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To provide healthcare professionals with job opportunities, continuing education, new products, resources, and editorials to help them succeed in their careers.

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Canada like other countries around the world is facing a future that includes a critical nursing shortage. The country's physicians are in the same situation predicting that the number of doctors per capita will decline by 2015. One of the strategies suggested as necessary to address the shortages is to recruit international medical and nursing graduates. (CBC News, 2006 p. 1) In this issue of HEALTHbeat however, I decided to have a look back at the past decade or so to see what others have been saying about the ethical issues related to both international and interprovincial recruitment and what the potential effects are of recruiting in times of shortages.

There seem to be two sets of issues in the area of recruitment in and for Canada. The first set, is international, a subset of this being the recruitment of Canadian professionals to the US. The second set alludes to inter-provincial poaching within the country.

In looking for information on the ethics of recruitment I found that most of the writings are about international recruitment with an emphasis on recruiting physicians and nurses from developing countries, most particularly African countries. Canada desperately needs health professionals and skilled caregivers. Shortages among nurses and physicians has been documented extensively both globally and in Canada itself. One of the solutions for shortages has been immigration of foreign trained health professionals. For many of these professionals emigrating to Canada it means a better life for them and their families. However the loss to the home country that trained them exacerbates the shortage at home. On the one hand, there is the position among recruiters and professionals that people should be free to move of their own volition and make conscious decisions about their own future. On the other, the loss of a skilled worker in the home country where shortages may be critical, prompted the International Council of Nurses to acknowledge "the adverse effect that international migration may have on health care quality in countries seriously depleted of their nursing workforce". (International Council of Nurses, 2007 p.1)

In an article published on the website of the International Development Research Centre it is cited that a major reason for the deterioration of health care systems in developing countries is the "brain drain" of health professionals – a drain that primarily benefits wealthier countries like Canada, the US and the UK (IDRC 2010 p. 1). These three countries have actively recruited from African countries to alleviate the problem of undersupply of nurses and physicians. Canadian examples of these practices cite the case of recruitment from South Africa. In the late 1990s Alberta chartered a plane to bring South African doctors and

their families on a "junket" and managed to sign up 40 physicians immediately for practice in the most under serviced areas of the province. As well, over half of the physicians in northern Saskatchewan originated in South Africa. In 2001 the South African government formally complained to its counterpart in Canada about the number of physicians being allowed to practice in Canada yet in 2002 the number increased. These and other concerns have brought the subject of ethical recruitment to the forefront in some developed countries. (IRDC, 2010, p.1)

In 2004, the UK updated its "Code of Practice for the international recruitment of healthcare professionals". The update closed the loophole that National Health Service (NHS) and private employers were using to bring health professionals to the country for "temporary" positions. In the Foreword to the Code, John Hutton, the Minister of State for Health at the time, acknowledged that the practice of international mobility of health professionals has been going on for years. The increasingly large scale targeted international recruitment approach of developed countries to address domestic shortages has benefited health professionals but has raised concerns about the impact of health systems of the countries that have been targeted. Such concerns need to be addressed and the Code is the UK's effort to accomplish this end. (Department of Health 2004) Canada, in its weaker effort is part of Commonwealth declaration on recruiting, however since health care is the responsibility of the provinces and since there are no provincial agreements there is little or no regulation in regard to international recruitment.

With respect to the recruitment of Canadian health professionals by the US, the issues are part of the same international picture. Canada and the US are both highly developed countries with similar health care systems with respect to the quality of care. American recruiting has been described as "aggressive" and US recruiters are able to offer many benefits to Canadian professionals, particularly nurses and physicians. These benefits include sign-up bonuses; support for advanced education; higher salaries; warmer weather and other lifestyle attractions and the like. (Bernstein 2005, abstract) Mark Hamm (2005), owner of a Texas based recruitment firm says that like the US, Canada is suffering from a nurse shortage and that in recent years, Canadian employers have made it more attractive to stay home. Canada however is a fertile ground for recruiting because of the skill of Canadian professionals, common language, similar lifestyles and

The Ethics of International and Interprovincial Health Professional Recruitment – Canada's record

the relative ease of entering the US to work with the TN visa passed under NAFTA. As well, Hamm asserted that nurses who have immigrated to Canada from elsewhere know that the country is the quickest route to the US. US recruiters seem to focus on Canada because recruiting from other countries is more time consuming, is more costly and involves more "red tape".

Within Canada there is little written about inter-provincial poaching. One example involves an Alberta health region that launched a recruitment drive in Northern Ontario back in late February and early March of 2005. In an article from the Canadian Medical Association website (www.cma.ca) titled "Alberta Invasion", it is noted that the drive was to recruit health professionals including physicians to the under serviced Alberta Northern Lights Health Region. Through a series of job fairs throughout northern Ontario, recruiters offered significant relocation help, attractive compensation and a team of experienced health professionals to help smooth the transition to Alberta. Since the targeted area in northern Ontario is itself suffering from severe shortages and many of Ontario's doctors are currently dissatisfied, complaints about the integrity and morals of the recruiters and the unfairness of the situation were voiced. On the other hand, the Northern Lights recruiters stated that they went to Northern Ontario because they had received e-mails and phone calls from doctors in the area wanting more information about employment in northern Alberta. There have been other instances in Canada of recruitment drives from the wealthier provinces to economically poorer regions of the country. Occasionally there is comment in the media about the ethics of inter-provincial poaching as part of the larger issue of fairness and equity among the provinces.

The issue of poaching whether it be Canada's poaching internationally, poaching between provinces in Canada or our country being poached by others, (namely the US) seems to be the reversal of the Robin Hood phenomenon i.e. poaching from the poor to benefit the rich. The issue has also been viewed in different ways among the experts. Some agencies hold to the mantra that... "all's fair in love and war...including [health professional] recruitment...". Others suggest that the market place argument only should apply when regions, be they countries or provinces, can compete on an equal footing.

See Editorial page 7



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Maintenance free, comfortable condo living

by Jennifer (Jay) Sherwood, Editor.

The Stonecroft Group of companies is known for providing premium condo living that combines intelligent design and exemplary construction value into each of its projects. The Auburn Bay project, located in Calgary is its most recent (see ad on front page of this issue).

To get some more information about this project I talked to Fred Thiessen, one of the Principals/owners of Stonecroft. Fred is very enthusiastic about this particular project. Before I get into a description of the main features of this condo complex I would encourage you to visit the website at www.stonecroft.ab.ca. Navigating around the site, you will be treated to video presentations and photo galleries of both the exterior of the buildings and interior of the units.

It is a common conception that location means a great deal when choosing a new home. This complex is located on Seton Boulevard across from the new hospital in Calgary in the Auburn Bay community near Brookfield residential properties. Auburn Bay is a vibrant lake community with a lively residents

association. The association is responsible for the operations and maintenance of the assets of the community and its amenities. The complex is within a couple of blocks of the lake, tennis courts and other recreational facilities.

The condo complex itself is comprised of four buildings containing 200 one or two bedroom units. The units have many features that would be found in quality housing of any kind such as nine foot ceilings, upgraded appliances, choice of custom kitchen cabinets, granite or quartz kitchen counter tops, hardwood laminate and luxury carpet as flooring and many other features too numerous to mention here (see website for details). The sizes of the units vary with a number of floor plans to choose from.

Anyone moving to Calgary to live or relocating within the city interested in maintenance free comfortable condo living would be advised to look closely at Stonecroft's Auburn Bay project. The Sales Center is located on Seton Boulevard and is open six days a week.



Saskatoon Health Region on provincial health care transformation journey

Now is an exciting time to join Saskatoon Health Region as it takes a journey on the road to continuous improvement. Skilled employees, teams and physicians are ready to transform Saskatoon Health Region's care and service from good to great, from excellent to truly exceptional.

In the next few months, the Region is anticipating a number of exciting developments. The provincial health system has adopted a new planning process - called strategy deployment - to establish priorities for the next three to five years. A consultative process called 'catchball' is currently underway with other system leaders.

When that feedback is collected in February 2012, further consultations with staff and physicians throughout Saskatoon Health Region will take place about how to implement the plan. The expected benefits of this planning process include a much clearer focus on a limited number of breakthrough initiatives - those that we must do and cannot fail - and alignment of resources, effort and accountabilities to achieve these high priority improvements.

Ultimately, Saskatoon Health Region wants a health system that better serves the people of Saskatchewan and puts patients and families first, every time. One that:

- provides the right care, at the right time, in the right setting;
- improves processes and experiences for staff and patients;
- eliminates waste such as errors, wait times, transport, handoffs, space and inventory;
- breaks down silos and improve relationships to speak, act and lead with one voice; and
- focuses on the most important strategies to improve the health of our communities.

One of the highest priorities will be the development of a provincial continuous improvement system, based on lean methodology and management. Many of the concerns in health care today are found in large and complex processes, not in its talented health-care providers, so new structures and approaches to quality improvement and patient safety will build on the successes already achieved in Saskatoon Health Region.

To support this enhanced focus on quality and safety, and to help Saskatoon Health Region achieve the established priorities, changes are being made to how services and leadership structures are organized. Virtually all patient, client and resident services and

See *Saskatoon* page 6

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The Distance Nursing Program at St. Francis Xavier University offers distance education programs and courses for Registered Nurses. The Post RN, Bachelor of Science in Nursing Program at St. Francis Xavier University is a part-time distance education program designed to enable adult learners to pursue university study while continuing their careers. The Program began in 1988 as a direct response to the mandate set by the Canadian Nurses Association that an Entry to Practice be a degree in nursing by the year 2000.

Courses in the Post-RN BScN distance education schedule are built around print-based and online materials. They provide a strong foundation in the physical, biological and social sciences, critical thinking, health promotion strategies, ability to deal with rapid advances in knowledge and technology, and the ability to deal with increasingly complex ethical issues in health care. All required credits are provided for students in a distance delivery format. Nursing certificate programs are also available through distance education. The certificate programs are designed specifically for practicing nurses. The courses enable nurses to develop a stronger theory base, enhance their nursing practice, and address health care needs across nursing practice and life continuums. The Certificate in Continuing Care is designed to prepare registered nurses to move into the home health care area. This program enables nurses to move from acute care to home health care and expand their professional competencies and

knowledge. The Certificate in Gerontological Nursing is designed to prepare registered nurses to deliver holistic, effective care to older adults. Developing knowledge and practice skills enables nurses to address comprehensive needs of the older client populations, identifying strengths as well as professional care needs. All courses are three-credits and transferable into the Post-RN BScN Program.

Specialty nursing courses are offered on an individual basis to registered nurses seeking courses in particular areas of interest such as: Computers in Nursing, Forensic Nursing, Hospice Palliative Care Nursing, and Challenges in Aging. Distance biology courses include: Cell Biology, Microbiology and Anatomy and Physiology.

Support services within the program are a vital factor in the success of the program. These include toll-free telephone access to course professors, distance librarian, writing center, program office staff, bookstore, bi-monthly newsletter, StFX email accounts, and on-line support and access to StFX website for grades and student information.

The StFX University distance nursing programs are offered nationally and internationally. Applications are being accepted until June 30th.

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HEALTHbeat Classifieds

by Jennifer (Jay) Sherwood, BScN, MEd.

This column highlights a sample of the information that has arrived since the last issue of HEALTHbeat. All of this comes from press releases, lists and other such things that are available on the Internet. Apart from editing, I am passing it along to you as it comes to me.

Be advised, HEALTHbeat does not endorse or otherwise support any of the products, new ideas etc.

Did you know that...?

TORONTO, ON – Ontario's Information and Privacy Commissioner, Dr. Ann Cavoukian, has ordered Cancer Care Ontario (CCO) to discontinue its practice of transferring Screening Reports containing personal health information to physicians in paper format. Order HO-011 was issued following a privacy breach involving the personal health information of over 7,000 Ontarians relating to a CCO screening program.

BARRIE, ON – PatientOrderSets.com is pleased to

announce that Royal Victoria Hospital is joining a growing list of over 160 hospitals across Canada, including more than 50 percent of Ontario hospitals, that are implementing its advanced order set technology. The technology dramatically improves patient safety and quality of care while reducing patient length-of-stay and re-admission rates.

VANCOUVER, BC – British Columbia has broken ground on a new centre that it hopes will lead the way in neurosciences by uniting brain health and patient care. Uniting psychiatry, neurology and neuroscience, the Djavad Mowafaghian Centre for Brain Health may revolutionize brain health by bringing research together with care.

TORONTO, ON – St. Michael's Hospital has announced the opening of the Allan Waters Family Simulation Centre, a \$4 million facility that is said to be the most advanced of its kind in Canada. The centre will allow students and healthcare professionals to learn and practice new procedures with the assistance of state-of-the-art computers, networks and mannequins.

VICTORIA, BC – Patients on Vancouver Island will soon have improved, locally available access to Mobile Resonance Imaging (MRI), as the Vancouver Island Health Authority announced the establishment of mobile MRI services for Campbell River, the Comox Valley, Port Alberni and Duncan.

TORONTO, ON – Canada Health Infoway announced that Mihealth, an application for consumers, has achieved Infoway certification. Mihealth consists of a personalized web portal where patients can enter, track and access their health data such as drug histories, lab test results, allergies and other vital information.

VANCOUVER, BC – Residents in cardiac surgery who receive extra training on a take-home simulator do a better job once they get into the operating room, Dr. Buu-Khanh Lam told the Canadian Cardiovascular

Congress 2011, co-hosted by the Heart and Stroke Foundation and the Canadian Cardiovascular Society.

TORONTO, ON – Hockey legend Wayne Gretzky made a quick appearance at Toronto East General Hospital, as part of the announcement of the acquisition of a da Vinci surgical robotic system. Toronto East General says it is the first community hospital in Canada to acquire a da Vinci robot, which it will use to treat patients with prostate cancer.

OTTAWA, ON – The Ottawa Hospital now has some 3,000 iPads being used by clinicians at its four campuses. The hospital has committed itself to a strategy of using the devices to make access to hospital records easier for doctors and nurses. The hospital surprised onlookers last year when it announced plans to acquire up to 1,800 iPads.

EDMONTON, AB – Serious mistakes by one Alberta pathologist has resulted in a high-priority re-examination of more than 100 prostate exams and more than 1,500 other tests that he read while working at Edmonton's Royal Alexandra Hospital.

Saskatoon from page 3

care providers will be organized together, and structured along value streams. These value streams don't reflect everything that happens in the Region, but represent a range of activities and services involved in a patient experience, regardless of whether the care is provided in rural or urban, facility or community settings.

Saskatoon Health Region's continuous improvement journey towards healthiest people, healthiest communities and exceptional service is just beginning. Visit www.saskatoonhealthregion.ca to learn more about the largest health region in Saskatchewan.

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The Faculty of Nursing at the University of Calgary is in the midst of significant growth and renewal, and we are seeking exceptional nursing academics to join us. Several tenure track positions commensurate with the academic qualifications and research/teaching experience of the applicant are currently available at both the professoriate and instructor ranks.

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Advocate Reveals Three Reasons Why Caregivers Need to Give Themselves A Break

by Sharon Brothers

Being trapped in a dead-end job with a lousy boss and low pay is still not as stressful as being a caregiver to a loved one.

That's the opinion of one social worker who has nearly two decades of experience working with caregivers and their families. According to the National Alliance for Caregiving and AARP, more than 65 million Americans are caregivers to family members with a vast array of illnesses – including Alzheimer's disease, advanced diabetes, Parkinson's disease and many others – and the hardest thing for these people to do is to give themselves a break.

"When you have a bad job in a toxic workplace, you feel trapped, but you can always try to find another job," said Sharon Brothers, a veteran social worker who is now executive vice president of Caregiver Village (www.caregivervillage.com), an omnibus Internet community and resource hub for caregivers that includes expert forum hosts and even an online caregiver game. "Caregivers, however, can't just find another role. They are caring for a loved one, so the stress they live with is real and the boss they report to is themselves. They feel trapped by their love and obligation to their family members, which makes it exponentially more difficult for them to get a break,

because they feel guilty whenever they try to take one. In fact, studies show that being a family caregiver is one of the most stressful 'occupations' in the country today."

What compounds the problem is that many caregivers also still have to work a regular job in order to make ends meet. Trying to balance a career and caregiver work simply compounds the stress. Additionally, they cost businesses in the country more than \$33 billion in lost productivity, according to an AARP study, which makes job security an additional source of stress.

"Most caregivers are adding this role on top of their work, their children, marriage and other commitments. Just finding time for a break can seem impossible, given the increased demands on an already busy life," she added. "That's even more reason why they need to find some time, even if it's just a few hours each week, to make time for themselves so they can decompress even just a little."

Brothers' reasons for this include:

- **Your Stress is Your Loved One's Stress** – While caregivers have to help family members with their illnesses, they don't realize that stress is an illness, too. Moreover, when they are stressed out, they won't be able to function at their peak, resulting in a

reduced ability to provide care. A little down time will go a long way to keeping the household calm. It may even allow the caregiver to continue to provide care for years longer into the future.

- **Guilt Creates Resentment** – Feeling guilty about taking a little time each week to decompress will only build up a hidden resentment toward the one you are caring for. That resentment can become toxic, and can defeat the purpose of caring for that person in the first place, because neither you nor they will be happy.
- **You'll enjoy caregiving so much more** – Taking a break will give you a renewed sense of energy and purpose, helping you enjoy caregiving even more.

Your loved one will sense your increased enjoyment, too. No one wants to be a burden; increasing your enjoyment in caregiving means your loved one will feel more valued and less of a burden to you.

About Sharon Brothers

Executive Vice President of Caregiver Village, Sharon Brothers, holds a Masters Degree in social work from the University of British Columbia. She built and managed some of the very first specialty care centers for people with Alzheimer's and dementia in both Washington and California, and has more recently developed an e-learning company for caregiving professionals. She works with family caregivers both in Caregiver Village and in her leadership of a family support group for her community hospital.

Editorial from page 2

While resistance to international poaching is high within the organizations that represent the nursing profession in Canada the issues are far from being resolved. The nursing unions in Ontario have taken a clear position against poaching and the Canadian Nurses' Association endorses the International Council of Nurses position in support of ethical recruitment. At the same time the poaching of Canadian nurses by American hospitals continues unabated.

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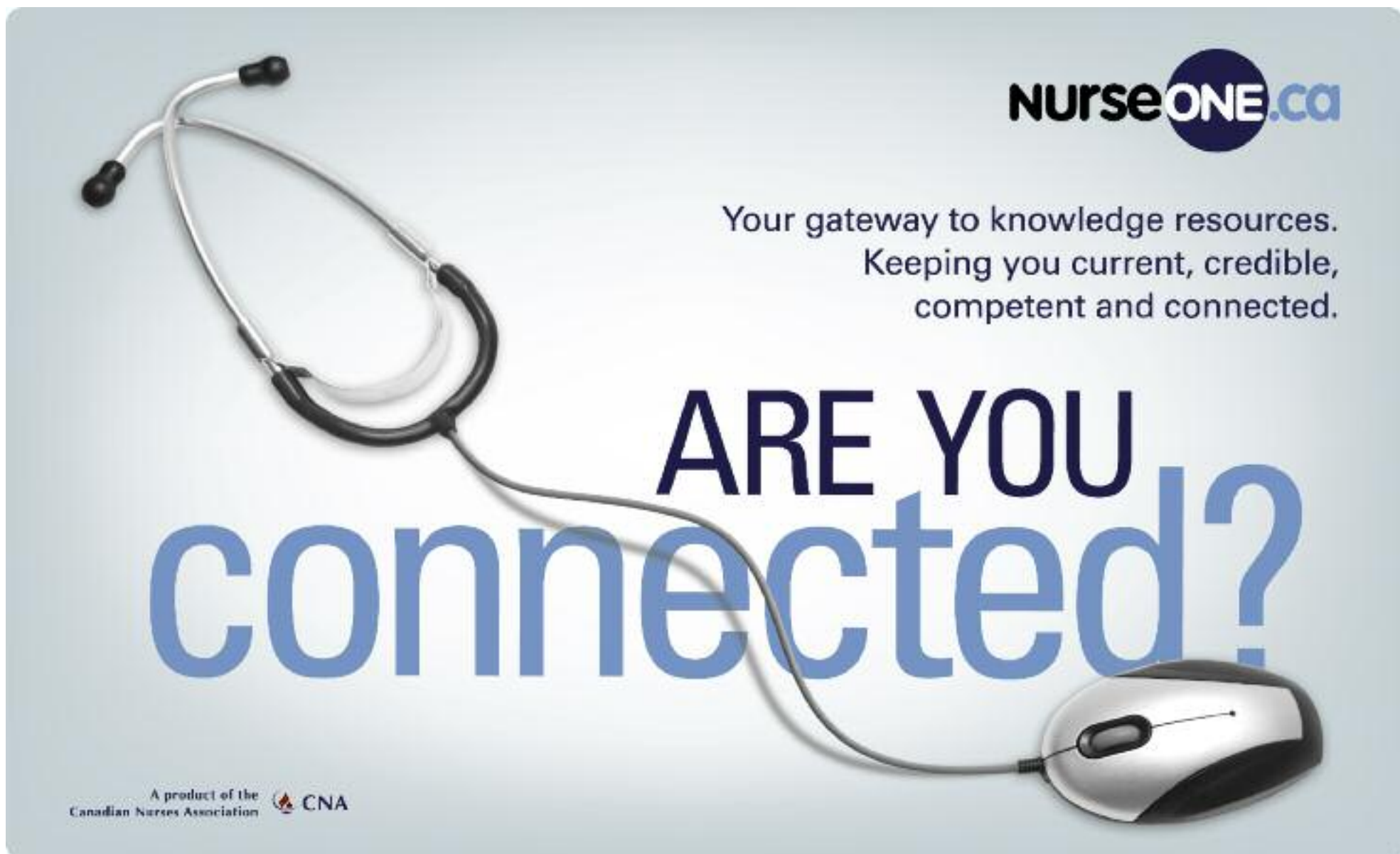
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- **The Agony of Orofacial and Phantom Dental Pain.** Temporomandibular Disorders, Trigeminal Neuralgia (Tic Douloureux), Migraines, and Cluster Headaches.
- **Current Concepts in Pain Management.** Using NSAIDs Safely. Recent Controversies Over Acetaminophen. Drug-Drug Interactions That Compromise Pain Relief. Pregabalin (Lyrica).
- **Opioids and Chronic, Non-Cancer Pain.** The 4 A's of Pain Treatment Outcomes. The Problem of Undertreated Pain.
- **Adjunctive Medications For Pain Control:** Steroids, Antidepressants, Pain Patches, and Anticonvulsants. What Not to Waste Money On.
- **An Ounce of Prevention: Avoiding Addiction.** True Addiction and Pseudo Addiction.
- **The Role of Insomnia in Chronic Pain and Addiction.**
- **Overcoming Self-Defeating Thoughts.** How to Avoid Becoming One's Own Pain. The Danger of Alienating Friends, Family, and Co-Workers.
- **Expanding Pain-Relief Options.** Why Physical Therapy Deserves More Credit. Ergonomic Furniture Designs. Chiropractic Treatment. The Evidence for Acupuncture. Cognitive Therapies.
- **Practical Strategies for Self-Management of Pain.** Music Therapy, Meditation, Art Therapy, Pet Therapy, and Laughter: How They Change Brain Chemistry.
- **Military Medicine:** Morphine, PTSD, and Phantom Limb Pain. Amputation.

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MEETING TIMES & LOCATIONS

EDMONTON, AB

Wed., March 21, 2012
8:30 AM to 3:30 PM
Edmonton Hotel & Conv. Ctr.
4520 76th Ave.
Edmonton, AB

CALGARY, AB

Thu., March 22, 2012
8:30 AM to 3:30 PM
Executive Royal Inn
2828 23rd Street NE
Calgary, AB

EDMONTON, AB

Thu., April 19, 2012
8:30 AM to 3:30 PM
Edmonton Hotel & Conv. Ctr.
4520 76th Ave.
Edmonton, AB

CALGARY, AB

Fri., April 20, 2012
8:30 AM to 3:30 PM
Executive Royal Inn
2828 23rd Street NE
Calgary, AB

INSTRUCTORS

Dr. Michael E. Howard (Ph.D.) is a board-certified clinical neuro-psychologist and health psychologist who is an internationally-recognized authority on brain-behavior relationships, traumatic brain injury, dementia, stroke, psychiatric disorders, aging, forensic neuro-psychology, and rehabilitation.

Dr. R.S. Hullon (M.D., J.D.) is a physician and surgeon specializing in trauma and orthopedics. His medical experience includes diagnosis and treatment of infectious diseases, neurological disorders, neurodegenerative diseases (multiple sclerosis, Parkinson's, and Alzheimer's diseases) and psychiatric disorders (personality and mood disorders).

Biomed reserves the right to change instructors without prior notice. Every instructor is either a compensated employee or independent contractor of Biomed.

ACCREDITATION INFORMATION

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