will be given to the variety of ways nurse practitioners can address CAM within their practice.

Comprehensive Care for the Prevention and Reduction of Obesity and Diabetes: A Self-Management Focused Program

Presenter: Susanne Burns, RN, MSN, CCN (C)

Modifiable cardio metabolic risk factors have been recognized to contribute to diabetes and cardiovascular disease morbidity and mortality. Best practice for the treatment of obesity and weight management in metabolic syndrome is unclear. Standardized diabetes clinics may not include interventions in lifestyle management. We developed and implemented a new program targeting the reduction of the metabolic syndrome.

This is a multidisciplinary, nurse-managed physician supported program. Team members include a clinical nurse specialist, patient educator, dietitian, exercise specialist, occupational therapist, physicians and psychology support. Behaviour change strategies target physical activity, nutrition, weight management, psychosocial risk factors, and self-management. This program is 18 months in duration. Interactive group sessions are enhanced with prescheduled individual follow-up visits with the multidisciplinary team members.

Weight (kg) at baseline 98 (85,116) N = 199; at 12 months 93 (80,109); p = 0.002. Waist circumference (cm) at baseline 112 (102,123), N = 187; at 12 months 106 (97,116) p <0.0001. FBG at baseline 6.0(5.5,6.5) N = 211; at 12 months 5.9(5.3,6.4. Percentage of participants who meet the IDF criteria for metabolic syndrome at baseline is 99% (n=187). Importantly, 39% (n = 187) of participants no longer meet the criteria at 6 months and 38% (n = 33) at 12 months.

This new innovative model incorporates key multifactorial components to address metabolic syndrome. We conclude that a multidisciplinary program incorporating obesity and weight management meets the needs of both participants and communities. Further evaluation of long term program outcomes and community based partnerships need to be explored.

Pre-conference Workshop

Dermatology Pearls

Presenter: Kirstin Curtis, ARNP

In this pre-conference workshop Kirstin will share dermatology “pearls” of wisdom to help guide the NP in correctly diagnosing and treating skin conditions-using case studies, pictures and discussion. Participants will put their learning to immediate practice in this fun interactive session.

Cortes Youth Program Development

Presenter: Anita Dotts, MN, NP(F)

Presented on our featured panel - Nurse Practitioners: Increasing Access to Health Care

Nurse Practitioners, skilled in community empowerment and leadership, are in the ideal position to support rural communities in co-creating health promotion programs that support the unique needs identified at the community level. This presentation will describe how we have developed innovative youth programming for Cortes Island in partnership with the community to meet the needs of our youth. The Cortes Family and Youth Advisory Committee in conjunction with our health centre practice team have made youth programs a priority for 2009. The focus of our work has been to augment the funding, community supports and health promotion activities for each of our existing or newly developed programs targeted to youth. We currently have three youth programs that provide opportunities for our youth around leadership, fundraising and health promotion activities that keep them energized and active in our community.

Palliative Care- Practical Considerations for the Nurse Practitioner

Presenter: Barb Eddy, MN, NP(F), Certified Hospice Palliative Care Nurse

Providing good palliative care helps those experiencing the death of a loved one to grieve in healthy ways. As a nurse practitioner, how comfortable have you been caring for patients at the end of their lives? Have you struggled with how to discuss end of life issues, with how to help a patient and their family transition from active to comfort goals of care, or wondered what medications to order for the best pain and symptom management? This presentation will help Nurse Practitioners in primary, residential, or acute care positions better understand a palliative approach to patient and family care. The presentation will cover how and/or when to consider your patient as having palliative goals of care and how to share bad news. We will explore how the Nurse Practitioner's scope of practice "fits" in relation to palliative care tasks and discuss practical tips for pain and symptom management. Resources to help the Nurse Practitioner provide palliative care will be made available.

Atrial Fibrillation, Past, Present and Future

Presenters: Carol Galte, MSN, NP(F), CCN (C)

Atrial Fibrillation is the most common arrhythmia encountered in the care of adult. It is primarily a chronic condition that requires a high level of involvement on the part of the individual for successful treatment and prevention of complications. The prevalence of atrial fibrillation is approximately 10% in individuals over 80 years of age (women 8.7%; men 12.1%). As the population ages and life expectancy extends, we can expect growing numbers of individuals with this health condition. Atrial fibrillation can be encountered in all settings of care including acute and ambulatory. It is however, most commonly assessed and managed in primary care practices.

There are guidelines available to assist in decision-making for this population. Treatments are available for both rate and rhythm control. Prevention of stroke is a major outcome in the treatment of atrial fibrillation, yet as many as 40% of individuals with atrial fibrillation do not receive adequate anticoagulation.

This presentation will review the physiology and treatment of this common arrhythmia, the history of its treatment, where we are now in terms of treatment options and some potentially exciting options for the future. This will be approached within the context of chronic disease management with an emphasis on health promotion and disease prevention aspects of care.

Pre-conference workshop

Motivational Interviewing

Presenter: Mark Goheen, MA

In this pre-conference interactive workshop, Mark will briefly review the evidence supporting Motivational Interviewing (MI) and describe the underlying foundational principles. The spirit and technical aspects of MI extend from broader principles of collaborative practice where the professional invites the patient into an active partnership towards wellness. The values and wisdom of the person served, rather than those of the professional, are central to this quality of helping relationship. Participants will have some opportunities to build on their practical skills in MI to improve health related outcomes.

Health Promotion in NP practice: Challenges and pearls for success

Presenters: Rosemary Graham, MN, NP (F), Jennifer Beaveridge MN, NP (F), Ardelle Komaryk, MN, NP (F) & Diane Middagh MN, NP (F)

In this panel presentation four Vancouver based NPs , with practices that serve vulnerable and hard to reach populations, will discuss the realities of integrating health and wellness into NP office practice. We will outline challenges and successes and share practice PEARLS. We will present case scenarios that will allow participants to explore strategies for promoting health and wellness into the episodic or chronic care office visit.

The Masterful Mentor: Preceptoring Students

Presenters: Coleen Heenan, MS, NP(A), Nancy Wright, MN, NP(F) & Rita Schreiber, RN, DNS

NPs are now asked—and often expected—to become preceptors, adding a component to their role for which they may feel unprepared. The purpose of this presentation is to share practical ideas and strategies for working with students at different levels and with varied learning styles, including over/under confident students, students with limited knowledge, and other challenges. We will also explore the partnerships between and among the student, the instructor and the preceptor and ways of fostering student learning through effective communication. Seasoned and novice NPs are invited to discuss experiences and engage in dialogue about being a preceptor for NP students.

The Privileges of Driving Assessing Seniors Driving Skills in the Office

Presenters: Coleen Heenan, MS, NP(A) & Gloria Schuss, BSc OT

Older adults frequently view driving as a crucial factor in maintaining independence. There are however, many physical and cognitive reasons why an older person should no longer drive a vehicle. It is not the person's age that makes them unsafe, rather their medical conditions and medications. Driving is one of the most complex of IADLs with motor vehicle crashes a common cause of morbidity and mortality in the older driver; therefore it is important the Nurse Practitioner determine their older adult patients' ability to continue driving safely. In this session we will discuss factors affecting driving ability, strategies for assessing fitness to drive and review current recommendations for driving cessation. Strategies for exploring the issue of driving and driving cessation with the patient and their family will be explored. Driving is a complex perceptual motor skill that takes place in a complex, unpredictable environment, and it is essential the primary care provider be vigilant in determining the safety of their patients to drive.

The e-portfolio: A partnership between education and practice

Presenters: Gloria Joachim, MSN, NP(F), FNP-BC, ARNP, Barbara Boyle, RN, MSN, Sharon Thomson, WHNP-BC, Fairleth McCuaig, MSN, NP(F), FNP-BC, ARNP, Mary Lou Jennings MN, NP(A), ANP-BC, Alex Etesami, Dan Helmer, Fahim Kanji, & Brian Leung

Partnerships between education and practice are important and strengthen both aspects of NP work. In this presentation, an evolved e-portfolio is presented that has implications for both students and practicing NP's.

An electronic clinical tracking system for NP students was designed and implemented at an educational NP institution in 2006. The system allowed students and faculty to track clinical sites, hours worked, preceptors teaching, log information and clinical evaluations. It was reported in a poster presentation at the 2008 BCNPA conference. Shortcomings of the system were that it lacked a qualitative component and a method to link the work performed by the students with the CRNBC NP Scope of Practice and Competencies. In 2009, these aspects were added to the system. Work performed and entered as log data with dates is now linked to ICD 9 Codes, Scope of Practice and Competencies. Journaling is also incorporated into the portfolio.

While this new e-portfolio was designed for students and faculty, it also has important implications for practicing NP's. In practice it is important to track work performed including diagnostic tests, screening tests and outcomes and patient data. Journaling has been shown to be a useful

technique to promote reflection of one's work and personal growth. The presentation will describe the e-portfolio, discuss the benefits of an e-portfolio for practicing NP's and describe expanded possibilities for use of this e-portfolio for NP's in practice.

NPs Provide Women's Health Care in Rural Saskatchewan

Presenters: Maureen Klenk, RN(NP) & Sharon Slywka, RN(NP)

Presented on our featured panel - Nurse Practitioners: Increasing Access to Health Care

Based upon a needs assessment the File Hills Qu'Appelle Tribal Council (FHQTC) and its partners (the 11 First Nations member communities of the FHQTC, FHQTC health services and All Nations Healing Hospital, and health care practitioners) successfully sought and received funding to consolidate Women's Health Services. The vision of the health and wellness centre is to provide holistic health care that includes physical, social, mental and spiritual well-being and grounded within the principles of traditional beliefs and values of respect and dignity. This centre serves women residing both on and off reserve as well as other rural residents within the geographical location. Nurse Practitioners (NP) were the health care provider of choice to deliver this service.

The Women's Health Centre was established in August, 2007 and employed a full-time Primary Care Nurse Practitioner, a part-time physician and an administration assistant. The clinic success drove expanding renovations and now staffs 2.25 NPs, a mid-wife, a Women's Helper and 1.5 administration assistants. The clinic serves 70 - 80 new patients a month. Outreach clinics to neighboring reserves occur and health promotion educational events have been successfully implemented.

We would like to share with you the developmental process of the clinic based upon the needs assessment, as well as our successes and challenges related to the integration of western health care and traditional First Nations Healing. We will provide you with our primary goals of practice and our plans for evaluation.

Difficult and Awkward Conversations in Practice

Featured Presenter: David Kuhl MD, MSc

Health care is often based on a business model of efficiency. The work we do is about relationship. As communication is pivotal to every relationship it is important to develop skills in having difficult or awkward conversations. The purpose of this presentation is to present a model of having a difficult conversation.

Novel anticoagulants on the shelf: have we really found the antidote to rat poison?

Presenter: I Fan Kuo, BSc (Phar), ACPR, PharmD

Vitamin K antagonist (VKA) such as warfarin has always been the gold standard anticoagulant for various clinical indications. While VKA has demonstrated reduction in risk of thromboembolic events in high risk patients, its use is limited by the requirement of regular laboratory monitoring and increased incidence of bleeding events. The shortcomings of VKA therapy had therefore prompted the discovery and approval of new oral anticoagulants such as indirect anti-Xa inhibitors and direct thrombin inhibitors. The purpose of this presentation is to review the evidence for these new therapies for the different indications of systemic anticoagulation and their role in clinical practice. The session aims to provide a comprehensive update on anticoagulation therapy and a systematic approach in employing anticoagulants in clinical setting.

Chronic Obstructive Pulmonary Disease: A smoking gun

Presenters: Ruth Larson, MN, NP(F) & Rob Ratcliffe RRT

SCOPE of Problem: COPD is the only chronic disease with increasing mortality. It is estimated that by 2020 it will be the 3rd leading cause of death world wide (2). In Canada, as of 2008, over 1.5 million Canadians have been diagnosed with COPD and an equal number may have the condition but be unaware (1). Most people with COPD are not diagnosed until well-advanced disease is detected.

Limitation in access to Pulmonary Specialists and GP's place the NP, whether as Primary Care Provider or in a Specialty setting, in position to be a leader of a comprehensive approach to health promotion and management of the patient with COPD.

NP's can lead improvement in diagnosis, clinical management including pharmacology and preventative anticipatory care for patients with COPD with the goal of morbidity and mortality reduction. NP's must have clinical tools for COPD management. This presentation will provide guidelines for evaluation, diagnosis, and management in order to prevent disease progression, reduce symptoms of breathlessness, improve exercise tolerance, reduce flares and mortality.

We will review the Nurse Practitioner role in anticipatory guidance and a framework for a multidisciplinary self-management patient education program using group medical visits, patient group education and individualized plans of care. Review current MSP guidelines for coding and billing incentives.

When The Body Says No: Caring For Ourselves While Serving Others

Featured Presenter: Gabor Maté

Based on the book *When The Body Says No: The Cost of Hidden Stress* (U.S. subtitle: Understanding the Stress-Disease Connection)

Stress is ubiquitous these days — it plays a role in the workplace, in the home, and virtually everywhere that people interact. It can take a heavy toll unless it is recognized and managed effectively and insightfully. Western medicine, in theory and practice, tends to treat mind and body as separate entities. This separation, which has always gone against ancient human wisdom, has now been demonstrated by modern science to be not only artificial, but false. The brain and body systems that process emotions are intimately connected with the hormonal apparatus, the nervous system, and in particular the immune system. Emotional stress, especially of the hidden kind that people are not aware of, undermines immunity, disrupts the body's physiological milieu and can prepare the ground for disease. There is strong evidence to suggest that in nearly all chronic conditions, from cancer, ALS, or multiple sclerosis to autoimmune conditions like rheumatoid arthritis, inflammatory bowel disease or Alzheimer's, hidden stress is a major predisposing factor. In an important sense, disease in an individual can be seen as the “end point” of a multigenerational emotional process. If properly understood, these conditions can provide important openings for compassion and self-awareness, which in turn are major tools in recovery and healing.

Dr. Maté's presentation includes research findings, compelling and poignant anecdotes from his own extensive experience in family practice and palliative care, and illuminating biographies of famous people such as athlete Lance Armstrong, the late comedienne Gilda Radner, or famed baseball legend Lou Gehrig. The presentation is based on *When The Body Says No: The Cost of Hidden Stress*, a best-selling book that has been translated into more than ten languages on five continents.

In Dr. Maté's featured presentation and workshop the topics covered include:

1. The mind/body unity as explained by modern science (psychoneuroimmunology);
2. The nature of stress and its physiological consequences;
3. The three major stressors: Loss of Control, Uncertainty; and Conflict;

4. How the early environment “programs” us physiologically and psychologically into chronically stressful patterns of feeling and behavior;
5. Why stress remains hidden in our culture;
6. The stressful work environment: how to recognize it and transform it;
7. How to recognize stress and prevent it;
8. How the understanding of stress can inform and enhance clinical practice.

Antidepressant Therapy: The Good, The Bad, and The Sad

Presenter: Kelly McInerney, MSN, ARNP, NP(F)

Approximately 30 percent of the general population access health care for a mental health issue at some point in their lives. Psychotropic drugs, which include antidepressants, are the second most commonly prescribed drugs in Canada. There has been a 353% increase in the number of antidepressants prescribed in Canada between 1981 and 2006. Although the reasons for this increase are multifactorial and entrenched in complex societal changes, this information can leave prescribers overwhelmed about the best approach to treating clients who might benefit from antidepressants. There is much rhetoric about the efficacy of various antidepressant therapies, the merits in the different classes of antidepressant drugs, and side effect profiles of these drugs. The evidence is often conflicting and confounding leaving prescribers at a loss for sound, evidence-based prescribing information.

The purpose of this presentation is to provide clinicians prescribing antidepressant therapy with evidence based information on three critical clinical issues:

Is there a suicide risk with select serotonin reuptake inhibitors (SSRIs); what is the absolute risk and does this risk vary between the different SSRIs. How can we enhance the safety of our practice?

What is the significance of side effect profiles of each of the SSRIs and non-serotonin reuptake inhibitors (NSRIs) and how should this influence our prescribing practices?

What is the new evidence regarding the long term effects of SSRIs and how should this information be used in our clinical practice?

This information will supply providers with clinical pearls to minimize risks to patients when prescribing antidepressants and to enhance client buy-in to pharmacological management by emphasizing the essence of client-centered care.

Back to the Future: Conceptualizing Health Promotion in NP practice
Presenter – Keynote Address: Marjorie McDonald, RN, PhD

As defined by the World Health Organization, health promotion is the process of enabling people to take control over their health and the determinants of their health. In this presentation, Marjorie MacDonald will discuss the origins of the current understanding of health promotion with its roots in the primary health care movement and the re-emergence of some old ideas in the context of present day practice. She argues that nurse practitioners are in a unique position within the health care system to promote the health of individuals, families and communities thus contributing to improving the overall health of the population. Health promotion may be that important element of NP practice that is the “value added” component. There are, however, several challenges to full enactment of health promotion in current practice and as a result NPs may not be engaging in health promotion to the extent they could be.

Featured Panel: Implementation of Nurse Practitioner Roles in BC: Challenges, Successes and Sustainability.

Presenters: Marjorie McDonald RN, PhD, Alison Roots, MHSM, PhD (c), Esther Sangster-Gormley, MS, PhD(c), NP, and Rita Scheiber, RN, DNS

In this featured panel, delegates will hear from researchers who have been involved with NP role implementation in BC. Discussion will focus on: early history of the NP role in the Province; how factors in the organization and practice setting influence how NPs enact their roles; consideration of whether NPs are working to full scope; and contributors to success and sustainability of the NP role. This panel will be based on the following three presentations:

1. NPs in British Columbia: From 0 to 60 in 10 years

Marjorie McDonald, RN, PhD and Rita Schreiber, RN, DNS

In the fall of 1998, a nurse working in the BC Ministry of Health noticed a small federal funding envelope for development of research proposals related to new and emerging roles for nurses. She was aware of current developments in the province to foster graduate programs in advanced nursing practice and knew that government would be called upon to approve those programs. She saw the potential for research to inform the development of new advanced practice roles in the province, so she spoke with her supervisor about putting out a call for proposals to develop a study to explore the potential for developing new advanced practice nursing roles in BC. But no one responded, at least initially. Ultimately, a research team was established, a large three year study was funded by CHSRF, the findings of which informed the development of new graduate programs, NP core competencies, and a regulatory framework for NPs. Today there are approximately 150 NPs registered in the province, with

another 51 in the process of obtaining registration, but concerns are being expressed that the sustainability of the NP role in this province is at risk. In this presentation, we will review the history of the NP role and movement in BC, discuss where we are today and lay out some “alternative futures” that will depend on what we do now to support sustainability.

2. Nurse Practitioner Practice Patterns and Barriers and Facilitators to Role Implementation in BC

Alison Roots, RN, MHSM, PhD (c) & Marjorie McDonald, RN, PhD

Purpose and Background: The purpose of this presentation is to disseminate the findings of the research study to identify the practice patterns and the extent to which NPs are able to work to their legislated scopes of practice and implement the NP role in BC. This is the second stage in a longitudinal evaluation of NP role implementation in BC. The first stage of this research was an interview study of NPs, health authority leaders and physicians undertaken in 2008.

Methods: Guided by a framework based on existing research on role implementation and NP practice patterns, a mixed methods practice patterns questionnaire was distributed through the BCNPA to all registered NPs in the BC. Through this questionnaire the existing NP roles were identified and described, and information collected on NPs practice patterns and facilitators and barriers to role implementation. The data was analyzed to produce a quantitative and qualitative overview of existing NP roles and patterns of practice and a theoretical understanding of the relationship among various factors influencing role implementation.

Findings: The findings from this research comprise the current profile of NP practice in BC including demographics, employment situation, types of patients cared for, practice environments, patient care activities, relationships with other health care providers, and barriers and facilitators to role implementation. The findings of this research will be compared with the previous research undertaken on role implementation and changes in the NP work force over the past 3 years will be highlighted.

3. A Case Study of the Process of Implementation of the Nurse Practitioner

Esther Sangster-Gormley, MS/NP, PhD (c),

Implementing the nurse practitioner (NP) role into new practice settings is a complex process that evolves over time. The implementation process does not end when the NP is hired, instead it continues as all members of the practice team negotiate role fit, clarify expectations, and determine how the NP will practice. British Columbia (BC) is in the early stages of implementing the NP role. While changes have been made at the systems level to facilitate NP role implementation, it is less clear what factors at the

organizational and practices settings are influencing role implementation. The purpose of this study was to use case study research to explain the process of NP role implementation within one health authority in British Columbia (BC). I selected three practice settings that represented diversity in geographic locations and models of practice where I conducted semi-structured interviews with NPs, managers, physicians, professional staff, and a community member.

Findings confirm that implementing the NP role into settings where there is no previous knowledge of the role is a complex process that occurs in phases. Identifying where to place NPs is one minor step in the process, implementing the role into practice settings is influenced by how well the role is accepted by others, the intentions for the role, and who was involved in the process. In this presentation I will discuss my findings and implications for future NP role implementation which may contribute to the success and sustainability of the role in BC.

Forensic Screening Across the Lifespan

Presenter: Eileen A. Owen Williams, DNP, ARNP, CNM, FNP, SANE-A

Although primary care primarily focuses on the prevention and treatment of diseases; intentional and unintentional injuries are a significant health issue for practitioner and are often not addressed within the delivery of primary care. Health Canada identifies injuries as the 4th leading cause of death in Canada, and the leading cause of death in Aboriginal persons 1 to 44 years of age (Statistics Canada, 2005). Violence is not often recognized as a major health issue within primary care, despite the fact that violence is the leading cause of death worldwide. Violence accounts for 14 % of male and 7% of female deaths, ages 15 to 44 years globally (WHO, 2002).

Nurse practitioners are responsible for the assessment and treatment of health care problems across the lifespan. These practitioners ideally are in a position to identify risk factors for both unintentional injuries, and abuse and neglect of children, adults, and older adults; however current research has reported a lack of identification and intervention of abuse by health professionals, particularly in the elderly.

This workshop is designed to aid the practitioner in the development of evidence-based skills and knowledge regarding the identification of risk factors; and clinical manifestations of intentional and unintentional injuries. Epidemiological data and age-specific screening tools will be presented for use in clinical practice. Clinical resources within the

province of British Columbia, as well as national and international resources; including electronic resources for use in primary care will be described.

Polycystic Ovary Syndrome: A complex diagnosis warranting coordinated comprehensive management across the lifespan

Presenter: Kristi Panchuk, RN, MN

Polycystic ovary syndrome is a common, complex endocrine problem that has serious implications for women from adolescence to beyond menopause. Metabolic and cardiovascular risks, including type 2 diabetes mellitus and dyslipidaemia, are known in phenotypes presenting with hyperandrogenism. PCOS disturbs patients' self-image with hirsutism and obesity, and quality of life scores are lower in women with PCOS than with many other chronic, and even terminal, diseases. Despite these risks, women with PCOS are not being identified early in life or managed effectively across the lifespan in order to reduce their long-term health risks. As individuals and as a population, women with PCOS will be best served when primary care providers work in collaboration with patients to reduce risks of major events and promote optimal quality of life. A comprehensive, patient-centered chronic disease management model is best suited to a primary care setting, where patients can be identified early and may receive the appropriate monitoring and treatment. The Chronic Care Model is one evidence-based approach to chronic disease management that emphasizes systems-level changes, the use of technology to promote optimal care and evaluation, a team-based approach, and using community resources in supporting self-management. If there is such a revolution in the type of care PCOS patients receive, the prevalence of type 2 diabetes mellitus and unmanaged dyslipidaemia will be reduced. In addition, women may be able to conceive earlier and with fewer adverse obstetrical outcomes, and possibly most importantly, they will have enhanced quality of life.

Collaboration among NPs working with vulnerable women and children

Presenters: Natasha Prodan-Bhalla, MN, NP(A), Lorine Scott, MN, NP(F), and Vivian Nawrocki, MN, NP(F)

Within Vancouver's inner city, children and women face numerous challenges in accessing health care given the multiple barriers associated with poverty, social isolation, family and inner city violence as well as cultural and language barriers. This increase in burden is cumulative over the lifespan and increases avoidable individual and system wide costs. Women have lower socioeconomic status, are the heads of more single parent households, and are more often the caregivers of multiple

generations of families. Because of their and subsequently their children's unique lived experiences, a model of care delivery that considers and addresses social barriers is essential to increasing their access to health care.

It is clear that the current system does not meet the needs of women and children and that innovative health services that are responsive to the needs of this socially complex population are desperately needed. Models of care that meet these needs are ones that are centered around the patient and individualized. Nurse Practitioners are well placed within the health care system to role model this type of innovative care; care that is truly multidisciplinary and patient centered.

We are Nurse Practitioners who work with different populations and work for different agencies yet share the same philosophy regarding increasing access to those most vulnerable; those who are further marginalized by our traditional health care system. The Social Pediatrics Initiative was implemented in 2007 establishing clinics for children in community settings. The Women's Community Clinic was then established in 2009 to meet the needs of the mothers of the children. Together, we have established a group of clinics in communities with marginalized populations. As Nurse Practitioners grow in numbers in BC, referrals to each other and collaborative communities of practice both within and across organizations will become more frequent, thereby increasing access to care for all British Columbians.

Collaborative Practice within a Breastfeeding Centre

Presenter: Joanne Przystawka, MScN, NP(F)

The objectives of this presentation are to describe a collaborative partnership between Lactation Consultants (LC)'s within a Breastfeeding Centre and a Nurse Practitioner (NP), provide resource information for interventions and treatments, and identify prescription treatments commonly used during breastfeeding recommended by Dr Jack Newman.

LC's are usually RN's (Registered Nurses) with specialized education in breastfeeding. The LC role does not include prescription authority. NP's developing partnerships with health care providers such as LC's, who have expertise in a particular area is an example of collaboration with the ultimate goal of providing efficient health care.

Low milk production, nipple redness/nipple pain, breast redness/breast pain are the common breastfeeding issues mom's encounter. Infant oral and buttock thrush treatments will be briefly discussed.

References: 1.Public Health Agency of Canada, 2.World Health Organization

Upstream Without a Paddle

Featured Presenter: Michael Rachlis, MD, MSc

Health systems are encouraged to look upstream to identify the ultimate sources of health and causes of illness. But how can nurse practitioners and other health care providers really influence the determinants of health of their clients. In this presentation, Dr.Rachlis will outline the challenges for health promotion and suggest strategies that health systems can use to improve the health of their communities.

SCAMP: Child Developmental Surveillance in Family Practice

Presenter: Lorine Scott, MN, NP(F)

Leon is a delightful 6 years old. He has a big smile, loves to build Lego and has always been a good, quiet boy. He lives with his mother, 2 older school aged sisters and his maternal grandmother. He did not attend pre-school or daycare as his grandmother was at home. His family is loving and happy and although they struggle economically, they say “they have enough”. He is a lucky boy!

During the school year, it becomes very clear that there is something very wrong --- Leon is unable to master simple concepts like “under, over, behind’ and cannot manage learning expectations of a grade 1 student; he has great difficulty following directions, he needs assistance to toilet and dress himself and he is having difficulty with fine motor skills. How was this significant developmental issue missed?

This presentation will provide an overview of the rationale for child developmental surveillance in a primary health care practice setting; discuss the implications of undiagnosed developmental delays; and introduce the simple and easy to use SCAMP approach for monitoring.

The SCAMP approach was developed by a nurse practitioner and offers clinicians caring for children a simple approach to developmental monitoring. SCAMP can be incorporated into a short episodic visit or be used more broadly in a developmental screening visit. Recognizing developmental delay early, implementing timely appropriate consultation and intervention will do much to ensure that the children in our care have the skills they need to grow and develop.

***The Prince George Unattached Patient Clinic: Working to Improve
Primary Health Care Access in Prince George***

Presenter: Linda Van Pelt, MScN, NP(F)

Presented on our featured panel - Nurse Practitioners: Increasing Access to Health Care

Access to primary care is currently one of the most salient issues in health care in Canada. In Prince George, BC, it is estimated that over eight thousand people are without primary health care providers. The Unattached Patient Clinic (UPC) in Prince George, BC is a Nurse Practitioner co-led clinic that provides primary health care to clients without a health care provider until permanent primary health care homes can be found.

The UPC clinical team, comprised of one Nurse Practitioner and five sessional physicians, offers access to primary health care to any client without a health care provider that has received care at the local Emergency Department in Prince George. A significant number of UPC clients suffer from chronic pain, addictions, and mental health issues, creating a complex and challenging practice environment. The UPC clinical team endeavors to provide high quality primary health care that includes screening, and health promotion and prevention for all clients. This presentation outlines the process by which the UPC was created, its model of care which includes full scope NP practice and co-leadership, and the challenges and successes the clinic has experienced in its first two years of operation.

Poster Presentation

***Building Bridges: A Framework for International Primary Care
Learning Experiences For NP Students***

Presenter: Kate Van Wely, RN, FNP student

International learning experiences have the potential to expand the perspectives of students, increase cultural sensitivity, heighten awareness of social justice issues and broaden clinical skills. Benefits reported from research related to the impact of international learning opportunities include enhanced cultural competence, expanded global perspectives, increased professional autonomy, development of critical thinking skills, creative use of resources, personal and intellectual development and motivation to continue service work (Reimer Kirkham, Van Hofwegen, & Pankratz, 2009).

The profession of nursing continues to evolve and Nurse Practitioners (NPs) are emerging as an important part of health care delivery in British Columbia. As education expands for NP students and more nurses seek advanced practice education, the variety of clinical placements should

also change to meet the diverse needs of these students and the health care needs of local and global communities. Currently, there are no international learning opportunities for NP students in BC. By partnering with local NPs and RNs in an international placement, there are opportunities for mutual benefit. NP students could also be directly involved in global health promotion and exposed to international policy.

In this poster presentation, a framework for implementing short term international placements for NP programs and students will be presented. This framework can be used to prepare students and faculty and guide them in international placements. Concepts addressed will include social justice, cultural sensitivity, global health promotion, social determinants of health, ethical considerations and primary care in an international setting.

Reference: Kirkham, S., Van Hofwegen, L., & Pankratz, D. (2009). Keeping the vision: sustaining social consciousness with nursing students following international learning experiences. *International Journal of Nursing Education Scholarship*, 6(1).

The Liaison Program: Building Partnerships to Support Evidence-Based Practice

Presenter: D. Ann Vosilla, RN, ASCFS (Hons)

The sound use of evidence is a major component of clinical practice. Getting the right information to the right people at the right time is critical to successfully integrate evidence into practice. This imperative compelled the Canadian Agency for Drugs and Technologies in Health (CADTH) to place Liaison Officers (LOs) in participating jurisdictions.

LOs are CADTH's link to decision makers and practitioners, facilitating information requests and helping clients understand how to use evidence to inform decisions. LOs engage practitioners to better understand their needs and provide the evidence-based information that meets those needs. LOs are knowledge brokers, encouraging the uptake of evidence-based resources and innovatively working within the jurisdiction to improve health outcomes.

Locally situated LOs meet with practitioners in their regions and bridge gaps to bring like-minded groups together to work collaboratively on issues around the clinical and cost-effectiveness of drugs and medical technologies. They also deliver workshops to ensure the understanding and appropriate practice of health technology assessment (HTA). Outreach activities are tailored to provide appropriate support for HTA. This approach has been shown to be useful to practitioners, who receive and provide locally relevant information, and to CADTH, who uses this

locally obtained information to develop more useful products and more accurately inform health policy and practice decisions. This knowledge exchange process fosters innovation and helps mobilize the practical application of evidence. As local advocates, LOs support informed decision making and bridge the 'evidence to practice' gap by creating partnerships that support innovation and reduce duplication.