

**13th Annual CANAC Conference
April 30 - May 3, 2005
The Banff Centre
Banff, Alberta**

Abstracts

Plenary Speaks

XVI International AIDS Conference: Opportunities & Challenges

Ron Rosenes, Board Secretary, AIDS 2006 Toronto Local Host

Ron will speak about the opportunities and challenges of bringing the XVI International AIDS Conference to Toronto in August of 2006. This is a look ahead at what to expect for delegates, volunteers and what the future holds for these large gatherings of scientists and community.

**Living with HIV – A Health Promotion Approach for
Nurses Infected and Affected by HIV**

Deloris Russell, M.A., M.Ed., CNA Project Manager Canada-South
Africa Nurses HIV/AIDS Initiative

South Africa recently celebrated its tenth anniversary to the end of apartheid. Since then major steps have been taken to improve the quality of life in terms of housing, business development, education and health care. South Africa is also undertaking to transform the previous race based socio-economic, political systems. As SA began this challenge, it was also hit by the HIV pandemic which threatens to undermine the achievements attained. It is currently estimated that 5 million or 1 in 10 South Africans are HIV positive. The Canadian Nurses Association (CNA) is working with the Democratic Nurses Organization of South Africa (DENOSA) to strengthen the capacity of South African nurses to live with HIV/AIDS.

In South Africa, the term “living with HIV/AIDS” applies not only to those who are infected; it also applies to those who are affected as well. The high volume of death, the inadequate health facilities, outward migration of the profession, stigmatization and the lack of availability of treatment options creates affective conditions for nurses. This complex environment requires integrating a health promotion approach into the context of living with HIV/AIDS. The presentation will discuss the project strategies to integrate a health promotion approach into nursing care as well as the challenges the project faces in implementing such an approach within the South Africa environment.

No one left behind: Labour Force Participation Opportunities for People Living with Episodic Disabilities

Eileen McKee, M.S.W, M.B.A, Project Manager, Canadian Working Group on HIV and Rehabilitation (CWGHR)

Income support and labour force participation are inextricably linked to quality of life for most people with episodic disabilities. The Canadian Working Group on HIV and Rehabilitation (CWGHR), of which CANAC is a member, and its episodic disability partners, have a number of shared issues and have agreed on the following priority: the need for further investigation into barriers to stable and adequate income support, labour force participation and social inclusion.

This presentation will describe how the Episodic Disabilities and Labour Force Project will examine and analyze barriers to and models for stable and adequate labour force participation and social inclusion. Such research will inform public policy and programming to promote health and facilitate meaningful labour force participation for those living with HIV and other episodic disabilities. Nurses involved with HIV / AIDS care are in a pivotal position to provide insights into the knowledge base, as well as its dissemination.

Building on the new knowledge, multi-sector partnerships and alliances with episodic disability groups, the project will employ a number of research methodologies. It will further explore policy and programming options to promote opportunities for greater labour force participation and social inclusion for people with HIV and other episodic disabilities by working with other episodic disability groups to:

- Develop new knowledge related to HIV and other episodic disabilities
- Promote greater awareness, uptake and understanding of new knowledge among key stakeholders involved in employment, disability income support, and disability communities.

Using without Losing

*Claire Lahaie,
Marie-Josée Carbonneau*

The spread of the HIV infection among marginalized clients, particularly injection drug users (IDU), has called for the creation of specialized care units in large urban centres in Canada.

We present to you briefly the profile of the clientele served by the multidisciplinary team of the *HIV/drug addiction ambulatory care unit* in Montreal, Quebec. This team is taking on the challenge to make antiretroviral treatment accessible to IDU, and deploys innovative compliance strategies.

It is clear that this community must be addressed in terms adapted to their culture and lifestyle. The care practice on the street has led to the creation of a CD-ROM (the English version will be available in April 2005), aimed directly at drug users, those who surround them, and those who come to their aid. The goal of this CD-ROM is to explain the modes

of transmission of HIV, the evolution of the disease, the right time to start ARV, adverse drug reactions, and the phenomenon of drug resistance. All of this is presented in a harm reduction perspective, with emphasis on taking charge of one's health, rather than the cessation of drug consumption.

We will view this educational tool that combines the concerns of scientific accuracy and effective, efficient treatment. Lasting about twelve minutes long, it holds the attention of a clientele usually able to concentrate for only relatively short periods.

Workshop Presentations

AIDS 101

Bill Wade, RN and *Lisa Shishis*, RN

This pre-conference workshop is a standard for all CANAC conferences outlining the history and basic issues facing nurses providing HIV/AIDS care. If you are new to the field or would just like a new perspective, come and join in.

HIV/AIDS Education for Teachers and Students of Public and Private Schools

Greg Riehl, RN, BScN, HIV Nurse Clinician, Central Saskatchewan Immunodeficiency Clinic, CANAC Board member.

Objectives: Sexual Health defined.

- Issues for students and teachers.
- Standard precautions.
- Policy and research related to HIV and Hep C in Schools.
- How can theory help?
- Who is really at risk?
- When does education on HIV start?
- What is the Nurses role in school age education?

An overview will be presented, with discussion on specific theories to aid the nurse in being a resource person for teachers and other educators.

U2 – the Unwilling and Unable

Barbara Ross, RN HV BA MBA, HIV Designated Nurse, Communicable Disease Unit, Calgary Health Region

HIV remains a fatal disease yet is 100% preventable. Research indicates the HIV epidemic is growing and the rate of infection among the population continues to rise. According to the Alberta Public Health Act, what complicates the issue of education and prevention is a challenging group of HIV positive individuals described as recalcitrant, who are either unwilling or unable to stop the spread of HIV. In the Calgary Health Region they are fondly known as U2's.

U2 individuals generally have complex needs including addictions, mental health issues, poor life skills, developmental difficulties and extreme behaviours. They are often isolated and vulnerable and usually street involved. They are typically pre-contemplative with respect to changing their behaviour and lack motivation to address what they perceive to be non-issues. The level of understanding and realization of safer drug and sex practices in day-to-day living is unpredictable at best, impulsive and irresponsible at worst.

An emerging role of the HIV Designated Nurse in Calgary Health Region is to provide education and health promotion to identified U2 clients who are supported in a unique pilot program based in the city. The intervention aims to have clients improve their behaviours and daily living skills to the point where they could live independently as possible utilizing the skills and knowledge acquired from the program. The overall goal is to stabilize the U2 clients to decrease the risk they pose to the community. The presentation summarizes the background, operation and evaluation of the community-based project, which has produced its own manual for U2 Clients that is available to other service providers.

International Nursing Experiences (Panel Discussion)

Sally Simpson, RN ACRN, **Mary Lou Millar**, RN

Perspectives on International HIV/AIDS Nursing: Two Recent Experiences in Africa

Background:

As the World Health Organization's '3 X 5' Initiative is being stepped up across the developing world, there are an increasing number of opportunities for registered nurses and other health care professionals to engage in international HIV/AIDS care.

Mary Lou Miller recently returned from a 3-month assignment in Botswana where she worked as a Nurse Preceptor and Adherence Support and Community Liaisons Counselor. Sally Simpson spent a month in Lesotho, and developed recommendations to increase the capacity and effectiveness of the OHAfrica Project in Lesotho.

Goal:

To increase the preparedness of Canadian nurses considering engagement in the field of international HIV/AIDS work.

Objectives:

1. Workshop participants will be introduced to several models of international HIV/AIDS care delivery. Their implications will be discussed.
2. A review of the ACHAP program in Botswana will be presented
3. Variables for success of international projects will be discussed. Responsibilities of the host country, the sponsoring agency, the team and the individual will be examined. How these responsibilities contribute to the ultimate success or failure of a project will be presented.
4. Workshop participants will be guided through a process of self-reflection that will assist in their readiness for international work in the field of HIV.

Abstract Presentations

REDUCING BARRIERS TO CARE AND TREATMENT

Session One

The Childcare Project: A Model for Enhancing Access to Services for HIV+ Women – Colleen Kearney, Lea Narciso, Ron Lirette, Vivia McCalla and Karina Wulf

In 2001, Casey House Hospice conducted a community-based research project to examine barriers to accessing HIV/AIDS services for women. One of the key recommendations of this research project was to ensure the provision of childcare so that women might access health care services.

As a result, Casey House established the Childcare Pilot Project in 2003. One time funding was obtained for the provision of direct childcare support provided or facilitated by several agencies in the HIV/AIDS community in Toronto.

Casey House was responsible for funding, administering, and coordinating the project. Casey House was also accountable to the funders involved in this project. Partnering agencies were responsible for promoting awareness of the fund and for ensuring the criteria for access to the fund were met. To date this service has been utilized over 350 times by women and over 650 times by children.

An evaluation of the Childcare Pilot Project was conducted after one year.

This evaluation has identified 3 themes:

- Women are eagerly accessing childcare services to attend health promotion activities, such as, health education workshops and appointments
- Success of the project is reliant on the partnerships between Casey House and community AIDS service organizations (ASOs) that serve women

- This project is a strong model for other organizations looking to facilitate women's access to services

Based on these findings, Casey house and its partners are working towards securing ongoing funding to ensure the preservation of childcare within the Greater Toronto Area.

Finding the Way – Understanding the Experiences and Perceptions of Aboriginal Women who are Living with HIV/AIDS – Jane McCall

Aboriginal women have a significantly higher rate of new infections and a significantly higher rate of mortality and morbidity in relation to HIV/AIDS. In fact, a recent study released by the BC Centre for Excellence in HIV/AIDS that examined AIDS deaths in the context of available treatment uncovered that being female and Aboriginal was a significant variable in poor treatment uptake. These findings were the impetus for a qualitative study that is presently being conducted which is focused on examining the experiences and perspectives of Aboriginal women who are living with HIV/AIDS. The presentation will discuss the study (purpose, problem statement, methodology, analysis) and the emerging findings.

Session Two

Home Visits – Welcome to our Home – Carolyn Lawrence, Carla Millar, Diane Stevenson, and Lindy Samson

One of the goals of CHEO's multidisciplinary pediatric HIV program is to conduct home visits with affected families. Home visits are done by the clinic nurse coordinators and social worker. This presentation will include case examples and we will review our home visit program including: planning, assessment, evaluation and outcome.

Our objectives are to learn more about the family's home environment and develop rapport and conduct psychosocial and clinical assessments.

Each home visit is planned in consultation with team members. The appropriate timing is considered and specific goals are set.

During visits, assessments of the family's living environment, coping styles and strategies, interpersonal relationships and discipline styles are made. Topics of discussion include, patterns of disclosure, resources, HIV diagnosis and testing, coping strategies, issues of adherence difficulties and nutritional/breast feeding concerns.

Following a home visit, the nurses and social worker debrief and identify the needs and priorities of each family. The outcome of the visit is discussed with the HIV team and treatment and management plans are refined.

Home visiting is an excellent assessment tool to provide an uninterrupted opportunity to speak openly and privately. It enables the development of mutual trust between families and the team. These visits are highly successful and have enabled our HIV team to develop a unique understanding of the issues and needs

confronting our families. The families appreciate the home visits and feel that they are beneficial.

Healthy Voices: HIV+ Women's Nursing Clinic – *Karina Wulf, Vivian McCalla, Claudia Medina, Ron Lirette, Colleen Kearney and Lea Narciso et al*

In 2001 a community-based research project identified a need for specific health care services to address HIV+ women's needs in a way that felt comfortable to women. Based on these findings the Healthy Voices Clinic was developed through a partnership between a health care organization (Casey House Hospice) and a women-focused service organization (Voices of Positive Women). The goal was to provide services that are trans-positive, open to street involved women, and women who use substances. The clinic provides services under the principles of Harm Reduction, including a needle exchange program and the opportunity to acquire safer crack kits.

Despite the expressed enthusiasm from the community and the Clinic's Community Advisory Panel, the response to the offered clinic had been slow. Utilizing community development principles, presentations on subjects identified by clients are now delivered. The result has been increased attendance and more active client participation. The Clinic is now a model for developing Health Promotion clinics for HIV+ people in Canada.

Recently, a formal evaluation of all aspects of the program has been completed utilizing data collected from focus groups that included representation of all stakeholders.

The goal of this presentation is to present the findings of this evaluation.

NURSES ADDRESSING CHALLENGES IN HIV CARE

Session One

Making the Most of Teachable Moments: A pilot project for HIV in-patients – *Julie Killie, Meagan Thumath et al*

The authors will present a pilot project to deliver health-teaching workshops to in-patients on a 21 bed acute care HIV unit at St Paul's Hospital in Vancouver, BC. The length of stay for clients can vary from a few days to a few months, and many opportunities to capture teachable moments were being lost. With this in mind, the authors implemented a plan to assess the learning needs of clients and delivered regularly scheduled health promotion workshops based on their feedback. These teaching sessions included: resources in the community, medications, and nutrition. This presentation will review our experience of assessing, implementing, and evaluating these workshops for clients living with HIV and encourage other hospital settings to adopt similar health promotion initiatives.

Use of Section 22s for Individuals Who are HIV Positive – Debbie Sheehan

In Ontario, no standard policy or approaches exist to guide health units regarding the issuing Section 22 orders. There is also no published research on the effectiveness of such orders. This lack of empirical evidence impedes rational decision-making and assessment of the impact of this intervention. There is also no provincial data regarding the number of Section 22s that have been issued in Ontario since 1993. This study explores health unit's experiences and approaches with Section 22 orders, specific to HIV.

All 37 Ontario public health units were electronically mailed a self-report survey with a response rate of 78% (n=29/37). Less than half of these health units (45.2%, n=14/31) have issued Section 22 orders to clients who are HIV positive. Very few Section 22 orders are actually being issued in Ontario (less than one every two years per health unit). Fifty percent of the health units have experienced problems issuing Section 22s. Only three health units have a policy and procedure to guide the issuing of a Section 22; however, 50% have standard criteria for determining non-compliant behavior.

The goal of this presentation is to disseminate findings from this study and stimulate discussion re: the related nursing practice issues. The specific objectives are to: review the legislative authority that governs the issuing of Section 22s; present quantitative and qualitative data from the survey; identify key public health nursing practice issues related to Section 22s; and make recommendations for a provincial consensus discussion.

Session Two

The Therapeutic Benefits of Group Antiretroviral Adherence Counseling: lessons learned from a resource limited setting – Suzy Coulter

Background: While completing a four-month practicum in Kenya as part of my BScN, I collaborated with US CDC staff in HIV treatment program scale up.

Antiretroviral adherence education is a major focus of the program's nursing role.

Purpose: To describe the current practice of group adherence counseling employed by nurses at the Patient Support Center at New Nyanza Provincial General Hospital in Kisumu, Kenya and the therapeutic benefits observed amongst the patients attending these sessions. The potential benefits and challenges of adopting a similar approach with marginalized and socially isolated individuals preparing to initiate ARV therapy in Canada will also be explored.

Methods: Field observation while attending weekly group adherence sessions at Patient Support Center in Kenya combined with direct field experience of adherence strategies currently employed in Vancouver's Downtown Eastside.

Conclusions: Beneficial outcomes of group adherence counseling sessions included: 1.) strategy sharing on barriers to adherence 2.) breaking down of social isolation and stigma related to HIV status 3.) group problem solving and 4.) developing a support network for empowered "Positive Living".

Implications for Practice: Based on my observations in Kenya and my work experience with marginalized HIV+ persons in Canada, I believe that implementing and evaluating a group adherence counseling approach in Canada is merited. As the HIV epidemic in this country is increasingly experienced by marginalized individuals it is imperative for nurses to explore approaches to treatment which address empowerment as a program component

From Ottawa To Sarajevo And Back Again- Lessons Learned Form Teaching HIV Counselling - Hannah Cowen

I am the nurse in a health promotion center for anyone concerned about HIV especially marginalized people. My clients have trouble accessing prevention and treatment due to addictions, mental health problems, poverty, isolation, stigma, violence or a combination of conditions.

I have been invited to teach Voluntary Confidential Counseling and Testing (VCCT) to nurses in Bosnia- Herzegovina from March 14-18 . Canada has had a program funded by CIDA through the Canadian Public Health Association and UNICEF to provide technical assistance to BH around HIV issues. I have offered to share my experiences and learning from this voyage with my colleagues at CANAC. This summary will be a bit vague, as I do not yet know what they will be! Some of the challenges anticipated are in the domains of nurses' role in the health team; general population stressed from war and economic problems; low level of understanding of HIV or sympathy for people at risk for HIV.

In the context of many challenges, nurses are coming forward to learn more about HIV and encourage each other to offer a needed service to their patients. I am impressed by that courage. My hope for the nurse –to- nurse education is for other nurses to learn from our past mistakes as well as our successes. Nurses actions have power to shape the response to the epidemic.

Another filter for my experience is the celebration of nurse-to –nurse mentorship- what I will bring, what the nurses in BH will provide each other and me, and that which I have received from nurse compatriots who had done similar work and generously shared their materiel and wisdom.

TREATMENT AND SYMPTOM MANAGEMENT

Session One

Compassionate End-of-Life Care Using Therapeutic Touch –Jim Donovan and Maria Rossiter Thornton

Therapeutic Touch is a mindful act of compassionate care for hospice clients and is a complementary therapy used as an adjunct in nursing care to provide comfort. It is frequently used at Casey House Hospice in Toronto as part of client care. Therapeutic Touch is very versatile and is practiced by using near touch or light

touch, with the client either sitting or lying down. Its basic premise is built on compassion with the intention to bring comfort to the client in any situation.

This presentation will describe the use of Therapeutic Touch for pain relief in an AIDS hospice client. The client had developed sensitivity and intolerance to pain medication and, in addition, intolerance to physical touch. This intolerance seemed to be in part because of his recovery from symptoms related to Steven Johnson's syndrome and other symptoms related to AIDS. In this situation Therapeutic Touch temporarily relieved his discomfort and sensitivity until he regained a tolerance to pain medication and touch some weeks later.

The goal of the presentation is:

- To briefly describe Therapeutic Touch.
- To discuss the use of Therapeutic Touch as part of a symptom management program to bring comfort to the client.
- To discuss its usefulness in difficult situations as a means to help ease pain and suffering in End-Of-Life care.

HIV and VRE Co-infection – *Rachelle Stuber and Tracey Pletz*

It is well documented that individuals with HIV/AIDS have a greater risk for a VRE (Vancomycin-resistant enterococcus) infection. As nursing management is generally the cornerstone of prevention and treatment of VRE, this is a significant issue for nurses working in HIV/AIDS care. A recent outbreak on the HIV/AIDS ward (10C) at St. Paul's Hospital in Vancouver, BC has sparked an interest in the authors regarding HIV and VRE co-infection. The implications of HIV and VRE co-infection are significant, as a VRE infection can have potentially devastating consequences for HIV/AIDS patients. VRE can cause urinary tract infections, wound infections, abscesses, endocarditis, meningitis, pneumonia, and bacteremia (Bhavnani, 2000). VRE infections are particularly aggressive, and have been associated with mortality rates of up to sixty to seventy percent (Bhavnani, 2000). Furthermore, in a study by Bhavnani et al (2000), HIV-positive individuals and those with a history of street drug use were highly associated with the occurrence of VRE bacteremia. The issue of VRE infection is therefore quite relevant and salient to the field of HIV/AIDS nursing care. The objective of this presentation is to further educate nurses in HIV/AIDS care regarding the implications of VRE colonization in HIV/AIDS patients. The prevention strategies, practice solutions, treatment options, and the risks and complications of HIV and VRE co-infection will be discussed in detail.

Session Two

Initiating Clinical Nursing Algorithms for the Treatment of Opportunistic Infections in Rural Haiti – *Meaghan Thumath*

This presentation will review the author's experience of implementing nurse driven clinical algorithms for the treatment of common opportunistic infections in HIV positive patients in Les Cayes, Haiti. These interdisciplinary treatment protocols were developed in partnership with Haitian nurses, a Canadian

physician and Haitian physicians at Centre de Sante Cite Lumiere in order to improve HIV patient access to primary care. By improving access to nurses for clients that were otherwise unable to afford to see a doctor, the new algorithms will improve health outcomes for HIV positive clients. The presentation will outline the treatment protocols, describe barriers to expanded scope of nursing practice in HIV treatment and demonstrate outcome measures of success.

Street Drugs and ART: What Must a Nurse Know – Jean Clermont-Drolet

Background: It very easy to find studies and reports about interactions between legal drugs, but the same is not true about illegal drugs. Nurses in HIV/AIDS are frequently in contact with drug users who utilize various substances, both legal and illegal, during their HIV treatment.

Purpose: the workshop's goal is to give very practical information about street drugs, other illegal drugs (cocaine, heroin, PCP, Ecstasy, Speed, etc.) and ART. Specifically addressed are the following issues:

What are the side effects and the interactions?

What are the effects of illegal drugs on the body for a person with HIV-AIDS?

How can nurses manage the effects?

This presentation will also provide information about Rebetron and Pegatron, in the context of street drug use.

MULTIDISCIPLINARY APPROACHES TO HIV CARE AND TREATMENT

Session One

Special Considerations for a Closely Guarded Secret – Carolyn Lawrence, Dianne Stevenson and Lindy Samson

One of the goals of CHEO's multidisciplinary pediatric HIV team is to ensure that all infected children and youth learn of their HIV status in a safe, timely and supportive fashion.

The presentation will highlight the multiple issues that must be considered by families living with HIV in order to have an optimal disclosure. The phases of our disclosure process include assessment, implementation and follow-up.

Disclosure phases will be illustrated through case examples.

The disclosure process is actually initiated at the first clinic visit when the importance of partial truth telling is stressed. The first active phase includes an initial assessment of the parents' readiness and receptiveness to disclosure. This includes gaining an understanding of both the child's questions and the parent's typical responses to these. Also relevant, is the parent's own experience at the time of diagnosis and the events surrounding disclosure of their own status and family dynamics. Child/Youth readiness for disclosure is then reassessed.

The disclosure process is adapted to each child and family, based on his or her needs. The following steps are used as a guide:

1. Consent from parents is obtained

2. Individual interviews with children to promote rapport
3. Each child is provided with a diary
4. Education is given i.e.: virus, immune system, and medication
5. Regular meetings with the family
6. Decision re: who, what, where, when, how disclosure will occur
7. Final disclosure

At the time of disclosure, follow-up plans are made with the parents to ensure ongoing discussion at home. The team continues to provide, education, assessment and psychosocial support.

The Casey House Approach: An Innovative Case Management Model – *Lisa Shishis, Karina Wulf, Colleen Kearney, Phillip Weaver and Ron Lirette*

The Casey House Community Program was established in 1993 to provide support to people dying at home, especially those who were waiting for admission to the residential hospice.

With the advent of HAART and corresponding challenges for people living with HIV/AIDS in the community, the Community Program has developed a unique case management approach.

This model features an interdisciplinary team providing a client-driven service. The Case Manager provides continuity of care to clients in a variety of settings both within and outside of the health care system. A case study is used to demonstrate how formal and informal networks of support facilitate efficient and appropriate resource utilization to promote client health.

Session Two

Nine Circles: An Integrated Approach to Health Care – *Lorraine Cameron-Munro and Dale Schenk*

Nine Circles Community Health Centre is a dynamic venture in the delivery of community-based health services in Winnipeg.

It is designed to provide better quality care, better access to existing HIV/AIDS services and a broad scope of primary prevention services related to HIV/AIDS and sexually transmitted infections.

NCCHC target populations include people living with HIV/AIDS, those at risk for HIV/AIDS, as well as gay, lesbian, bi-sexual, transgender and two-spirited persons.

At NCCHC, we take the approach that caring for a patient includes all aspects of their well-being.

Some of the services provided to accomplish this are:

- Advocacy
- Buddy Support
- Food Bank
- Peer Programs

Kids Klub
Aboriginal Programs

The focus of our presentation at CANAC will be mainly on our Aboriginal Programs, while providing 2 case studies/success stories.

Maximally Assisted Therapy (MAT): An HIV care program to improve adherence to antiretroviral medications (ARVs) for residents of the Downtown Eastside (DTES) of Vancouver - Susan Kensett, Barb McKillip, Julie Sauer, Lynn Brown

The MAT program is offered through the Downtown Community Health Centre, a primary care clinic operated by Vancouver Coastal Health Authority in Vancouver's DTES. MAT was started about 5 years ago to provide health care and support services to HIV positive residents of the DTES of Vancouver. MAT clients often have multiple health problems. The MAT program currently has 77 clients enrolled: 20 female, 55 male and 2 transgendered. Approximately 40% of the MAT clients are First Nations. These clients live in the poorest postal code in Canada. The MAT team consists of nurses, pharmacists, community liaison support workers and site support workers. The team works closely with each patient's physician, HIV specialist, The Centre for Excellence in HIV Care and AIDS Vancouver social workers.

The MAT program is open 7 days a week to provide ongoing assistance with taking ARVs and other medications. MATs goal of improving adherence to ARVs is achieved through an attitude of acceptance, encouragement, medication counseling, HIV and health education and outreach to client's homes when needed. MAT staff, regularly monitor and manage clients for side effects of ARVs, through blood work and assessments. Cereal is provided to clients taking medications that require food for proper absorption. MAT also provides support with housing, finances, nutrition, addictions, appointments, and connecting with other programs and resources in the clinic and community.

POSTER PRESENTATIONS

Enneagramm as a Tool in HIV/AIDS Nursing Care – Jean Clermont-Drolet

Background: Self-knowledge in HIV/AIDS care is essential. As HIV/AIDS nurses, we are often faced with complex and sometimes difficult relationships with our patients and care team. As nurses, we may know how to manage the body, the medication, the side effects or the physical care, but how do we deal with the different reactions of patients, colleagues or simply ourselves in many situations. There have been tools developed to help nurses better understand who we are, how we react and what our goals are / should be.

Purpose: Enneagram describes nine types (personality/ reaction types???) on the basis of compulsion. When we discover more about our type, it may become easier for us, as nurses, to be open with ourselves, others and more accepting of the choices others make for themselves. We can also use Enneagram to increase fidelity and autonomy by using

the appropriate words and suggestions, which have more relevance to the individual's life.

The Quebec Mentorship Programme in HIV/AIDS– Jean Clermont-Drolet

Since the Quebec Mentorship Programme in HIV-AIDS was introduced in 1999, newcomer nurses to HIV/AIDS, have able to contact expert nurses for training and support. The program offers conferences, symposiums, professional contacts and documents to nurses in this field, all of which is free or has a nominal cost. The need for support and contacts is particularly important for nurses working in isolated areas, or are not members of a permanent HIV/AIDS team or unit. The program has 32 experts and 112 novices, working in clinical care, outreach program, palliative care or research. Several Pharmaceutical companies support this program. We hope that the same experience can be implemented in other provinces. It has helped many nurses in Quebec!

Technology Without Batteries: a Qualitative Investigation of Palliative Care Nursing Staff's Experience Using Subcutaneous Disposable Infusers - Wendy May

Quality care of palliative patients requires constant vigilance for safe, simple and effective approaches to pain and symptom management (Bruera, Chadwick, Bacovsky & Macdonald, 1985). One such safe, simple and effective approach is the administration of medications subcutaneously, a method recommended in the palliative care literature from 22 years ago (Dickson & Russell, 1982) that continues to remain a viable alternative today (Stevens & Ghazi, 2000). While not commonly used in other local settings, the Palliative Care Unit (PCU) at the Toronto Grace Hospital has used subcutaneous administration for more than a decade, as a primary approach to pain and symptom management. The use of 'infusers', a small light-weight, non-mechanical and disposable system that provides continuous, simultaneous, subcutaneous, medication delivery – has been found to be a highly effective approach to pain and symptom management. Finding there was little information available on infusers, two RN's from the PCU, supported by the CNS/nurse researcher, conducted a qualitative study, to investigate the nursing staff's experiences with the use of infusers for palliative care patients. The results of the study continue to positively inform and advance our practice of exceptional palliative care at the Toronto Grace Hospital.

Therapeutic Touch for the Dying Client - Nora Anderson, RN, B.A.
Colleen Kearney, RN, M. Ed., Jim Donovan RN, BScN, ACRN

Casey House includes a 13 bed free-standing residential hospice providing palliative and supportive care to people living with HIV/AIDS. As is common within the hospice movement, complementary therapies are routinely used as an adjunct to the traditional Western medical interventions. Therapeutic Touch is one of the complementary therapies used within Casey House.

Clients have expressed appreciation for its effectiveness in alleviating symptoms associated with the HIV/AIDS disease process such as pain, nausea, vomiting and anxiety. In this particular case, therapeutic touch was administered in challenging

circumstances and with astounding effect to stop the progression of grand-mal seizures in a dying client.

This remarkable experience has profoundly altered our previous beliefs, practices and expectations of what therapeutic touch can do to help alleviate persistent suffering.

Through the Eye of a Needle: women injection drug users in Winnipeg - Carla Pindera RN, BN, MSC.

Objective: Drug use is a critical risk behavior for women. Despite high rates of diverse and complex health needs, little is known regarding injection drug users' (IDUs) perceptions of or context for their health needs. This study's primary emphasis is to give 'voice' to the understandings and experiences of the everyday lives of women IDUs. The objectives of this research are to empower women IDUs to document and reflect their lives and to promote discussion about actions to address their personal and community issues.

Methods: This study uses a qualitative research design adapted from Carolyn Wang's Photovoice Methodology to describe the social context of eight women IDUs, who live in Winnipeg. The participants were invited to take photographs that identified, represented and enhanced their lives. The photographic images and stories they produced were used as a catalyst for discussion in individual, in-depth interviews. When health issues were identified, the meaning of these conditions and their perceptions and explanations of them were explored. The interview also explored the strategies and services the women use in caring for themselves, and their satisfaction with these strategies and services.

Results: Women's drug use was connected to the personal and social circumstances in which they lived. Their drug use was linked to the process of managing losses and to live with integrity under life-threatening conditions. The women relied heavily on drugs as a means to escape the painful feelings resulting from childhood and on-going traumas. They took responsibility for their decision to use drugs; but also held a common perception that social and physical environments limited their ability to manage their drug use and find alternative coping strategies.

Conclusion: The knowledge and experience of community members is integral to understanding the issues of a community. The knowledge gained from this study can be used to assist in the development of appropriate nursing strategies and interventions. By considering the health needs from the perspective of the participants, this study will expand the boundary and meaning of health beyond strictly the medical.

Primary Health Care for African and Caribbean Women Living with HIV - Charlene Welsh

Background: Over the last 4 years Women's Health in Women's Hands (WHIWH) Community Health Center has seen an increase in women with HIV diagnosis accessing services. The women were accessing the center for not only primary medical care, but also emotional, social, legal, and medication access issues.

Purpose: The presentation will show our care model of providing preventative, physical, mental and social primary health care to black women with HIV, and the barriers they

face. We will share how WHIWH has provided a shared care model between Nurse Practitioner, Primary Care Physician, nutritionist, counselors and HIV Specialist.

Content: To discuss the primary healthcare needs, screening and support for black women with HIV. This will include immunization guidelines, screening and education for opportunistic infections, medication access to ensure ongoing supply of treatments and to share WHIWH outreach initiative to providers to ensure smooth transition of referrals to specialists and other service providers. The presentation will also outline the strategies utilized in the provision of mental health counseling services to HIV+ Black women, particularly on issues pertaining to the intersection of race, gender and HIV+ status in relation to the other determinants of health.

Conclusion: Access to and use of medical, social and mental health services will enhance the health and well being of women affected by HIV. Providers must continue to increase their knowledge base and community health centers must continue to access and adapt programs and services to meet the growing demand of the communities in which they serve.

Improving Communication for Nurses in HIV/AIDS Care in the BC/Yukon Region: a membership initiative – *Leslie Gallagher, Denise Thomas, Snejanya Krassova*

Introduction: Nurses in HIV/AIDS care in BC/Yukon are geographically challenged. Nurses have indicated a need for access to other nurses in HIV/AIDS care for case study exchanges, sharing of teaching tools & creative ways to manage their HIV/AIDS patients in the variety of care settings.

Objective: 1. Increase the communication between BC/Yukon CANAC members using an electronic format to decrease the geographical challenges. 2. Develop this model for other regions. 3. Improve continuity of HIV/AIDS education for nurses.

Background: BC/Yukon CANAC members had the first 2005 business meeting of the year without an agenda. From that meeting 15 HIV/AIDS nurses from home care, research, acute care, and the community identified three categories for continued educational professional practice. 1. To improve the continuity of care for their patients. 2. Improve the access of current HIV/AIDS education for their practice. 3. Exchange of teaching tools/resources for their patients. Nurses have identified their learning needs and barriers to caring for their patients at the professional practice standards level. HIV/AIDS knowledge is changing ever so quickly. As a result staying current can be challenging. By linking nurses as resources, information can be shared if accessing the information is readily available.

Project: **Two nurses, with assistance from the BC/Yukon CANAC membership & HIV Therapeutic specialist explored the possibility of a chat room for an exchange of ideas. This initial idea expanded into a website linking project. Themes of liability, confidentiality, were paramount to explore before proceeding with the project.**