

LE MENTORAT DU NOUVEAU PERSONNEL INFIRMIER DANS DES CIRCONSTANCES DIFFICILES

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RÉSUMÉ

Le respect des directives du programme des temps d'attente en Ontario et le projet d'expansion de l'Hôpital d'Ottawa sont deux motivations critiques poussant le recrutement de personnel périopératoire à Ottawa et dans l'est de l'Ontario. En raison des pressions supplémentaires résultant du vieillissement de la population et de la pénurie nationale d'infirmières et infirmiers, les services périopératoires sont surmenés et sous-équipés. Le préceptorat de nouveau personnel est critique car bon nombre des nouvelles recrues ont très peu ou aucune expérience en salle d'opération. Le modèle d'acquisition de compétences de Dreyfus démontre l'importance du temps et de la patience lors de l'apprentissage dans le but d'améliorer la conservation du personnel, promouvoir le développement professionnel et le dépassement. La création de programmes de mentorat, efficaces grâce au développement de cultures organisationnelles saines, leadership transformationnel et programmes de développement, fournira un meilleur appui pour le personnel infirmier lorsque les temps sont difficiles.

Le stress découlant des efforts pour respecter les exigences de la stratégie de réduction des temps d'attente en Ontario et l'agrandissement des services périopératoires à l'Hôpital d'Ottawa en Ontario constituent les principales circonstances

motivants le recrutement de personnel infirmier dans le domaine des soins périopératoires. Le vieillissement de la population canadienne et le manque d'infirmières et d'infirmiers à l'échelle nationale ont comme résultat des services de soins périopératoires surchargés et sous-équipés qui doivent tout de même former le nouveau personnel et s'assurer de répondre aux exigences importantes de la stratégie des temps d'attente. Le présent article traite des tendances actuelles en soins de santé et des changements dans le cheminement de carrière de plusieurs infirmières et infirmiers influencés par la demande en soins spécialisés. Cette discussion est suivie d'un survol du modèle d'acquisition de compétences de Dreyfus. Le mentorat est proposé comme stratégie efficace pour former et encadrer le nouveau personnel. Pour terminer, sont discutés les avantages et quelques propositions pour créer un programme de mentorat apte à appuyer le personnel infirmier lors de circonstances difficiles.

Les normes professionnelles de l'AISOC relatives à cet article sont citées dans le document suivant édité par l'Association des infirmières et infirmiers de salle d'opération du Canada (2007) : *Normes de pratique recommandées, lignes directrices et énoncés de position pour la pratique en soins infirmiers périopératoires* (8^e édition) Module 1, pages 20 à 22. Norme 1.

MENTORING NEW NURSES IN STRESSFUL TIMES

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ABSTRACT

Meeting benchmarks of *Ontario's Wait Time Strategy* and the expansion of The Ottawa

Hospital are key issues driving the recruitment of perioperative nurses in Ottawa and Eastern Ontario. Added pressures resulting from Canada's aging population and a nationwide nursing shortage mean perioperative nurses are overworked and understaffed. Preceptoring new members of staff raises valid concerns as many of the new recruits have little or no operating room experience. The *Dreyfus Model of Skill Acquisition* demonstrates the importance of time and patience in supporting the learning process. Mentoring is a valuable strategy in an effort to teach and guide new nurses, to increase nursing retention, and to promote professional growth and recognition. Building successful mentorship programs, through the creation of healthy organizational cultures, transformational leadership and staff development programs, will strengthen support for nurses in stressful times.

The stress of meeting the province-wide benchmarks outlined in *Ontario's Wait Time Strategy* and the expansion of perioperative services at The Ottawa Hospital in Ontario are two key issues driving the need for the recruitment of nurses into the specialty of perioperative nursing. As a result of Canada's aging population and a nationwide nursing shortage, perioperative nurses are over-worked and under-staffed while being faced with the pressure to preceptor new staff members while struggling to meet the daily demands of the wait list strategy. This article discusses current trends in healthcare and the career path changes being made by many nurses in response to the demand for specialty trained nurses. It is followed by a brief explanation of the *Dreyfus Model of Skill Acquisition*. Mentoring is presented as an effective strategy in the guidance and teaching of new nurses with a discussion of the benefits and suggestions on how to build a successful mentorship program to support nurses in these stressful times.

Current Trends in Healthcare: The Pressure Is On!

Canada's Aging Population

Statistics reveal that Canadians are, on average, living longer. The number of senior citizens in the population will accelerate after 2011 when the baby boomers will begin to turn 65. By 2028, the number of people aged 65 and over will have more

than doubled from 1.4 million in 1999 to 3.2 million. The number of seniors aged 75 and over will increase from 0.6 million to 1.4 million¹.

As the population ages the requirement for acute health care services rises. In Ontario, cancer continues to be a leading cause of morbidity and mortality, with the risk increasing significantly after age 65¹. Risk factors such as smoking, obesity, hypertension and diabetes remain problematic for many Ontarians¹.

Ontario's Wait Time Strategy

The aging population's demand for accessible health care spurred the Ministry of Health and Long-Term Care (MOHLTC) to initiate *Ontario's Wait Time Strategy* in November 2004. The strategy's aim is to improve access to health care services by reducing the time adult Ontarians wait for services in five key areas: cancer surgery, cardiac surgery, cataract surgery, hip and knee total joint replacements, and MRI/CT scans². Hospitals are now accountable for their wait lists, reporting their times to the ministry and perhaps more notably, they must make their wait list information available to the general public as they strive to meet the target times set by the MOHLTC. The wait time period is measured from the time the specialist makes a decision to treat the patient until the time the procedure is completed. Ontarians currently have open access to information about province-wide benchmarks in order to determine exactly which hospitals and services have the longest wait times.

Expansion of Critical Care Services at The Ottawa Hospital

In response to the growing population and increased health care demands, The Ottawa Hospital (TOH), a leading academic health sciences center in Canada, has recently expanded critical care services at its General campus. This includes a new state-of-the-art critical care wing housing an expanded intensive care unit (ICU), recovery room, surgical day care unit, and five additional operating rooms (OR) bringing the total of ORs to 17. TOH currently provides service to a population of 1.5 million people in Ottawa and Eastern Ontario. With 71,000

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surgical procedures completed at TOH in 2005³, and the constant push to meet the demands of the MOHLTC's initiative to reduce wait times for surgery, the recruitment of perioperative nurses is critical to ensuring high quality care is safely and efficiently delivered to this high volume of surgical patients. Where will these nurses come from?

Nursing Today;

Nursing Shortage: General

Canada is currently experiencing a nation-wide shortage of health care providers. Registered Nurses are the largest group of health care professionals with a direct impact on the functioning of our health care system. Although there was a 5.3% increase of nurses from 2000 to 2005, the average age of Canadian nurses also increased from 43.3 in 2000 to 44.7 years in 2005⁴, meaning a larger portion of nurses are now moving closer to retirement. Nursing school enrolment has also improved in recent years with new interest in nursing as a profession; however we are far from solving this nationwide nursing shortage.

Recruiting to Specialty Services

Due to the additional training required for specialty services, areas such as ICU, recovery room, emergency room and the OR are even more burdened by the current trends in nursing shortages. The need to recruit and retain specialty nurses is greater than ever. In addition to the generalized training completed in nursing schools, specialized areas are required to invest more time in ensuring nurses obtain the advanced training, skills and experience required to care for patients in these high risk areas. Recruiting nurses from general nursing units to specialty areas creates staffing challenges for the general nursing units which can negatively impact patient care. Overworked nurses will then become more frustrated and stressed. At best, the recruitment of nurses from other units is a band-aid solution for the specialty services and an open wound for the general nursing workforce.

Overworked & Understaffed in the OR

The fast-paced, high energy environment of the OR provides perioperative nurses with a unique opportunity to work closely with the anesthesia

and surgical team to anticipate potential problems while ensuring safe, efficient and quality patient care. Highly skilled OR nurses, who are able to confidently manage patient crises, improve the overall quality of patient care provided during the surgical experience. However, today's perioperative nurses are struggling with heavy workloads, high patient acuity, various instrument processing issues, low morale, and staff shortages. As a result, many in the perioperative nursing profession are experiencing burnout, increased sick time, or making the decision to leave the OR for either professional or personal reasons. Bally believes the detrimental effects of these issues are being reflected in poor staff performance and in unsatisfactory patient care outcomes.⁶ These issues, if they remain unaddressed, result in an increase in feelings of frustration and cause undue stress on nursing staff. To compound matters, nurses are continually pressured to preceptor and teach new nurses. Most newly hired nurses have little or no OR experience. Preceptors not only orient new nurses to the environment and routines of the unit itself, but teach them how to apply their perioperative nursing education to the practical environment, help build their knowledge base, and work with them to improve their skills. The added responsibility related to preceptoring increases the already heavy workload of the experienced nurse.

Beginners teaching beginners

A major concern, identified by OR nursing staff at TOH's General campus, relates directly to patient safety. Continuously striving to meet province wide benchmarks for key surgeries means surgical cases are rarely cancelled even when the unit is short of nurses. Perioperative nurses are expected to "just manage" which often results in a senior nurse supporting two beginners, senior staff members split between OR suites to cross-cover for break relief, and the newest trend of beginners teaching beginners! "The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) reports, 'inadequate orientation and training of nurses is a factor in 58% of serious errors. ...staffing levels have been a factor in 24% of 1609 sentinel events over the past five years'.⁷ Beginners pushed into high acuity cases before they have acquired the knowledge base necessary

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for the job, and with little back-up, increases the beginner's stress level and the overall stress level in the OR. New recruits feel overwhelmed and poorly supported. How is the perioperative profession going to retain these new recruits? A positive and supportive environment is necessary for new nurses to practice skills, gain valuable experience and increase self-confidence.

Changing Career Paths – A New Beginning:

In order to understand how to properly support new perioperative nurses, we must first understand where they are coming from. Many who enter the perioperative specialty are experienced nurses who are now starting over in a new specialty service and an unfamiliar environment. Having been experts in their previous area of practice, they are now experiencing a major role reversal and learning how to shift gears and become the student once again.⁸ The *Dreyfus Model of Skill Acquisition* outlined by Patricia Benner (1984) shows the stages of movement required by nurses who are new to a practice environment before they become expert in a new specialty (see table 1). This process requires both time and patience. Thomes

states, "impatience, more than anything else, can make the new novice doubt his or her decision to change career paths. It can also place too much pressure on the novice to succeed, thereby causing failure".⁹ The process of mentoring can aid in the successful transition from novice to expert. Mentors must help novices understand that they will not know all there is to know about their new role and that the learning curve may be steep.⁹ Challenges and frustrations are expected and are part of the learning process. Establishing clear goals will provide the novice with a sense of direction and feeling of accomplishment when the goals are achieved.⁹

Mentoring

A Collegial Relationship

Mentoring is a collegial relationship between two nurses "formed on the basis of mutual respect and compatible personalities with the common goal of guiding the nurse towards personal and professional growth".⁷ It is a reciprocal relationship where the mentee can develop his/her practice safely and competently, while

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Table 1: The Dreyfus Model of Skill Acquisition: From Novice to Expert

Stage One: Novice	A beginner who has no experience in clinical situations that he/she is expected to perform
Stage Two: Advanced Beginner	Demonstrates marginally accepted performance He/she has begun to understand some of the basic elements of a new clinical setting
Stage Three: Competent	Feeling more comfortable with his/her practice Formulates a conscious, deliberate plan that will help to achieve efficiency & organization
Stage Four: Proficient	Understands the situation as a whole rather than aspects of it, because he/she can perceive it in terms of long-term goals Learns from experience in a situation and how plans need to be modified in response to these events (Benner, 1984)
Stage Five: Expert	He/she has an enormous background of experience and an intuitive grasp of each situation and zeroes in on the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative diagnoses and solutions (Benner, 1984)

being supported by an encouraging mentor.⁶ The mentor provides the mentee with teaching, counseling, confirmation, acceptance, friendship, protection, coaching, and sponsorship⁶; the benefits of this complex relationship are sharing, growth, learning and empowering.¹⁰

Butler & Felts describe mentors as “keystones”.¹¹ A keystone is “the wedge-shaped piece at the crown of an arch that locks the other pieces in place, or something on which associated things depend on for support”.¹¹ The relationship between the keystone and the new nurse can be mutually beneficial. An effective keystone engages in self-reflection of traits, attitudes, and behaviours conducive to the role, and the new nurse accepts the responsibility for learning, maintaining an attitude of intellectual curiosity, engaging in self-reflection of traits, attitudes and behaviours, and identifying personal and professional goals.¹¹

Benefits of Mentorship

Professional growth & recognition

For the benefit of the profession, experienced nurses must support one another in the quest for professional development, sharing their knowledge and passion with novice nurses. The Canadian Nurses Association (CNA) strongly supports the creation of mentoring programs to aid in this process; to stimulate professional growth, career development, staff morale, and quality within nursing workplaces.⁶ Block et al describe the success of the Macmillan Mentorship Training Program in the United Kingdom where mentors reported benefits such as: increased confidence in knowledge, in skills, ability to give feedback, and identification of their own learning and development needs.⁷ A descriptive study by Schoessler & Farish found senior nurses, who are moving closer to retirement, eager to share their knowledge with younger nurses before they leave the profession.¹² Mentoring is an excellent method of carrying out this sharing of valuable information. Not only will nurses develop a sense of pride and professional growth from mentoring, they will empower one another, strengthen the nurse to nurse relationship, and more pointedly, increase the long overdue recognition of nursing as a respected profession.¹³

Retention strategy

Perhaps the most powerful outcome of a successful mentorship program is the positive correlation with increased nursing retention.⁷ “Mentoring serves as a basis for clinical knowledge and skills, promotes professional development, and increases job satisfaction as vital ingredients to promote retention”.¹³ Positive work environments and increased employee satisfaction also lead to nurse retention.⁷ Increased nursing retention has been associated with adequate staffing, which directly impacts patient safety issues such as medical errors, mortality, and average length of stay.⁷

Building a Mentorship Program

Organizational culture

In order to develop a successful mentorship program it is crucial to first establish an organizational culture that supports mentorship. Bally identifies four factors in a healthy organizational culture: providing opportunities for autonomous clinical practice and participative decision making; being valued as a practicing professional registered nurse throughout the organization; continued learning; and supportive relationships with their peers, physicians, and management.⁶ Bally believes transformational leadership in acute care environments can improve nurses’ level of confidence, feelings of self-worth, and ultimately promote professional nursing practice through the process of mentoring.⁶

Transformational leadership - Bass’ leadership initiatives

Bass proposed four dimensions of transformational leadership to enhance mentoring in an organizational culture: inspirational motivation, individualized consideration, idealized influence, and intellectual stimulation.¹⁴

Inspirational motivation provides a foundation for mentoring. Nurses inspire one another to understand and utilize mentoring in their practice. Providing a vision of mentoring encourages a sense of purpose, helps attach that purpose to work, and develops collaborative partnerships to implement the vision.⁶ Nurses develop a mission

statement incorporating mentoring activities to promote a climate of excellence and create a learning environment that incorporates encouragement, acceptance, and support.¹

Individualized consideration encompasses the appropriate matching of mentor and mentee, encouraging open and continuous communication, the sharing of experiences, the celebration of milestones and recognition of achievements for positive learning experiences.⁶

Setting mutual goals requires the mentor to understand the learning needs and abilities of the mentee, and to modify their role accordingly.⁷ Successful matching in mentoring relationships can lead to increased interest from other staff members, thereby strengthening the depth of the mentorship program within the organization. Unit based recognition programs that reward peers for acting as resources, would provide mentors with a sense of pride and accomplishment¹² and allow mentees to show their appreciation.

Idealized influence in which role modeling is used to establish credibility, trust, interpersonal communication skills and active listening, creates a safe and supportive environment in order to sustain mentoring.⁶ Block et al believe that by providing nurses with the means to express their concerns and the opportunity to work alongside positive role models, their role transition will be optimized.⁷

Intellectual stimulation requires collective leadership between nursing management and staff nurses to support professional growth and development of individuals in the organization. Nursing leadership must work to identify and remove barriers to mentoring within the organization¹³ and also emphasize the importance of mentoring in their work environments.⁶ Mentoring goals, values and ethics must be aligned with values of the organization; an organization whose leadership must be willing to commit both financial and human resources to enable program success.⁷

Staff development programs

Staff development programs are essential to the adequate preparation of mentors for

mentorship. It is the responsibility of the organization to ensure that mentors are provided with the knowledge and skills to meet the mentee’s needs.¹⁵ Information regarding various learning styles, generational differences and adult learning principles should be provided and be easily accessible, for quick reference, when needed within the unit. Preceptors should gain an understanding of a novice nurse’s perspective⁷ and how to provide constructive feedback. Introducing mentors to their roles and discussing preceptor expectations is imperative and should occur before a mentoring relationship is entered.⁷ A nurse retention plan at the University of Michigan Health System recognized that preceptor preparedness directly affected the orientation of new nurses.⁷ They found success in “preceptor action days” which focus on career enhancement, new skill development, and professional collaboration providing the preceptor (mentor) with the tools to be a positive mentor for novice nurses. Mentors and mentees should participate in the planning, education, and evaluation process in order to improve the program for future mentorship participants. Continuous education and training opportunities that are integrated into the work environment will increase staff awareness of the mentoring process and help foster an organizational culture that supports mentoring as a respected professional practice.

Summary

This article has discussed the current trends in health care including Canada’s aging population, *Ontario’s Wait Time Strategy*, the expansion of critical care services at The Ottawa Hospital, the nursing shortage and how these trends impact perioperative nurses. The *Dreyfus Model of Skill Acquisition* was outlined as demonstrating the challenging transition a nurse must go through to reestablish him/herself in a new role within a new clinical specialty. Mentoring, a collegial relationship based on mutual respect and common goals, was presented as a successful strategy to guide and teach new nurses, to develop professional growth for experienced nurses, to promote recognition of nursing as a profession and most interestingly, to increase nursing retention in these stressful times.

MENTORING (cont.)

Suggestions to build a mentorship program, including the importance of developing an organizational culture, use of transformational leadership and staff development programs, provided the reader with some background information to promote and sustain a mentoring program within their own organization.

ORNAC professional standards related to this article can be found in the Operating Room Nurses Association of Canada (2007) (ORNAC) *Recommended Standards, Guidelines, and Position Statements for Perioperative Registered Nursing Practice* (8th edition). Module 1, p. 20-22, Standard 1.

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In September 2008 ORNAC encouraged nurses to capture the spirit of the upcoming Perioperative Nurses' Week with the launch of the ORNAC Writing Contest. Nurses from across the country were invited to submit essays on the theme 'Why I Choose Perioperative Nursing'. Meaningful essays arrived from across the country and three winners were selected by the ORNAC Awards Committee, according to ORNAC Board and Executive approved guidelines, to receive the following prizes:

1st Place Prize Awarded to Dawn Affleck of Brandon, MB – Registration, hotel and travel to the 2009 ORNAC Conference and one copy of the ORNAC Standards.

2nd Place Prize Awarded to Agata Repec of Thunder Bay, ON – Registration and hotel for the ORNAC 2009 Conference and one copy of the ORNAC Standards.

3rd Place Prize Awarded to Jessica Gerrits of Centreville, NS – Registration for the ORNAC 2009 Conference and one copy of the ORNAC Standards.

CONCOURS DE RÉDACTION DE L'AIISOC

En septembre 2008, l'AIISOC a lancé le concours de rédaction de l'AIISOC dans le but d'encourager les infirmières et infirmiers de célébrer la semaine des soins périopératoires. Les infirmières et infirmiers des quatre coins du pays ont été invités à soumettre un texte expliquant pourquoi ils ont choisi de faire carrière en soins périopératoires. Des textes éloquentes sont arrivés de partout au pays, et, selon les critères approuvés par les conseils exécutif et administratif, les trois gagnantes choisies par le comité des prix de l'AIISOC recevront les prix suivants :

Premier prix décerné à Dawn Affleck de Brandon (Manitoba) - Inscription, hôtel, transport à la conférence nationale 2009 de l'AIISOC et une copie des normes de pratique de l'AIISOC.

Deuxième prix décerné à Agata Repec de Thunder Bay (Ontario) - Inscription, hôtel à la conférence nationale 2009 de l'AIISOC et une copie des normes de pratique de l'AIISOC.

Troisième prix décerné à Jessica Gerrits de Centreville (Nouvelle-Écosse) - Inscription à la conférence nationale 2009 de l'AIISOC et une copie des normes de pratique de l'AIISOC.