For victims of sexual assault, the need for medical care comes at what is often the most traumatic and vulnerable point in their lives.

Thankfully, Winnipeg is home to the Sexual Assault Nurse Examiner (SANE) program, a specialized program developed with the needs of sexual assault victims in mind.

Located in a soothing, residentially-styled suite in the Health Sciences Centre, the program got its start in 1989 and has been at its current location since 2005. To help ensure greater patient privacy, the door is unmarked.

“SANE was one of, if not the, first program of its kind in Canada,” says SANE Coordinator Jennifer Joslin. “Our mandate is to examine men, women and children within 72 hours of a sexual assault.”

The program’s 11 casual nurses provided care to nearly 400 patients last year, nearly double the caseload of just three years ago. The team provides service 24 hours a day, seven days per week.

“Our goal is to provide a sensitive, consistent approach by staff who are well-trained and who are interested in being involved in this type of care. All nurses in the program are Registered Nurses with a skill set that’s appropriate for our patient population.”

Training provided by the SANE program includes a theory component as well as a five-month practical, clinical component where new staff “shadow” a nurse experienced in providing care relating to sexual assault.

Working in conjunction with a team of counselors from Klinic and with the Winnipeg Police Service’s Sex Crime Unit, SANE is part of a modern, improved approach to treating sexual assault in Winnipeg.

CONTINUED ON PAGE 8...

The nature of health care allows us the chance to be with people at pivotal moments in their lives. While some of those moments are joyous – like a birth – others require the utmost degree of caring and sensitivity.
Had this been a real emergency...  

Critical Learning Simulation Facility offers dress rehearsals for real life

If someone were to show you the Critical Learning Simulation Facility shared by the Winnipeg Health Region and the University of Manitoba, you’d never know it wasn’t a fully functioning medical facility. And that’s exactly the point.

Opened in April 2008, the $4.6 million facility closely duplicates the urgency, complications and uncertainty of real-life health care. The facility houses a realistic hospital-like environment with 17 fully-equipped examination rooms. Anatomically correct robotic mannequins, permanent patients in the ward, emulate breathing and have simulated pulses and reflexes. Haptic-based software, which combines sense of touch and movement with visual and audio responses, allows simulated procedures to mimic the look and feel of real medical procedures and surgeries.

“The facility is available to provide training to undergraduate and post-graduate medical students and a wide spectrum of practicing health care professionals,” says Dr. Rob Brown, the facility’s Medical Director. “It’s a great way to promote professional development and to reinforce specific skills and procedures.”

“The mannequins help us simulate medical situations that a real patient would prefer you not experiment with. We can create a wide spectrum of physiology – basically anything you can imagine. The mannequins talk, blink, breathe and move their fingers. They’re very realistic,” Brown says.

Not all of the facility’s patients are of the artificial variety. Standardized patients – paid actors who assist in creating specific medical scenarios – are also used.

Whether they employ mannequins or actors, the simulations give educators the ability to recreate medical scenarios in a way that allows for careful observation, recording and constructive feedback.

“For students, this takes their learning beyond the conventional classroom into a more practical realm. They can take their first steps in a setting that’s challenging but safe, and which doesn’t put a real patient at risk.”
In fact, the simulations offer a key advantage over the real thing. “In real life, caring for the patient is always the top priority, and a physician can’t always afford to focus 100 per cent on a trainee. In a simulated environment, they can focus exclusively on what the student did, how that led to a specific chain of events, and what the student’s mindset was as the scenario was unfolding. It’s very different from traditional teaching methods.”

Another advantage is the ability to create an “illness on demand.”

“You can construct a scenario for a specific teaching or observational goal. For instance, you could create a scenario based on a case of congestive heart failure, or any other scenario a student hasn’t yet seen in a real, clinical setting. The scenarios can be deliberately difficult and we often take things to the edge, but it takes place in a safe environment. You can make a mistake and learn from it, without risking the health or comfort of a real patient.”

For students, it’s a chance to put what they’ve learned to use.

“Generally, students have already acquired the academic knowledge they need. Simulation is a powerful tool to develop their thought processes. From a teaching and learning standpoint, that’s where the gold is.”

In true Las Vegas fashion, participants benefit from one of the simulation lab’s cardinal rules: what happens in the sim lab stays in the sim lab.

“We’re all human, and we all make mistakes. The sim lab is the ideal place to make errors and learn from them. After a simulation, we review what went well and what could have gone better.

“One of the biggest benefits is gaining an understanding of each discipline’s role and point of view. The goal is to break down communication barriers and to build a sense of teamwork. The simulations help us function as an interprofessional team rather than a collection of individual specialties.”

That kind of learning lies at the core of the Critical Learning Simulation Facility’s mandate, Dr. Brown says. And while use of the facility has increased considerably since its debut in 2008, there is still room for growth.

“We want to increase the facility’s scope of use,” Brown says. “There are still so many groups who have yet to take advantage of what the facility has to offer.”

For the past four years, Maurita Kiesman, Nurse Educator in Critical Care, has been part of a multi-disciplinary team of educators running Code Blue simulations. A Code Blue is called if a patient is in cardiac or respiratory arrest, is deteriorating and may imminently arrest, or requires the resources of the Code Blue Team for medical management.

“A Code Blue team typically includes one resident who serves as medical team leader, two critical care nurses, a respiratory therapist, a ward nurse, and one chest compressor (usually a unit assistant),” Kiesman explains. “Many people in health care are kinesthetic learners – they learn and remember better by doing. The Critical Learning Simulation Facility gives these professionals the opportunity to learn together in a very safe environment.”

Practicing Code Blues via simulation makes good sense.

“With a life on the line, a Code Blue is often about managing chaos. There is a lot of pressure on the medical team to quickly diagnose what’s happening and determine how best to intervene. The focus of the simulations is on practicing the medical interventions that are necessary, improving how we communicate, knowing what needs to happen, and how to accurately document what happens.”

In addition to students, the facility provides an ideal environment for professional and inter-professional development, and for the reinforcement of specific skills, procedures and communication.

For more information about the Critical Learning Simulation Facility, call 272-3070.

Compiled with reporting from Kathryn McBurney
Our United Way Campaign runs smoothly each year because of teamwork,” she says. “I’m very proud of the canvassers we have had in each office during this and previous years. We truly work together as a team, coming up with ideas and strategies to achieve a common goal. The United Way helps us set challenging goals, and somehow, we always seem to exceed them.

Every year, our expectations of what we can achieve are met, and surpassed, due to the hard work, dedication and energy of our team.”

The team’s efforts throughout the 2011 United Way campaign were impressive: more than $162,000 was raised – funds that will be put to good use right here in Winnipeg, improving quality of life and living conditions throughout the city.

To put that figure into perspective, Murowski points out that, “the first year I was involved, we raised $11,000. So we’ve grown a lot over the past 11 years.”

A key ingredient in that success has been volunteer continuity.

“We have a fabulous committee that, for the most part, has been together for a number of years now,” Murowski says. “We share the organizational load and make it fun. The longer our canvassers stay, the more knowledgeable they become.”

The committee, comprised of approximately 45 canvassers, meets periodically throughout the year for training of new canvassers, an orientation for returning committee members and campaign updates.

“Some of our locations are very small, with as few as 15 people, while others are quite large. Our meetings are brainstorming sessions where we explore what we can do differently in each location to meet our goals and keep things fresh. Over the years, we’ve run a wide variety of events ranging from barbecues and Jell-O-eating contests, to book sales and pancake breakfasts.”

The other key ingredients for any successful United Way workplace campaign are caring employees who take part in those events.

“Staff in the Region really open their hearts. They realize there is a huge need out there for the services funded by the United Way and they feel better knowing they’ve helped someone else,” Murowski says.

“Everyone has the ability to contribute, either financially or through a donation of household items, clothing or their time. Financially speaking, we have people who donate thousands of dollars each year, and we have people who donate a small amount. What matters is not how much you give, but that you do. Even a donation equal to the price of a cup of coffee each week can make a huge difference.”

For more information about how your donation can make a difference in our community, visit www.unitedwaywinnipeg.mb.ca.
The gift of presence
Discover the benefits of being mindful

If you who take pride in multi-tasking, news that it’s bad for your health might be disappointing. Maybe you’ve become so plugged into your PDA you don’t realize you’re doing several things at once but actually focusing on nothing, so consider this: imagine doing one thing at a time.

If you’ve ever been “in the zone” – where time seems irrelevant because you’re completely absorbed in something – that’s mindfulness.

“The best gift we can give anybody – including ourselves – is the gift of presence,” says Elaine Bergen, an EAP Counselor who presents on the concept of mindfulness. “Mindfulness is living life fully in the moment, realizing what we have from a compassionate perspective. The greatest benefit to the practice of mindfulness is to actually be present in our lives, as it is the only one we have.”

Mindfulness represents a significant shift for most people, one that takes them from being on distracted autopilot and plunks them firmly in the moment.

Noticing your body

This process of slowing things down and acknowledging the moment can help create a more positive response to stressors that arise. When we acknowledge our emotions, we can choose how to react instead of being triggered when someone pushes our buttons.

That’s where a body scan – a head-to-toe self assessment of your body state – can be helpful. A body scan after an upsetting phone call, for example, might alert you to tight shoulders. Mindfulness encourages you to acknowledge your tight shoulders and breathe into the moment.

Ironically, by not trying to fix something, it often changes. Acknowledging provides an opportunity to treat ourselves with greater kindness and compassion. It can mean finding healthier ways to cope with stress instead of reaching for alcohol, junk food or cigarettes.

CONTINUED ON PAGE 8...
After reviewing the progress made up to this, the fifth year of their current five-year plan, the staff of French Language Services has a simple message for health care employees in the Winnipeg Health Region: Merci.

“The number one thing we’d like to say is ‘thank you,’” says Dana Mohr, Regional Manager French Language Services (FLS). “The increased use of French and the greater understanding of its importance is a testament to the compassion of employees throughout the Region and a clear indication they understand the needs of their Francophone clients. There’s been a huge evolution over the past five years.”

Five years ago, improvements to French language services were largely in the policy stage. Expectations from the Francophone community were low, as was staff awareness.

“At that time, the Region offered just a single French language training program for staff, and enrolment was limited to staff in our designated bilingual facilities,” Mohr says. “We now offer a parallel program for staff in our 180 other facilities, programs and services, 13 other French language workshops developed in consultation with L’Université de Saint-Boniface, and a range of website-based education tools available free to all employees.”

More importantly, staff awareness of the importance of French has increased dramatically.

“Employees are more willing to learn French or improve their existing French language skills, and are much more aware of the tools and supports available to them. It takes commitment to learn French and a lot of courage to use it when you aren’t 100 per cent confident in your vocabulary — and we find that people are increasingly stepping up to the challenge.”

Part of that success is no doubt due to the hard work of the small, but dedicated FLS team.

“One of my favorite quotes from our recent survey of the Region’s staff was, ‘You guys are everywhere.’ Given there are only three of us [Mohr, FLS Coordinator Angèle Matyi and Administrative Assistant Lise Grégoire], that comment makes our team very proud. We are three very motivated people and it’s gratifying to see we’re making a difference.”

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French Language Services: A resource par excellence.

- The Winnipeg Health Region is one of seven designated bilingual RHAs in the province
- A common misconception is that French language use is primarily concentrated in St. Boniface and St. Vital, but the fact is that Manitoba is receiving more Francophone immigrants from French-speaking African countries, as well as France and Belgium. As a consequence, there are growing numbers of Francophones in St. James, Fort Garry, River Heights and downtown. The FLS team watches the trends and makes adjustments to French language capacity in our facilities as necessary.
- Working with the Conseil communauté en santé du Manitoba, FLS coordinates the written translation of hundreds of printed and online documents each year (more than 200,000 words). FLS reviews all of these for consistency and quality.
- FLS’s “I’m learning French” buttons allow staff to use French in real life situations that signals to Francophones that the person wearing the button is still learning, and their French won’t be perfect.
- A series of 12 “Bite-Sized Grammar” workshops (90 minutes each) allows employees to choose the topics of most interest to them.

For more information about French Language Services, visit wrha.mb.ca/professionals/fls.
Over the years, the team has worked hard to increase the profile of the services they offer. Using media that include DVDs, Health Care Connection, pay stub memoranda, buttons, orientation sessions and posters – just to name a few – the team has been tireless in its pursuit of creating greater capacity for the use of French within the health care system. The focus, as always, remains on improving the patient care experience for Winnipeg’s growing Francophone community.

“There’s an old saying: ‘When I’m sick, I’m not bilingual!’ And it’s true; it’s very hard for ill or older Francophones to use English, which for them is their second or, in some cases, even their third or fourth language. Being able to provide services in French can help health care professionals better diagnose and treat those in their care. Even small talk can help put a Francophone patient at ease and give them a greater sense of security.”

Staff have been quick to recognize those needs, Mohr says.

“Over the years, providing documents in French has become more of a reflex for staff. Five years ago, we’d often have to remind them of the Region’s obligations, but now they come to us, even in cases where a translation isn’t officially mandated or funded. They see the value of it, and are prepared to go above and beyond the call of duty.

“We also enjoy incredible support at the management and executive level, and that’s critical for us,” Mohr adds.

The results are being noticed.

“We continue to receive many positive comments from Francophone community. Five years ago, their expectations were low, but they’ve seen us working hard to respond to their changing needs. Overall, the public is realistic. They understand our challenges and that improvements to French language services take time. They’ve been very helpful in providing us with direction.”

With a new five-year plan on the horizon, the FLS team recognizes there is still work to be done.

“There will always be challenges with respect to hiring, building greater capacity, and making the public aware of our services and where to get them. But we’ve certainly come a long way in our efforts. We’ve reached the point where staff are eager to work with us to create an expectation that service in French will be available. With their help, and with continued collaboration between ourselves and our partners in the Francophone community, we know we are not out there alone. We are all working toward the same goal, and have created a much better environment than we had years ago. The pace of change has been very positive.”

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Another mindful step

Another component of mindfulness is meditation. If you’ve ever tried meditation and suddenly had an itchy nose, just couldn’t sit still or remembered you need to buy milk, take a deep breath. Mindfulness meditation is about noticing all of those things without trying to change them. Using kindness and compassion to simply be with whatever is present.

If that thought kicks your inner critic into high gear, that’s exactly the point. Through meditation, we notice ideas, beliefs, thoughts, and emotions that can be incredibly unkind.

“Detachment from thoughts and emotions allows individuals to observe their habitual patterns of behaviour without judgement, creating space for wiser choices,” says Dr. Jon Kabat-Zinn, a leader in Mindfulness Based Stress Reduction. “It can be described as falling awake or coming to our senses.”

Intrigued? Stay tuned…our next issue will feature an article about how to incorporate mindfulness into your practice.

(SANE)...CONTINUED FROM PAGE 1

“Traditionally, victims of sexual assault presented in busy emergency rooms that didn’t provide much privacy,” Joslin says. “Often, the patients were deemed less urgent than, say, someone having a heart attack, which could sometimes result in a delay in care. Patients would be examined by physicians who perhaps didn’t have a lot of experience with these types of cases and who weren’t specifically trained to perform sexual assault exams.”

Things have changed.

“Working in the program is very gratifying. We work with people who are going through one of the most traumatic events anyone can go through as a human being. The support we provide is an important first step in their recovery.”

The task of providing that care isn’t without its challenges, Joslin says.

“All of the cases are difficult for our nurses, and it’s disturbing no matter how many times we see them. We’re lucky that we have an extremely supportive and collaborative team. We meet regularly for debriefing, and are very aware as a group of the vicarious trauma that can occur. It forces us to be that much more caring and thoughtful about how we care for each other. Often what makes it easier for us is when we see the gratitude of a patient for whom we’ve made a difficult path a little easier.”

A typical visit to the program’s suite can last between four and six hours, which includes medical treatment, counseling by Klinic staff and, at the patient’s discretion, an interview with police conducted in the comfortable confines of SANE’s anything-but-clinical suite. Following their visit, patients have access to a series of free counseling sessions provided by Klinic.

Program nurses do gather evidence and can be asked to testify in court, but it’s the patient that drives the process. The pace and nature of care is dictated by the patient, what they’re comfortable with and what their needs are.

“The cornerstone of our program is that we’re here to support the patient in whatever decisions they choose to make about their care. They’re in charge. We provide the options, but if there’s some part of the exam they don’t want us to perform, we don’t do it. Similarly, if they choose not to have the police involved, they won’t be. Our focus is always on the well-being and medical care of the patient first, then on the evidence-gathering and other aspects of the job.”

Jostin adds that because they feel supported, the vast majority of patients — up to 90 per cent — request that nurses gather the forensic evidence required for a police investigation.

“But it’s up to them. With sexual assault, there can be a lot of self-blame and embarrassment and we need to ensure that care is provided in a sensitive manner. Every member of our team is devoted and passionate about the job, as are our counterparts at Klinic and the Winnipeg Police Service. Our collective goal is to create a safe cocoon, a place you can trust those around you and be assured that you will be cared for in a manner that best meets your needs. I don’t think there’s a single case where we felt we didn’t make a positive difference for the patient.”

Try it!

Practice is key with respect to mindfulness. Like anything new, expecting to get it right the first time isn’t the most compassionate way to come at things. Choose one thing to be mindful of — eating breakfast, working out, or drinking your mocha, for example — and see how it feels to be fully present for that activity.

At a glance:

• Last year, the SANE program provided care to nearly 400 victims of sexual assault.

• Greater than 50 per cent of sexual assaults occur in victims under the age of 18.

• Some experts estimate that one in four women and one in eight men have been victims of a sexual assault, the majority of which have been perpetrated by someone known to them.

• It’s estimated that only about six percent of assault victims come forward for care. That number is even lower number for men.

• SANE program patients live in all parts of Winnipeg, including what are considered to be Winnipeg’s most affluent neighbourhoods.