

Author(s)	Title	Abstract (limited to 1000 characters)	Link to this record:	Reference
Barnard, D., & Hu, W.	The Population Health Approach: health GIS as a bridge from theory to practice.	<p>BACKGROUND: The Population Health Approach, proposed by Health Canada, is the articulation of a long advocated model of human health. This approach strives to ensure that the health system is appropriately oriented to improve health status by applying evidence based practices across the continuum from health determinants to service interventions. Although conceptually appealing, it has been difficult to implement widely in the existing program-based health care system. The Population Health Surveillance Unit (PHSU) of the Vancouver Island Health Authority (VIHA) has developed a health geographical information system (HGIS), where GIS is used as both platform for information integration and as an analytical tool supporting comprehensive data analysis. With the assistance of the HGIS, the theory of the population health approach can be transformed into a practical, stepwise process supporting health services and program planning.</p> <p>RESULTS: Three important components of a health service planning and evaluation framework grounded in population health theory are described in this article. In particular, a stepwise methodological process to enable the incorporati</p>	<a href="http://search.elsevier.com/locate/S092464600500006">http://search.elsevier.com/locate/S092464600500006</a>	Barnard, D., & Hu, W. (2005, October 6). The Population Health Approach: health GIS as a bridge from theory to practice. <i>International Journal Of Health Geographics</i> , 4, 23-23.

<p>Barr, V., Robinson, S., Marin-Link, B., Underhill, L., Dotts, A., Ravensdale, D., et al.</p>	<p>The expanded Chronic Care Model: an integration of concepts and strategies from population health promotion and the Chronic Care Model.</p>	<p>Given the increasing incidence of chronic diseases across the world, the search for more effective strategies to prevent and manage them is essential. The use of the Chronic Care Model (CCM) has assisted healthcare teams to demonstrate effective, relevant solutions to this growing challenge. However, the current CCM is geared to clinically oriented systems, and is difficult to use for prevention and health promotion practitioners. To better integrate aspects of prevention and health promotion into the CCM, an enhanced version called the Expanded Chronic Care Model is introduced. This new model includes elements of the population health promotion field so that broadly based prevention efforts, recognition of the social determinants of health, and enhanced community participation can also be part of the work of health system teams as they work with chronic disease issues.</p>	<p><a href="http://search.elsevier.com/locate/0969-5196(200307)7:1&lt;73-82::Ehos4182-4182[1]&gt;1-0">http://search.elsevier.com/locate/0969-5196(200307)7:1&lt;73-82::Ehos4182-4182[1]&gt;1-0</a></p>	<p>Barr, V., Robinson, S., Marin-Link, B., Underhill, L., Dotts, A., Ravensdale, D., et al. (2003). The expanded Chronic Care Model: an integration of concepts and strategies from population health promotion and the Chronic Care Model. <i>Hospital Quarterly</i>, 7(1), 73-82.</p>
<p>Bergen, E., &amp; Fisher, P.</p>	<p>Stress, burnout and trauma in health care. When working hurts.</p>	<p>N/A</p>	<p><a href="http://search.elsevier.com/locate/0969-5196(200312)35:5&lt;12-15::Ehos3065-3065[1]&gt;1-0">http://search.elsevier.com/locate/0969-5196(200312)35:5&lt;12-15::Ehos3065-3065[1]&gt;1-0</a></p>	<p>Bergen, E., &amp; Fisher, P. (2003, December). Stress, burnout and trauma in health care. When working hurts. <i>Nursing BC / Registered Nurses Association Of British Columbia</i>, 35(5), 12-15.</p>

Blais D	Urinary tract infections among the institutionalized older adult.	N/A	<a href="http://search.elsevier.com/locate/08825963">http://search.elsevier.com/locate/08825963</a>	Blais, D. (2004, 2004 Summer). Urinary tract infections among the institutionalized older adult. <i>Perspectives (Gerontological Nursing Association (Canada))</i> , 28(2), 23.
Brackley, M., Penning, M., & Lesperance, M.	In the absence of cancer registry data, is it sensible to assess incidence using hospital separation records?	BACKGROUND: Within the health literature, a major goal is to understand distribution of service utilisation by social location. Given equivalent access, differential incidence leads to an expectation of differential service utilisation. Cancer incidence is differentially distributed with respect to socioeconomic status. However, not all jurisdictions have incidence registries, and not all registries allow linkage with utilisation records. The British Columbia Linked Health Data resource allows such linkage. Consequently, we examine whether, in the absence of registry data, first hospitalisation can act as a proxy measure for incidence, and therefore as a measure of need for service. METHODS: Data are drawn from the British Columbia Linked Health Data resource, and represent 100% of Vancouver Island Health Authority cancer registry and hospital records, 1990-1999. Hospital separations (discharges) with principal diagnosis ICD-9 codes 140-208 are included, as are registry records with ICDO-2 codes C00-C97. Non-melanoma skin cancer (173/C44) is excluded. Lung, colorectal, female breast, and	<a href="http://search.elsevier.com/locate/08825963">http://search.elsevier.com/locate/08825963</a>	Brackley, M., Penning, M., & Lesperance, M. (2006, October 6). In the absence of cancer registry data, is it sensible to assess incidence using hospital separation records?. <i>International Journal For Equity In Health</i> , 5, 12-12.

<p>Burnett RS, Clohisy JC, Wright RW, McDonald DJ, Shively RA, Givens SA, Barrack RL. Burnett now works in Victoria as a Orthopedic Surgeon</p>	<p>Failure of the American College of Chest Physicians-1A protocol for lovenox in clinical outcomes for thromboembolic prophylaxis.</p>	<p>A total of 290 consecutive patients who underwent total hip and total knee arthroplasty were prospectively entered into a clinical anticoagulation trial using a 10-day course of Lovenox with the American College of Chest Physicians-1A guidelines. Major complications occurred in 9% of patients; symptomatic deep vein thrombosis occurred in 9 (3.8%) patients, and nonfatal pulmonary embolism in 3 (1.3%) patients. Complications included 4.7% readmissions, 3.4% return to the operating room for wound incision and drainage, 5.1% prolonged hospitalization (wound drainage), and 3.4% injection site complications. Wound drainage of more than 7 days was predictive of readmission and wound reoperation. A body mass index of more than 35 was predictive of prolonged wound drainage. Return to the operating room for wound complications occurred 3x more frequently with the use of Lovenox than in our previous study using warfarin. Surgical site complications requiring readmission or reoperation should be considered "major" complications.</p>		<p>J Arthroplasty. 2007 Apr;22(3):317-24</p>
<p>Calnan R,</p>	<p>The challenges of leadership</p>	<p>N/A</p>	<p><a href="http://search.elsevier.com/locate/S088259630400007">http://search.elsevier.com/locate/S088259630400007</a></p>	<p>Calnan, R. (2004, February). The challenges of leadership. <i>The Canadian Nurse</i>, 100(2), 6-7.</p>

Campbell D,	How acute renal failure puts the brakes on kidney function.	N/A	<a href="http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm&amp;AN=12544567&amp;site=ehost-live&amp;scope=site">http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm&amp;AN=12544567&amp;site=ehost-live&amp;scope=site</a>	Campbell, D. (2003, January). How acute renal failure puts the brakes on kidney function. <i>Nursing</i> , 33(1), 59.
Capes SE	Glargine dose titration by patients and physicians was equally effective for preventing severe hypoglycaemia.	N/A	<a href="http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm&amp;AN=17213076&amp;site=ehost-live&amp;scope=site">http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm&amp;AN=17213076&amp;site=ehost-live&amp;scope=site</a>	Capes, S. (2006, April). Glargine dose titration by patients and physicians was equally effective for preventing severe hypoglycaemia. <i>Evidence-Based Medicine</i> , 11(2), 46-46.

Capes SE, Hunt D, Malmberg K, Pathak P, Gerstein HC.	Stress hyperglycemia and prognosis of stroke in nondiabetic and diabetic	BACKGROUND AND PURPOSE: "Stress" hyperglycemia may be associated with increased mortality and poor recovery in diabetic and nondiabetic patients after stroke. A systematic review and meta-analysis of the literature relating acute poststroke glucose levels to the subsequent course were done to summarize and quantify this relationship. METHODS: A comprehensive literature search was done for cohort studies reporting mortality and/or functional recovery after stroke in relation to admission glucose level. Relative risks in hyperglycemic compared with normoglycemic patients with and without diabetes were calculated and meta-analyzed when possible. RESULTS: Thirty-two studies were identified; relative risks for prespecified outcomes were reported or could be calculated in 26 studies. After stroke of either subtype (ischemic or hemorrhagic), the unadjusted relative risk of in-hospital or 30-day mortality associated with admission glucose level >6 to 8 mmol/L (108 to 144 mg/dL) was 3.07 (95% CI, 2.50 to 3.79) in nondiabetic patients and 1.30 (95% CI, 0.49 to 3.43) in diabetic patients. After ischemic stroke, admission glucose level >6.1 to 7.0 mmol/L (110 to 126 mg/dL) wa		Stroke. 2001 Oct;32(10):2426-32.
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Christensen, F.	patients: a systematic overview.	The Vancouver Island Health Authority (VIHA) in liaison with the University of Victoria (UVIC) offers an introduction to Perioperative Nursing Program to 4th Year undergraduate nursing students. The aim of this program is to help recruit Registered Nurses to the Operating Room. It has been advantageous to the recruitment and retention of nurses graduating from UVIC. Its importance is increased by the fact that a significant quantity of Victoria's perioperative nurses will be retiring in the next few years. Due to the high cost of nursing education and the financial investment that has already been committed by nursing students, the Perioperative nursing program is free to the student as the program can be included, for the successful candidate, as part of the UVIC nursing course. The intention is to encourage participation by reducing the financial burden, stress, and anxiety for the new graduate who intends to specialize. In return, the student is required to work in the VIHA for a minimum of one year, thus supporting the retention efforts of the hospital. For eligible nursing students, this program provi	<a href="http://search.elsevier.com/locate/ehost-live&amp;scope=site">http://search.elsevier.com/locate/ehost-live&amp;scope=site</a>	Christensen, F. (2005, December). Vancouver Island Health Authority (VIHA) in house Perioperative Nursing Program. <i>Canadian Operating Room Nursing Journal</i> , 23(4), 6.
Chua, Boon; Olivotto, Ivo A.; Donald, James C.; Hayashi, Allen H.; Davis, Noelle; Rusnak, Conrad H..	Practice patterns of lymph-node mapping and sentinel-node biopsy for breast cancer in British Columbia.	Examines practice patterns for sentinel-node biopsy (SNB) for breast cancer in British Columbia. Techniques for the surgical, imaging and pathologic assessments of SNB; Training of surgeons; Immunohistochemical evaluation of the sentinel nodes.	<a href="http://search.elsevier.com/locate/ehost-live&amp;scope=site">http://search.elsevier.com/locate/ehost-live&amp;scope=site</a>	Practice patterns of lymph-node mapping and sentinel-node biopsy for breast cancer in British Columbia. By: Chua, Boon; Olivotto, Ivo A.; Donald, James C.; Hayashi, Allen H.; Davis, Noelle; Rusnak, Conrad H.. <i>Canadian Journal of Surgery</i> , Aug2003, Vol. 46 Issue 4, p273-262,

Cooke, A.	The role of Chief Nursing Officers in B.C.'s Regional Health Authorities.	The role of Chief Nursing Officers in B.C.'s Regional Health Authorities. (eng; includes abstract) By Cooke A, Nursing BC / Registered Nurses Association Of British Columbia [Nurs BC], 2004 Jun; Vol. 36 (3), pp. 23; PMID: 15301078; This is the first in a series of articles written by the Chief Nursing Officers (CNOs) of British Columbia. We appreciate the support of Anne Sutherland Boal, Chief Nurse Executive and Assistant Deputy Minister in the Ministry of Health Services, for facilitating the publication of this series. This first article will outline the origin of these roles, the strategic areas of interest for the CNOs in the province and a brief overview of how we are working together and with others to fulfill our mandate. Although several of the CNOs also have responsibility for the allied health professionals, the focus of these articles will be nursing.	<a href="http://search.elsevier.com/locate/bscophost.com/login.aspx?direct=true&amp;db=cm&amp;AN=15301078&amp;site=ehost-live&amp;scope=site">http://search.elsevier.com/locate/bscophost.com/login.aspx?direct=true&amp;db=cm&amp;AN=15301078&amp;site=ehost-live&amp;scope=site</a>	Cooke, A. (2004, June). The role of Chief Nursing Officers in B.C.'s Regional Health Authorities. <i>Nursing BC / Registered Nurses Association Of British Columbia</i> , 36 (3), 23-23.
De Frias, C. M.; Tuokko, H.; Rosenberg, T.	Caregiver physical and mental health predicts reactions to caregiving.	Self-reported health and reactions to providing care to older adults with cognitive or physical impairments were examined. Health status was examined on a single occasion in 177 persons (aged 63–94 years) referred to programs within a comprehensive set of geriatric care services and the 133 family members involved in their care (ages 31–96 years). The five-scale Caregiver Reaction Assessment (CRA) was administered to the family members. Reliability analyses revealed that the CRA had good internal consistency. Being older was related to experiencing greater health problems in the caregiver role. Greater health problems from providing care were reported by caregivers in worse physical health and also when the care recipient had more physical pain. Caregivers who reported fewer health problems attributed to caregiving reported better mental health and less depressive symptomatology. Caregivers with health problems may be at increased risk of suffering from stress from caregiving.	<a href="http://search.elsevier.com/locate/bscophost.com/login.aspx?direct=true&amp;db=byh&amp;AN=17342816&amp;site=ehost-live&amp;scope=site">http://search.elsevier.com/locate/bscophost.com/login.aspx?direct=true&amp;db=byh&amp;AN=17342816&amp;site=ehost-live&amp;scope=site</a>	Caregiver physical and mental health predicts reactions to caregiving. By: De Frias, C. M.; Tuokko, H.; Rosenberg, T.. <i>Aging &amp; Mental Health</i> , Jul2005, Vol. 9 Issue 4, p331-336,

<p>Dooner, J., Lee, S., Griswold, W., &amp; Kuechler, P.</p>	<p>Laparoscopic aortic reconstruction: early experience.</p>	<p>Laparoscopic aortic reconstruction: early experience. (eng; includes abstract) By Dooner J, American Journal Of Surgery [Am J Surg], 2006 May; Vol. 191 (5), pp. 691-5; PMID: 16647362; BACKGROUND: Laparoscopic reconstruction of the abdominal aorta has been described as early as 1993. The techniques used have varied but all have been labor intensive. With advances in laparoscopic technique and the available tools, the role in aortic reconstruction is expanding. The high cost of endovascular techniques as well as the morbidity of traditional open surgery has resulted in an increased focus on the laparoscopic approach. Our goal was to determine the feasibility of this technique. METHODS: Retrospective review of the charts of patients undergoing laparoscopic aortobifemoral bypass grafting for chronic lower-limb occlusive disease. RESULTS: Thirteen patients were selected for the procedure. Ten were completed successfully and form the basis of the report. The average length of stay was 6.7 days compared with a historic cohort of 12 days. The average operative time was 6.5 hours, more than twice as long as the open technique. There was a tende</p>	<p><a href="http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm&amp;AN=16647362&amp;site=ehost-live&amp;scope=site">http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm&amp;AN=16647362&amp;site=ehost-live&amp;scope=site</a></p>	<p>Dooner, J., Lee, S., Griswold, W., &amp; Kuechler, P. (2006, May). Laparoscopic aortic reconstruction: early experience. <i>American Journal Of Surgery</i>, 191(5), 691-695.</p>
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<p>Fretz EB, Smith P, Hilton JD</p>	<p>Initial experience with a low profile, high energy excimer laser catheter for heavily calcified coronary lesion debulking: parameters and results of first seven human case experiences.</p>	<p>BACKGROUND: Excimer laser coronary angioplasty (ELCA) has not been used in the setting of highly calcified, tight stenoses because the energies required to use existing catheters would lead to excessive heat damage and dissection. There are, however, cases that frequently benefit from debulking prior to percutaneous intervention. A new, small laser catheter capable of high energies and repetition was previously examined in vitro. This study describes the first in vivo use. PURPOSE: To determine the safety and feasibility of a new, low profile, high energy laser catheter for creating a pilot hole to facilitate coronary angioplasty and stenting in patients with heavily calcified and occluded coronary arteries where a balloon has either failed to pass or was predicted to perform poorly. These patients represent the first patients treated with this new catheter. METHODS: At a high volume center, seven consecutive patients with anatomy as summarized above were treated and studied with QCA and then followed for 30 days postprocedure for complications and Canadian Cardiovascular Society (CC</p>		<p>J Interv Cardiol. 2001 Aug;14(4):433-7.</p>
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Gerstein HC, Capes SE.	Dysglycemia: a key cardiovascular risk factor.	Although diabetes is a strong independent risk factor for cardiovascular events, this risk is not confined to glucose levels above the diagnostic threshold for diabetes. Rather, there is now a growing consensus that the risk of cardiovascular events rises progressively as the fasting and postprandial glucose levels rise from the clearly normal range right into the diabetes range. Hence, dysglycemia (i.e., any elevated fasting or glucose level) is a progressive, continuous risk factor for cardiovascular events. In this respect it resembles every other well-established and progressive cardiovascular risk factor, such as age, LDL cholesterol, systolic and diastolic blood pressure, degree of smoking, albumin excretion, and body mass index. Whether or not strategies designed to normalize glucose levels in people with either diabetes or lesser degrees of dysglycemia will also reduce cardiovascular risk remains to be established. The results of several large international trials of glucose lowering in dysglycemic individuals should clarify the cardiovascular benefits of such an approach within the next few years.		Semin Vasc Med. 2002 May;2(2):165-74.
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<p>Glover, J., Mateer, C., Yoell, C., &amp; Speed, S.</p>	<p>The effectiveness of constraint induced movement therapy in two young children with hemiplegia.</p>	<p>Constraint induced movement therapy (CIMT) for hemiplegia involves constraining use of the unaffected limb while providing intensive shaping and practice of movements in the hemiplegic limb. The technique had been shown to be highly effective in improving upper limb function in adults following stroke, but there is only a limited literature on the use of this intervention in children. This paper provides a brief overview of the theory and background of this procedure, and reviews the literature on use of the technique in children. It then provides detailed case reports for two hemiplegic children, ages 19 and 38 months, each of whom underwent a trial of CIMT. Both children made significant gains in upper arm function that were reflected in a variety of domains, including aspects of everyday functional limb use. Gains persisted to variable degrees and some unexpected new gains were noted following cessation of CIMT. Practical challenges for the children, parents, and therapists in implementing this intensive but promising intervention are also discussed.</p>	<p><a href="http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm&amp;AN=12581474&amp;site=ehost-live&amp;scope=site">http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm&amp;AN=12581474&amp;site=ehost-live&amp;scope=site</a></p>	<p>Glover, J., Mateer, C., Yoell, C., &amp; Speed, S. (2002, July). The effectiveness of constraint induced movement therapy in two young children with hemiplegia. <i>Pediatric Rehabilitation</i>, 5(3), 125-131.</p>
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<p>Greenwood MJ, Della-Siega AJ, Fretz EB, Kinloch D, Klinke P, Mildemberger R, Williams MB, Hilton D.</p>	<p>Vascular communications of the hand in patients being considered for transradial coronary angiography: is the Allen's test accurate?</p>	<p>OBJECTIVES: The purpose of this study was to assess the accuracy of the Allen's test (AT) in predicting hand ischemia in patients undergoing transradial coronary angiography. BACKGROUND: Patients with poor vascular communications between the radial artery (RA) and ulnar artery (UA), as indicated by an abnormal AT, are usually excluded from transradial coronary angiography to avoid ischemic hand complications. METHODS: Over a four-month period, patients undergoing coronary angiography were screened for AT time. Circulation in the RA, UA, principal artery of the thumb (PAT), and thumb capillary lactate were measured before and after 30 min of RA occlusion. RESULTS: Fifty-five patients were studied (20 normal, 15 intermediate, 20 abnormal). Three patients with an abnormal AT were excluded, owing to absence of detectible flow in the distal UA. Patients with an abnormal AT were all men, had a larger RA (3.4 vs. 2.8 mm; <math>p &lt; 0.001</math>), and smaller UA (1.9 vs. 2.5 mm; <math>p &lt; 0.001</math>), compared with patients with a normal AT. After 30 min of RA occlusion in patients with abnormal AT, blood flow to the PAT improved (3.2 to 7.7 cm/s; <math>p &lt; 0.001</math>) yet remain</p>		<p>J Am Coll Cardiol. 2005 Dec 6;46(11):2013-7. Epub 2005 Nov 9.</p>
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<p>Hayashi, A., Silver, S., van der Westhuizen, N., Donald, J., Parker, C., Fraser, S., et al.</p>	<p>Treatment of invasive breast carcinoma with ultrasound-guided radiofrequency ablation.</p>	<p>BACKGROUND: Radiofrequency ablation (RFA) is a minimally invasive thermal ablation technique. This study reports the safety and efficacy of RFA as a minimally invasive strategy for breast cancers &lt;3 cm diameter in postmenopausal women. METHODS: Twenty-two postmenopausal women (aged 60 years or older) with clinical T-1N0 core biopsy proven breast cancers were studied. Thermocoagulation was undertaken using a sonographically guided RF probe under local anesthesia and sedation. The ablated tumor was resected between 1 and 2 weeks later. Endpoints were technical success, completeness of tumor kill, marginal clearance, skin damage, and patient reports of pain and procedural acceptability. RESULTS: The procedure was well tolerated and cosmesis was excellent. Pathology revealed a central ablation zone surrounded by hyperemia. Coagulative necrosis was complete in 19 of 22 patients. Disease at the ablation zone margin was found in 3 patients and 5 patients had disease distant to the ablation zone consisting of multifocal tumors (2), in-transit metastasis (1), and extensive ductal carcinoma in situ with microinvasive carcinoma</p>	<p><a href="http://search.ebscohost.com/login.aspx?direct=true&amp;db=cmedm&amp;AN=12727562&amp;site=ehost-live&amp;scope=site">http://search.ebscohost.com/login.aspx?direct=true&amp;db=cmedm&amp;AN=12727562&amp;site=ehost-live&amp;scope=site</a></p>	<p>Hayashi, A., Silver, S., van der Westhuizen, N., Donald, J., Parker, C., Fraser, S., et al. (2003, May). Treatment of invasive breast carcinoma with ultrasound-guided radiofrequency ablation. <i>American Journal Of Surgery</i>, 185(5), 429-435.</p>
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Hutchings D	Struggling in change at the end of life: a nursing inquiry.	OBJECTIVE: The purpose of this human science nursing inquiry is to explore the meaning of struggling in change for persons at the end of life. METHODS: Guided by Parse's theory of human becoming, a descriptive exploratory method was used to answer the research question: What is the meaning of the experience of struggling in change for persons at the end of life? Eight persons who were living with dying described experiences of struggling in change during face-to-face audiotaped interviews. RESULTS: A process of analysis-synthesis revealed three themes that are discussed in relation to extant related literature and interpreted in light of the human becoming perspective. SIGNIFICANCE OF RESULTS: Findings from the study contribute new knowledge about human experience at the end of life from a human science perspective and offer new insights on struggling in change as a rhythmical pattern of living and dying. Implications for palliative practice, research, and education are discussed.		Palliat Support Care. 2007 Mar;5(1):31-9.
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Hutchings D.	Communicating with metaphor: a dance with many veils.	<p>Health practitioners face many challenges when caring for and communicating with dying persons. As truth-tellers, we search for ways to communicate with honesty, sensitivity, and compassion. Creative use of language is one aspect of caring. Metaphorical communication can be a healing modality, one consistent with communication as an art. This article suggests that metaphor is a powerful and sensitive form of language that offers a range of characteristics particularly suitable for the art and the challenge of communicating with dying people.</p> <p>Metaphor, as figurative language, provides a permissible way of saying one thing and meaning another. It allows us to share a truth without the glare of reality. This author contends that metaphor is mysterious, creative, invitational, safe, open to interpretation, respectful and playful. The creative and judicious use of metaphor provides health care practitioners with many veils--veils that shield the dying from the glare of their prognosis, veils particularly valuable and suited in communicating with our palliative patient population.</p>		Am J Hosp Palliat Care. 1998 Sep-Oct;15(5):282-4.
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Hutchings D.	Parallels in practice: palliative nursing practice and Parse's theory of human becoming.	Nurses experienced in the art and science of palliative nursing will find many elements of congruence between the principles and philosophy of palliative practice and the theory of human becoming. In this brief exploration of parallels in practice between Parse's theory of human becoming and traditional palliative and hospice nursing practice, the author suggests that the theory of human becoming is consistent and consonant with the values that shape palliative nursing practice. The theory is briefly described, and four parallels of practice are identified: whole person care; the presence of paradox in human experience; primacy of the person; and presence and dialogue, or "being with, "dying persons. The theory of human becoming holds relevance and promise in its capacity to provide palliative and hospice nurses with a theoretical framework with which to inform and guide nursing practice with dying persons.		Am J Hosp Palliat Care. 2002 Nov-Dec;19(6):408-14.
Hutchings D.	Partnership in education: an example of client and educator collaboration.	This article describes one education strategy designed to assist nursing staff in the process of "learning to surrender" the service providers' need to direct client decision-making. Using the health promotion principle of "client as expert," a nurse educator and a client with advanced multiple sclerosis co-present an inservice class about the importance of personal empowerment and environmental mastery for maintaining physical and psychological well-being in the face of a chronic disorder. This collaborative strategy provided the client a forum from which to share his personal experience and professional knowledge to influence attitudes and provide valuable information to nursing staff in a long-term care facility. Collaborating with the client to bring information to nursing staff is one means to foster a climate of client empowerment, influence staff perceptions and communicate the unique experiences of the client.		J Contin Educ Nurs. 1999 May-Jun;30(3):128-31.

Jackson, M.	Vision rehabilitation for Canadians with less than 20/40 acuity: the SmartSight model.	Traditionally, vision rehabilitation was directed towards patients who were blind or had very low vision. There is increasing evidence that less severe vision loss is associated with increased risk of falls, hip fractures, medication errors, poor nutrition, reduced physical activity, social isolation, clinical depression, longer hospitalizations, and mortality. The American Academy of Ophthalmology (AAO) 2003 SmartSight initiative in low vision rehabilitation outlined a model of graduated low vision interventions. This paper is a review of the AAO SmartSight model and how it can apply in the Canadian setting. All patients with visual acuity less than 20/40, a scotoma, field loss, or loss of contrast sensitivity would be offered information about available low vision rehabilitation. Eye physicians would be encouraged to communicate with other health care providers to coordinate existing services and integrate graduated services. Enhanced communication among caregivers about the consequences of vision loss, such as depression, falls, and visual hallucinations, could help ensure that all patients w	<a href="http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm&amp;AN=16767192&amp;site=ehost-live&amp;scope=site">http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm&amp;AN=16767192&amp;site=ehost-live&amp;scope=site</a>	Jackson, M. (2006, June). Vision rehabilitation for Canadians with less than 20/40 acuity: the SmartSight model. <i>Canadian Journal Of Ophthalmology. Journal Canadien D'ophtalmologie</i> , 41 (3), 355-361.
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<p>Jensdóttir, A. B.; Rantz, M.; Hjaltadóttir, I.; Gudmundsdóttir, H.; Rook, M.; Grando, V..</p>	<p>International comparison of quality indicators in United States, Icelandic and Canadian nursing facilities.</p>	<p>Aim: To discuss the results of a comparison using minimum data set (MDS)-based quality indicators (QIs) for residents in nursing facilities in three countries (Iceland; Ontario, Canada; and Missouri, United States) together with implications regarding nursing practices and resident outcomes in these countries. Method: Data were extracted from databases in each country for four consecutive quarterly periods during 1997 and 1998. All facilities investigated had the required consecutive quarterly data. Analytical techniques were matched to measure resident outcomes using the same MDS-based QIs in the three countries. Results: Similarities among the three countries included the use of nine or more multiple medications, weight loss, urinary tract infection, dehydration, and behavioural symptoms that affect others. Differences among the three countries included bowel and bladder incontinence, indwelling catheter use, fecal impaction, tube feeding use, development of pressure ulcers, bedridden residents, physical restraint use, depression without receiving antidepressant therapy, residents with depression, use of anti-anxiety or hypnotic drugs, use of anti-psychotic drugs in the</p>	<p><a href="http://search.ebscohost.com/login.aspx?direct=true&amp;db=byh&amp;AN=9637202&amp;site=ehost-live&amp;scope=site">http://search.ebscohost.com/login.aspx?direct=true&amp;db=byh&amp;AN=9637202&amp;site=ehost-live&amp;scope=site</a></p>	<p>International comparison of quality indicators in United States, Icelandic and Canadian nursing facilities. By: Jensdóttir, A. B.; Rantz, M.; Hjaltadóttir, I.; Gudmundsdóttir, H.; Rook, M.; Grando, V.. International Nursing Review, Jun2003, Vol. 50 Issue 2, p79-84,</p>
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<p>Kirkwood, A., Harris, C., Timar, N., &amp; Koren, G.</p>	<p>Is gentamicin ototoxic to the fetus?</p>	<p>BACKGROUND: Gentamicin is used in pregnancy to treat infections that cause complications to the mother and fetus if left untreated. In 2003, Schering, the manufacturer of Garamycin Injectable, amended the product monograph in the Compendium of Pharmaceuticals and Specialties to state that gentamicin should be avoided in pregnancy due to cases of "total irreversible bilateral congenital deafness" in babies exposed to gentamicin in utero. Because we have identified, after an intensive literature search, only two cases over many years of availability, it is questionable whether the outcome can be attributed to drug use rather than other factors. OBJECTIVES: The main objective of this study was to determine whether any infant exposed in utero to intravenous gentamicin and born between January 2002 and April 2006 at Victoria General Hospital demonstrated audiologic deficits on routine hearing testing. Such testing has been universally available since late 2001. Our secondary objectives were to examine patterns of gentamicin use, including indication, dosage, duration, and to determine whether or not monitoring of serum gentamicin levels was done. MET</p>	<p><a href="http://search.elsevier.com/locate/S0002-3688(07)00000-0">http://search.elsevier.com/locate/S0002-3688(07)00000-0</a></p>	<p>Kirkwood, A., Harris, C., Timar, N., &amp; Koren, G. (2007, February). Is gentamicin ototoxic to the fetus?. <i>Journal Of Obstetrics And Gynaecology Canada: JOGC = Journal D'obstétrique Et Gynécologie Du Canada: JOGC</i> , 29(2), 140-145.</p>
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<p>Klinke WP, Hilton JD, Warburton RN, Warburton WP, Tan RP.</p>	<p>Comparison of treatment outcomes in patients &gt; or =80 years undergoing transradial versus transfemoral coronary intervention.</p>	<p>We assessed the effect of transradial access (vs transfemoral access) for percutaneous coronary intervention on postprocedure length of stay and patient outcomes (in-hospital complications and all-cause and cardiac death at 6 and 12 months) in 225 elderly patients (&gt; or =80 years old). Raw differences between transradial and transfemoral accesses were compared, and 3 forms of propensity score analysis were used to determine the true effect of transradial access. After matching to adjust for baseline differences in patient characteristics, remaining differences in outcomes and postprocedure length of stay were small and not statistically significant at the 95% level, but a decrease in postprocedural length of stay of nearly 1 day was observed and likely was not due to chance. Transradial access in patients &gt; or =80 years old undergoing percutaneous coronary intervention should be preferred due to equivalent success rate and safety and likely reduction in postprocedural hospitalization.</p>		<p>Am J Cardiol. 2004 May 15;93(10):1282-5.</p>
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<p>Lerch, L., Donald, J., Olivotto, I., Lesperance, M., van der Westhuizen, N., Rusnak, C., et al.</p>	<p>Measuring surgeon performance of sentinel lymph node biopsy in breast cancer treatment by cumulative sum analysis.</p>	<p>BACKGROUND: This study was performed to determine if surgeons' performance of sentinel lymph node biopsy (SLNB) for breast cancer varied with time and to devise a method to continuously evaluate that performance. METHODS: We retrospectively examined the SLNB experience of 13 community surgeons performing 765 SLNBs and 579 concomitant axillary dissections. False-negative rates (FNRs) were assessed for individuals and cohorts defined by caseload. Performance with time was assessed using cumulative sum (CUSUM) analysis. RESULTS: Overall, the SLN identification rate was 94.3%, and FNR was 5.3%. Each surgeon demonstrated variation in identification rate and/or FNR with time. CUSUM analysis provided an effective means to demonstrate when surgeon variation breached performance standards. CONCLUSIONS: Surgeon performance of SLNB varied with time, independent of case load. CUSUM may prove to be a useful statistical tool to evaluate performance before adopting stand-alone SLNB.</p>	<p><a href="http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm4354&amp;site=ehost-live&amp;scope=site">http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm4354&amp;site=ehost-live&amp;scope=site</a></p>	<p>Lerch, L., Donald, J., Olivotto, I., Lesperance, M., van der Westhuizen, N., Rusnak, C., et al. (2007, May). Measuring surgeon performance of sentinel lymph node biopsy in breast cancer treatment by cumulative sum analysis. American Journal Of Surgery, 193(5), 556.</p>
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<p>Levers, M., Estabrooks, C., &amp; Ross Kerr, J. (</p>	<p>Factors contributing to frailty: literature review.</p>	<p>BACKGROUND: Frailty is a multifaceted gerontological concept that lacks a clear definition, but may result from an identifiable homogeneous cluster of bio-psycho-social-spiritual factors. METHOD: A total of 134 articles were identified through a search of the MEDLINE (1966 to July 2004), CINAHL (1982 to July 2004), PsychInfo (1985 to July 2004) and Ageline (1995 to July 2004) databases. Each article was reviewed to determine its fit with inclusion/exclusion criteria. Seven research and 11 theoretical articles were retained and further reviewed for methodological quality using a validity tool. FINDINGS: Seventeen different definitions of frailty were identified. Regardless of the differing definitions, common contributing factors could be identified. Physical, cognitive/psychological, nutritional and social factors, as well as ageing and disease, were evident in both the theoretical and research literature. CONCLUSIONS: Although there is strong agreement that a relationship exists between a cluster of factors and frailty, designation of the factors as contributors or outcomes of frailty differs. Without a clear explanatory th</p>	<p><a href="http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm&amp;AN=17042807&amp;site=ehost-live&amp;scope=site">http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm&amp;AN=17042807&amp;site=ehost-live&amp;scope=site</a></p>	<p>Levers, M., Estabrooks, C., &amp; Ross Kerr, J. (2006, November). Factors contributing to frailty: literature review. <i>Journal Of Advanced Nursing</i>, 56(3), 282-291.</p>
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<p>Lim JL, Quinlan DJ.</p>	<p>Safety of a new transobturator suburethral synthetic sling (TVT-O) procedure during the training phase.</p>	<p>OBJECTIVE: The TVT-O (Ethicon, Somerville, NJ) is a new transobturator suburethral synthetic sling used in the treatment of female stress urinary incontinence (SUI). This study aimed to evaluate the complication rates and procedural times associated with performing this procedure during a period of transition from the retropubic tension-free vaginal tape (TVT) procedure to the transobturator TVT-O procedure. METHODS: We performed a retrospective analysis of the first 50 patients to undergo the TVT-O procedure in one gynaecologist's practice. All patients had SUI or mixed urinary incontinence. Operative times and intraoperative and perioperative complications were recorded. At the two-week and six- to eight-week postoperative reviews, a urogenital history and examination were performed. RESULTS: The only complications encountered were two cases (4%) of urinary tract infection and one case (2%) of superficial wound infection. There were no cases of postoperative voiding difficulty, hemorrhage, hematoma, persistent groin pain, or vascular or visceral injuries. The mean procedural time was 21 minutes. CONCLUSION: These preliminary results indicate t</p>		<p>J Obstet Gynaecol Can. 2006 Mar;28(3):214-7.</p>
<p>Marcellus, L.</p>	<p>FEMINIST ETHICS MUST INFORM PRACTICE: INTERVENTIONS WITH PERINATAL SUBSTANCE USERS</p>	<p>Substance use during pregnancy is a major health and social issue in countries around the world. Even though many health professional associations recommend a voluntary health promotion approach to treatment, some professionals and legislators have pursued mandatory treatment, or protective intervention. A feminist ethic perspective of treatment invites us to consider a broader notion of autonomy, which includes the contexts in which women live, the difficulty they often have in accessing treatment services, and their endurance of systematic oppressions related to ethnicity, socioeconomics, and politics. A punitive approach to treatment is not associated with improved outcomes for the fetus; in fact, the fetus may be at greater risk as women are fearful of accessing health services. Treatment is best pursued on a common ground basis within an embodied model of maternal-fetal relationship that will help support women and at the same time help ensure fetal health.</p>	<p><a href="http://search.ebscohost.com/login.aspx?direct=true&amp;db=byh&amp;AN=14132483&amp;site=ehost-live&amp;scope=site">http://search.ebscohost.com/login.aspx?direct=true&amp;db=byh&amp;AN=14132483&amp;site=ehost-live&amp;scope=site</a></p>	<p>FEMINIST ETHICS MUST INFORM PRACTICE: INTERVENTIONS WITH PERINATAL SUBSTANCE USERS. By: Marcellus, Lenora. Health Care for Women International, Sep2004, Vol. 25 Issue 8, p730-742,</p>

Marcellus, L.	Looking at families in nursing research: strategies for study design.	Pediatric nurses have identified the importance of studying children within the context of their families. There have been calls for attention to the family as the focus of study and unit of analysis in nursing research. One of the most important strategies for designing a study that keeps the focus on the family is the maintenance of study integrity. All the strategic choices made by the researcher when developing the research design need to reflect the theoretical premises on which the study is built. Throughout the study design, components of well-constructed family research will demonstrate consistency with the overall conceptual framework.	<a href="http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm0776&amp;site=ehost-live&amp;scope=site">http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm0776&amp;site=ehost-live&amp;scope=site</a>	Marcellus, L. (2006, December). Looking at families in nursing research: strategies for study design. <i>Issues In Comprehensive Pediatric Nursing</i> , 29(4), 225-245.
Marcellus, L.	Neonatal abstinence syndrome: reconstructing the evidence.	N/A	<a href="http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm5886&amp;site=ehost-live&amp;scope=site">http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm5886&amp;site=ehost-live&amp;scope=site</a>	Marcellus, L. (2007, January). Neonatal abstinence syndrome: reconstructing the evidence. <i>Neonatal Network: NN</i> , 26(1), 33-40.

<p>McIntyre, Lorraine; Pollock, Sue L.; Fyfe, Murray; Gajadhar, Alvin; Isaac-Renton, Judy; Fung, Joe; Morshed, Muhammad.</p>	<p>Trichinellosis from consumption of wild game meat.</p>	<p>The article reports on the occurrence of trichinellosis outbreak after recreation game hunters ate the meat of a black bear that was shot in northern Quebec. 26 probable cases of Trichinella infection were identified among the 42 people who reported eating the bear meat. Serologic testing confirmed the diagnosis of Trichinella infection. Gastrointestinal symptoms, fever, muscle pain, headache and rash are some of reported symptoms.</p>	<p><a href="http://search.ebscohost.com/login.aspx?direct=true&amp;db=byh&amp;AN=24112630&amp;site=ehost-live&amp;scope=site">http://search.ebscohost.com/login.aspx?direct=true&amp;db=byh&amp;AN=24112630&amp;site=ehost-live&amp;scope=site</a></p>	<p>Trichinellosis from consumption of wild game meat. By: McIntyre, Lorraine; Pollock, Sue L.; Fyfe, Murray; Gajadhar, Alvin; Isaac-Renton, Judy; Fung, Joe; Morshed, Muhammad. CMAJ: Canadian Medical Association Journal, 2/13/2007, Vol. 176 Issue 4, p449-451,</p>
<p>McKay M, Farley M.</p>	<p>Infection control circle of safety.</p>	<p>This article is based on a presentation given by the authors at the 42nd Congress of the Association for Perioperative Practice (AfPP), October 2006, in the United Kingdom. The conference theme was Circles of Influence and the Congress also hosted an International Federation of Perioperative Nurses (IFPN) Study Day featuring a safety theme. This article contains a brief review of the influence of infection control practices on perioperative practice and surgical outcome. It reviews the Principles of Asepsis and accepted infection control practices. Patient safety is more closely monitored today than ever before—not only by hospitals but also by consumers, health care reformers, governments and patients. The Canadian Institute for Health Information, (CIHI) shows one in nine Canadian adults acquire a hospital infection and that one in nine receives an incorrect medication or medication dosage. Our rates of patient deaths following an adverse event are higher than the combined death rates for Canadians involved in motor vehicle accidents, suffering from breast cancer, and HIV Positive. Each perioperative practitioner must use all available resources t</p>		<p>Can Oper Room Nurs J. 2006 Dec;24(4):20-4, 41-2.</p>

<p>McLennan, M.</p>	<p>Nurses' views on work enabling factors.</p>	<p>OBJECTIVE: In this study nurses' views on work enabling factors, priority issues for improvement, and stress and satisfaction levels were examined. BACKGROUND: This research builds on previous work studies that empirically established work dimension indices related to individual and organizational outcomes. A survey tool was adapted so it replicated previous instrument development research, as well as explored its practicality as a benchmark and process tool in healthcare organizations. METHODS: A descriptive design was used in a single institution employing a self-report survey. RESULTS: All of the enabling factors were found to be important to nurses. The lowest-rated factors related to manager-staff relationships, congruent with open-ended responses that identified improving management as the highest priority. Unlike previous studies, job insecurity and trust were not issues, and nurses predominantly (92%) reported that quality care was provided. CONCLUSIONS: A simple enabling index and survey tool can be used to proactively assess work environments, so that conditions can be improved</p>	<p><a href="http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm&amp;AN=15951707&amp;site=ehost-live&amp;scope=site">http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm&amp;AN=15951707&amp;site=ehost-live&amp;scope=site</a></p>	<p>McLennan, M. (2005, June). Nurses' views on work enabling factors. <i>The Journal Of Nursing Administration</i> , 35(6), 311-318.</p>
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<p>O'Brien JJ, Burnett RS, McCalden RW, MacDonald SJ, Bourne RB, Rorabeck CH.</p>	<p>Isolated liner exchange in revision total hip arthroplasty: clinical results using the direct lateral surgical approach.</p>	<p>Twenty-four hips (23 patients) underwent isolated polyethylene liner exchange (modular and nonmodular liners) via the direct lateral surgical approach for a preoperative diagnosis of polyethylene wear and acetabular osteolysis. Accessible osteolytic lesions were bone grafted with cancellous allograft. Patients were followed up clinically and radiographically, with a mean follow-up time of 36 months (range, 12-100 months). A computer-assisted method measured lesional area from the radiographs of the 18 hips that presented with osteolysis. Seventeen of 18 lesions either regressed or resolved since the procedure. Two patients required repeat revisions, and no dislocations were noted. Clinically, both Harris Hip and Western Ontario and McMaster Universities Osteoarthritis Index scores improved postoperatively. In selected patients, isolated liner exchange with or without bone grafting is effective for treating polyethylene wear and associated osteolysis. Dislocation rates with revision may be reduced using a surgical approach that preserves an adequate capsular layer for closure in liner exchange surgery.</p>		<p>J Arthroplasty. 2004 Jun;19(4):414-23.</p>
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<p>Orron WJ; Hayashi AH; Kuechler D; Ross AC; Kuechler PM; Larsson S; Rusnak CH; Weinerman B</p>	<p>The surgical management of rectal cancer: a comparison of treatment methods and outcomes over 2 time periods in the same geographic region.</p>	<p>BACKGROUND: Preoperative radiotherapy combined with total mesorectal excision (TME) has provided excellent local control in the treatment of rectal cancer. This study is a review of patients treated at our regional cancer center from 1998 to 2004. The results were compared with a similar study carried out in our region from 1988 to 1998 to determine any changes in treatment methods, recurrence rates, and survival. METHODS: A retrospective review of 448 patients treated with definitive surgery for rectal cancer was conducted. Patient factors analyzed included sex, age, type of surgery, and adjuvant strategy. Tumor factors analyzed included level, stage, and grade. The presence of local recurrence was recorded and overall survival was determined. RESULTS: The local recurrence rate was 8.3% compared with 12.7% in the previous study. Patients treated with preoperative radiotherapy had a recurrence rate of 3.7%. The type of surgical therapy had no significant effect on local recurrence. There was no significant change in overall survival between the present study and the previous one. CONCLUSION: Preoperative radiotherapy is used more frequently in our region and</p>	<p><a href="http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm&amp;AN=17434369&amp;site=ehost-live&amp;scope=site">http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm&amp;AN=17434369&amp;site=ehost-live&amp;scope=site</a></p>	<p>The surgical management of rectal cancer: a comparison of treatment methods and outcomes over 2 time periods in the same geographic region. (eng; includes abstract) By Orron WJ, American Journal Of Surgery [Am J Surg], 2007 May; Vol. 193 (5), pp. 623-6;</p>
<p>Parke, B., Ross, D., &amp; Moss, L.</p>	<p>Creating a cultural shift. A gerontological enrichment program for acute care.</p>	<p>As the number of older adults in acute care rises, acute care specialty nurses must gain gerontological knowledge in their nursing practice with older patients. A blend of two bodies of knowledge and competencies is required to care effectively for older adults in the hospital. To this end, a gerontological enrichment program was developed to improve care to hospitalized older patients by augmenting acute care nurses competencies with gerontological skill, knowledge, and abilities. This article will explain the implementation details, the anticipated outcomes for nurses and older acutely ill patients, the evaluation process, and the strategies that are in place to maintain the gains.</p>	<p><a href="http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm&amp;AN=15027346&amp;site=ehost-live&amp;scope=site">http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm&amp;AN=15027346&amp;site=ehost-live&amp;scope=site</a></p>	<p>Parke, B., Ross, D., &amp; Moss, L. (2003, November). Creating a cultural shift. A gerontological enrichment program for acute care. <i>Journal For Nurses In Staff Development: JNSD: Official Journal Of The National Nursing Staff Development Organization</i>, 19(6), 305-312.</p>

Penney, C.	Understanding accountability in the Canadian health system.	As the public sector in general and the health sector in particular undergo reform throughout the Western world to find systems that work better and cost less, the phenomenon of accountability becomes increasingly important to policy makers. In Canada, the most recent healthcare commissions, conducted by Romanow and Kirby, point to the need for improved accountability within the Canadian health system. Yet, although accountability is an ancient concept embedded in public administration and health system governance, its meaning is confused and its implementation is fraught with issues. This article aims to summarize the findings of a doctoral dissertation that was undertaken to clarify the concept of accountability within the health field, and to examine the issues related to improving health system accountability in Canada.	<a href="http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm&amp;AN=15320443&amp;site=ehost-live&amp;scope=site">http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm&amp;AN=15320443&amp;site=ehost-live&amp;scope=site</a>	Penney, C. (2004, 2004 Summer). Understanding accountability in the Canadian health system. <i>Healthcare Management Forum / Canadian College Of Health Service Executives = Forum Gestion Des Soins De Santé / Collège Canadien Des Directeurs De Services De Santé</i> , 17(2), 9.
Pommerville PJ, Zakus P, van der Westhuizen N, Kibsey PC	Tuberculosis of the bladder without previous renal infection.	Tuberculous (TB) infections are usually limited to the pulmonary system but the hematogenous spread of TB can result in secondary infections in any part of the body. Genitourinary TB is uncommon and follows hematogenous spread from a primary pulmonary infection to the kidneys. A rare case of a TB infection of the bladder without renal involvement is described.		Can J Urol. 2006 Apr;13(2):3044-6.

Pommerville PJ, Zakus P.	Andropause: knowledge and awareness among primary care physicians in Victoria, BC, Canada.	The causes, symptoms and treatment options for andropause have been well documented; however, not enough is known about the primary care physicians' (PCPs) knowledge in this therapeutic area. This study assesses the PCPs' awareness and knowledge of andropause in Victoria, British Columbia, Canada. METHODS: Self-administered questionnaires were developed for family physicians and general practitioners. Each questionnaire included questions in three domains: 1) General knowledge, beliefs and exposure; 2) Knowledge of diagnostic and treatment options and; 3) General demographics. RESULTS: A very high percentage of PCPs had heard of andropause (96.3%). Of the physicians who completed the survey, 92.6% agreed that men experience something similar to women's menopause when they age and 98.0% agreed that andropause is associated with an increased risk of osteoporosis. Almost all PCPs (91.5%) agreed that prostate cancer is a contraindication to treatment while around one-third (33.9%) agreed that breast cancer was a contraindication. Slightly more than half of physicians (57.4%) felt that they encountered obstacles to their investigation of		Aging Male. 2006 Dec;9(4):215-20.
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<p>Pommerville, P., Goldenberg, S., Wilson, J., Fradet, Y., Corcos, J., &amp; Morris, B.</p>	<p>A survey of urological manpower, technology, and resources in Canada.</p>	<p>INTRODUCTION: Knowledge of the current status of manpower and resources is important in understanding the state of any medical specialty, and critical in planning for future recruitment, funding and infrastructure development. METHODS: In 2003, the Canadian Urological Association (CUA) conducted two nationwide surveys examining manpower, resources, and the technology available. One survey went only to academic and hospital leaders across the country (the resources survey), while the other was sent to the entire general membership of the CUA. RESULTS: The response rate for the resources survey was 67%, while that for the membership survey was 50.4%. The respondents' ages were evenly distributed, with the modal 5-year range being 51 to 55 years of age. Eighty-eight percent of respondents were Canadian-trained. Two-thirds of respondents spent over 80% of their practice time in direct patient care, and most practiced general urology. The majority of respondents practiced in smaller hospitals: 57.6% in centres with 300 or fewer inpatient beds, and 47.2% of centres reported &lt; 500 procedures/year. Community hospitals (62% of responses to the res</p>	<p><a href="http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm&amp;AN=15287996&amp;site=ehost-live&amp;scope=site">http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm&amp;AN=15287996&amp;site=ehost-live&amp;scope=site</a></p>	<p>Pommerville, P., Goldenberg, S., Wilson, J., Fradet, Y., Corcos, J., &amp; Morris, B. (2004, June). A survey of urological manpower, technology, and resources in Canada. <i>The Canadian Journal Of Urology</i>, 11 (3), 2290-2295.</p>
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<p>Rantz, M.; Jensdóttir, A. B.; Hjaltadóttir, I.; Gudmundsdóttir, H.; Sigurveig Gudjónsdóttir, J.; Brunton, B.; Rook, M..</p>	<p>International field test results of the Observable Indicators of Nursing Home Care Quality instrument</p>	<p>Researchers at the University of Missouri-Columbia developed the Observable Indicators of Nursing Home Care Quality instrument to measure the dimensions of nursing home care quality during a brief on-site visit to a nursing home. The instrument has been translated for use in Iceland and used in Canada. Results of the validity and reliability studies using the instrument in 12 nursing homes in Reykjavik, in a large Veterans Home in Ontario with 14 units tested separately, and in 20 nursing homes in Missouri, are promising. High-content validity was observed in all countries, together with excellent inter-rater reliability and coefficient alpha. Test-retest reliabilities in Iceland and Missouri were good. Results of the international field test of the Observable Indicators of Nursing Home Care Quality instrument points to the usefulness of such an instrument in measuring nursing home care quality following a quick on-site observation in a nursing facility. The instrument should be used as a facility-wide assessment of quality, rather than for individual units within a facility. We strongly recommend its</p>	<p><a href="http://search.ebscohost.com/login.aspx?direct=true&amp;db=byh&amp;AN=8699581&amp;site=ehost-live&amp;scope=site">http://search.ebscohost.com/login.aspx?direct=true&amp;db=byh&amp;AN=8699581&amp;site=ehost-live&amp;scope=site</a></p>	<p>International field test results of the Observable Indicators of Nursing Home Care Quality instrument. By: Rantz, M.; Jensdóttir, A. B.; Hjaltadóttir, I.; Gudmundsdóttir, H.; Sigurveig Gudjónsdóttir, J.; Brunton, B.; Rook, M.. International Nursing Review, Dec2002, Vol. 49 Issue 4, p234-242,</p>
<p>Ross, D., &amp; Harris, I.</p>	<p>Questioning a physician's order.</p>	<p>N/A</p>	<p><a href="http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm&amp;AN=15049147&amp;site=ehost-live&amp;scope=site">http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm&amp;AN=15049147&amp;site=ehost-live&amp;scope=site</a></p>	<p>Ross, D., &amp; Harris, I. (2004, February). Questioning a physician's order. <i>Nursing BC / Registered Nurses Association Of British Columbia</i> , 36(1), 28-30.</p>

<p>Stajduhar, K.</p>	<p>Examining the perspectives of family members involved in the delivery of palliative care at home.</p>	<p>Examining the perspectives of family members involved in the delivery of palliative care at home. (eng; includes abstract) By Stajduhar KI, Journal Of Palliative Care [J Palliat Care], 2003 Spring; Vol. 19 (1), pp. 27-35; PMID: 12710112; This ethnographic study examined the social context of home-based palliative caregiving. Data were composed of observation field notes, interviews, and textual documents, and were analyzed using constant comparative methods. Findings show that home-based palliative caregiving resulted in life-enriching experiences for many caregivers. However, assumptions about dying at home and health care reforms resulted in some caregivers feeling "pressured" to provide home care, and consequently, left them feeling their obligations to care were exploited by the health care system. Shifts toward providing care closer to home not only changed caregivers, but also changed the home setting where palliative care was provided. Findings indicate a need for interventions designed to improve support for caregivers at home, and to explore how assumptions influence and sometimes drive the provision of home health care.</p>	<p><a href="http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm&amp;AN=12710112&amp;site=ehost-live&amp;scope=site">http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm&amp;AN=12710112&amp;site=ehost-live&amp;scope=site</a></p>	<p>Stajduhar, K. (2003, 2003 Spring). Examining the perspectives of family members involved in the delivery of palliative care at home. <i>Journal Of Palliative Care</i>, 19(1), 27-35.</p>
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Stajduhar, K., & Davies, B.	Variations in and factors influencing family members' decisions for palliative home care.	The purpose of this paper is to describe the variations in and factors influencing family members' decisions to provide home-based palliative care. Findings were part of a larger ethnographic study examining the social context of home-based palliative caregiving. Data from participant observations and in-depth interviews with family members (n=13) providing care to a palliative patient at home, interviews with bereaved family members (n=47) and interviews with health care providers (n=25) were subjected to constant comparative analysis. Findings indicate decisions were characterized by three types. Some caregivers made uninformed decisions, giving little consideration to the implications of their decisions. Others made indifferent decisions, whereby they reluctantly agreed to provide care at home, and still others negotiated decisions for home care with the dying person. Decisions were influenced by three factors: fulfilling a promise to the patient to be cared for at home, desiring to maintain a 'normal family life' and having previous negative encounters with institutional care. Findings suggest i	<a href="http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm&amp;AN=15690865&amp;site=ehost-live&amp;scope=site">http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm&amp;AN=15690865&amp;site=ehost-live&amp;scope=site</a>	Stajduhar, K., & Davies, B. (2005, January). Variations in and factors influencing family members' decisions for palliative home care. <i>Palliative Medicine</i> , 19(1), 21-32.
Stanwick R	Canada gets its house in order.	N/A	<a href="http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm&amp;AN=16203831&amp;site=ehost-live&amp;scope=site">http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm&amp;AN=16203831&amp;site=ehost-live&amp;scope=site</a>	Stanwick, R. (2005, October). Canada gets its house in order. <i>Injury Prevention: Journal Of The International Society For Child And Adolescent Injury Prevention</i> , 11(5), 259-260.

Tang, B., & Campbell, J.	Laparoscopic colon surgery in community practice.	<p>BACKGROUND: The benefits of laparoscopic colon surgery have been shown in the literature. More recently, the oncologic outcomes have been shown to be similar in the laparoscopic group when compared with open colon surgery for colon cancer. However, most of the published literature is from university/academic institutions. There is limited literature on laparoscopic colon surgery from a community hospital. METHODS: A retrospective chart review was conducted of 62 laparoscopic colon surgeries from a single surgeon's practice in a community hospital from October 27, 2003, to August 31, 2006. The laparoscopic approach was performed on patients with benign and curative colon cancer. The primary outcome measures were length of operating room times, pathologic results, length of hospital stay, and complication rates. RESULTS: Of the 62 laparoscopic patients, there were 9 converted patients (14% conversion rate). There were no perioperative deaths, and no anastomotic leaks. The average length of operating room time was 190 minutes (range, 96-295 min). The median length of hospital stay was 4 days (range, 3-17 d). There were 40 lapar</p>	<a href="http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm&amp;AN=17434358&amp;site=ehost-live&amp;scope=site">http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm&amp;AN=17434358&amp;site=ehost-live&amp;scope=site</a>	Tang, B., & Campbell, J. (2007, May). Laparoscopic colon surgery in community practice. <i>American Journal Of Surgery</i> , 193(5), 575.
Weinerman, R., Glossop, V., Wong, R., Robinson, L., White, K., & Kamil, R.	Time of day influences nonattendance at Urgent Short-Term Mental Health Unit in Victoria, British Columbia.	<p>OBJECTIVES: To identify the patient profile of first-time no-shows (FTNS) and to examine which process variables predict FTNS. METHOD: We developed a questionnaire exploring variables that might impact attendance. Of 779 referrals over 9 months, all FTNS (n = 60) and a sample of randomly selected control subjects (n = 60) completed the questionnaire. RESULTS: The FTNS rate was 7.7%. A set of 10 variables predicted FTNS at 80% accuracy. Most significant was our finding that "time of day of first appointment" showed a novel and practical difference between FTNS and control subjects. Patients were 3.6 times more likely to show for first appointments scheduled in the afternoon. CONCLUSIONS: Simply making first appointments in the afternoon could significantly decrease FTNS incidence.</p>	<a href="http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm&amp;AN=12866341&amp;site=ehost-live&amp;scope=site">http://search.ebscohost.com/login.aspx?direct=true&amp;db=cm&amp;AN=12866341&amp;site=ehost-live&amp;scope=site</a>	Weinerman, R., Glossop, V., Wong, R., Robinson, L., White, K., & Kamil, R. (2003, June). Time of day influences nonattendance at Urgent Short-Term Mental Health Unit in Victoria, British Columbia. <i>Canadian Journal Of Psychiatry. Revue Canadienne De Psychiatrie</i> , 48(5), 342-344.