



MLT

Analyzer



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President's Message

SEASON'S GREETINGS AND ALL THE BEST TO YOU AND YOURS IN 2006 !

ment you achieved by hosting what we believe is one of the most successful congresses ever. Congratulations on a job well done and thank you for your years of tireless dedication to this project.

I would like to take a moment to acknowledge those who give of their time so willingly to this society. These people participate in meetings that require time away from their families, teleconferences, respond to many, many emails about society business and are fantastic examples of technologists in our profession today. All of these people do these things for nothing more than sheer pride of their profession. Thank you so much for your time, expertise and the laughs we have shared during the past year.

I would also like to thank the organizers of our Fall Symposium for a wonderful couple of days to refresh and learn more. Congratulations!

It is on this note that I close. I have learned so much this year that will be carried with me throughout my career and I have all of you to thank. What a wonderful experience this has been and I will continue to find ways to serve the society after my term of past president is over. I would encourage everyone to find a way to get involved in YOUR society. It is a rewarding way to round out your career as a technologist.

I would be horribly amiss if the organizers of our national congress were not acknowledged. What a tremendous accomplish-

What do you call a boomerang that doesn't work?...

A stick !



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From the Editor:

As another year draws to a close, I look at what the NBSMLT has accomplished this year and I am filled with pride. The NBSMLT and Congress committee were pivotal in hosting an extremely successful national congress in Moncton in May. The society will reap some monetary benefit from that success, which will help the Board move forward with initiatives suggested by the membership such as updating the website and providing some other continuing education options. Our fall symposium and annual general meeting was well attended and the discussion about bylaw change was spirited. More and more, we are beginning to realize our professional worth and the duty we have to our profession and the public. Valid points have been raised about the stages of life and level of commitment to our professional lives; it is often not easy to do the right thing. Time is a commodity many of us have far too little of, so we must use what we have to the best advantage.

The NBSMLT professional development program requires 3 credits within 3 years. Those 3 credits can be made up of a variety of activities, formal courses, in-services, reading journal articles, anything which has a learning component and some documentation; totalling between 45 and 60 hours of activity within 3 years; will provide the required credits. I believe, that, as was clearly expressed during the AGM discussion, everyone understands the benefits and necessity for continuing professional development; the hurdle that needs to be overcome is documentation and following through with the applications. The program will continue to evolve with constructive input from the members of the society.

Dedicated volunteers are the main reason that the NBSMLT functions as well as it does. The volunteer pool needs to be refreshed from time to time. You may be surprised at what volunteers can accomplish. If you have some time you would like to offer to your profession, please contact Janet Kingston or any of the board members to see what is involved. Committees generally meet once or twice per year, with much business

completed by email. The usual term to serve on a committee is 2 years. Please consider volunteering.

Please send thoughts you'd like to share with your colleagues, comments, suggestions or articles to:

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Editorial policy

The purpose of this newsletter is to provide a means of communication between the members of the NBSMLT and its Board of Directors. The opinions expressed in the MLT Analyzer are those of the contributors and do not constitute official policy of the NBSMLT. The editor reserves the right to edit submissions as required.



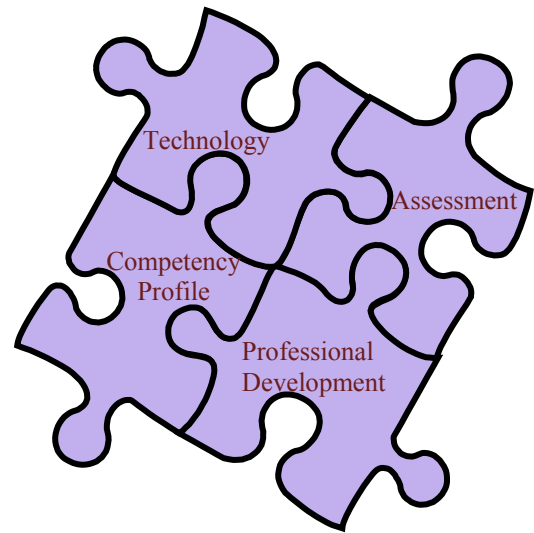
Up-coming Events... You won't want to miss:

CSTM Rendez-Vous Montreal
New Trends
May 5 -7 2006 Hyatt Regency Montreal

CSMLS Congress 2006
May 28 - 31 2006 Winnipeg, Manitoba

Maritech
October 26 - 28, 2006 Saint John, NB

**National Continuing Competence Conference
- Putting the Pieces Together
Nov 2,3 2005 Edmonton Alberta**



On November 2 and 3, as the chair of the Advisory Committee on Regulation and Professional Practice, I was fortunate to be able to attend the first national conference on continuing competency in Canada held in Edmonton, Alberta. It was hosted by the Continuing Competence Interest Group of the Federation of Regulated Health Professions of Alberta, which includes Medical Laboratory Technologists, Medical Radiation Technologists, Physiotherapists, Occupational Therapists, Social Workers, Psychologists, Licensed Practical Nurses and Pharmacists. There were groups represented from all over Canada, some of which are regulated and some which are not. Representatives from nursing; opticians, dental assistants, dental hygienists, speech and language pathologists and dieticians all attended this conference to network and learn from one another. Though I was the lone delegate from New Brunswick, there were delegates from Alberta, British Columbia, Northwest Territories, Manitoba, Ontario, Saskatchewan, Nova Scotia, Newfoundland and Quebec.

Many professions are actively pursuing self regulation and came to learn from colleagues the steps to take, pitfalls of which to be aware; and to become more aware of the processes involved along the way. Since the legislation varies by province, differences naturally occur but the goal was to find common ground to discover how other professions are meeting the challenge of evaluating competency in a profession.

Dr Lorne Tyrell, who delivered the keynote address, set the tone with discussion of conclusions

from the Baker-Norton report on patient safety. The findings in this report have reinforced the need for continuing competence in all facets of health professions.

The concurrent sessions were focussed on aspects of continuing competency such as self assessment, how to design a learning plan and the tools you need to make it meaningful. A professional portfolio was one of the examples of a self- assessment tool which seemed to make a lot of sense. This portfolio (or file folder, binder or box) would be the spot where a technologist would record their goals, self assessments, learning plans, certificates of achievement and other related documentation so that when audited, all the information would be in one place and up to date. The main thread was that competency is a continuum and goals need to be constantly re-evaluated and learning needs and objectives examined on a regular basis and updated and revised to ensure that they are meeting the stated definition of competency. The following definition was used in one of the sessions I attended.

Professional Competence is the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily practice for the benefit of the individual and the community being served. (Epstein and Hundert 2002)

Continuing competence, then, is maintaining currency of knowledge and skills for specific areas

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National Continuing Competence Conference - Putting the Pieces Together Nov 2, 3 2005 Edmonton Alberta

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of practice and accountability for competence rests with the individual. However the regulatory body, NBSMLT, is required, by law, to ensure that only qualified licenced professionals practice medical laboratory technology. Clearly there must be some way to meet this legal requirement. The first step has been the implementation of a mandatory professional development certificate for renewal of licence. Continuing education, by itself, is not the best indicator of competence; it is just one of the tools used.

With most recently regulated professions, there is a five year window for the regulatory body to have in place, a process to assure competency

in its members. While our situation is somewhat unique because we have been self regulated since 1991; the direction most governments are going seems to be to require the regulatory body to provide assurance of competency of its members. There is no reason to suppose that our government, in the not too distant future, won't require the same thing.



NBSMLT Fall Symposium October 21, 22 2005

The Moncton Academy hosted the Fall Symposium at the Ramada Crystal Palace Hotel in Dieppe October 21 and 22. Due, in part, to the success of the Congress held in May, the turnout for the symposium was less than anticipated. However, those who participated felt that the educational event was a success.

Topics included forensic pathology, organ donation and retrieval, ergonomics, lab safety and photodynamic therapy to name a few. Approximately 20 presenters were on hand to provide information to almost 70 delegates. The AGM was well attended with 67 voting members present to discuss the bylaw change regarding the mandatory professional development program. This bylaw required a 2/3 majority vote to pass,

which it received. Completion of the professional development program will be required for renewal of licence to practice in 2009. It was noted that the most important facet of the program is documentation of your professional development activities.

There was no trade show component to the fall symposium because of the national congress held in May, so it must be noted that the conference was not a revenue producing event. The Academy however did break even financially and so the organizers consider it to have been a success.

We look forward to Maritech which will be hosted by the Saint John Academy in October 2006.

President Elect 2006 Monique Collette

I graduated in 1989 after receiving my training in Cytotechnology at the Toronto Institute of Medical Technology (now The Michener Institute for Applied Health Sciences).

After working as a Cytotechnologist in the Ottawa/Hull region for a few years in both private lab and hospital settings, I returned to Moncton with my husband Dan and we had our two children; hence my second and greatest career as a mother (the most rewarding, I might add). Samuel is now 12 and Mélanie is 10.

I returned to work as a Cytotechnologist in 2001 at the Dr. Georges-L. Dumont Hospital and I have been actively involved in a pilot project for Cervical Cancer Screening and Prevention in New Brunswick with strong hopes of it becoming a full and comprehensive program in the near future in our Province.



I was a member of the Scientific Committee for the 2005 CSMLS/NBSMLT Congress and I truly enjoyed meeting and working with such devoted colleagues in the field of Medical Laboratory Technology. The end result of our team work proved to be quite impressive.

I look forward to fulfilling the duties of president of the NBSMLT in 2007. It will be quite a privilege to represent this notable profession that is ours.



Total 2005 fees for practicing members will be **265.00** and includes:

CSMLS dues	\$138.00
NBSMLT dues	115.00
Liability insurance	12.00



Please note that liability insurance coverage ends on December 31st of each year and so fees must be received by December 31, of each year .

If you have questions, please do not hesitate to call the NBSMLT office at 506-455-9540.



For those technologists who do not participate in payroll deduction, fees may be paid by VISA (not MasterCard) by calling the NBSMLT Office.

Congratulations!!!



Congratulations to **Linda Richard** who successfully completed the CSMLS certification examination for MLA which was held last spring. Linda has worked for many years at the Chaleur Regional Hospital in Bathurst and is currently employed in the Cytology department.

Congratulations also go out to three candidates from Southeast Regional Health Authority who challenged the CSMLS Medical Laboratory Assistant certification exams held in October 2005 and were successful.

Jodi Dinan

Stephen Roach

Buny Chhieu

The voluntary certification program is designed to provide a professional credential for those individuals who are practising as medial laboratory assistants in the workplace. There are a set of standards and competency profiles available from the CSMLS. Lab assistants who have graduated from a recognized program, as well as those who have no formal training but a letter from their supervisor and documentation to support their experience, may be eligible to sit the MLA certification exams.



Please remember to include all necessary documentation with your PDP applications; this will prevent any additional delay in the processing. If you wish original documents to be returned, please include a stamped self-addressed envelope.

Many thanks...your ACR&PP committee.



The windows in my house:

Last year I replaced all the windows in my house with that expensive, double-pane, energy efficient kind.

But this week, I got a call from the contractor complaining that his work had been completed a whole year and I had yet to pay for them!

Boy, oh boy, did we go around! Just because I'm blonde doesn't mean that I am automatically stupid.

So, I proceeded to tell him just what his fast-talking sales guy had told me last year... "that in one year the windows would pay for themselves".

There was silence on the other end of the line, so I just hung up, and he hasn't called back. Guess he felt really stupid, huh???





The Role of the NBSMLT

Bernadette Muise

What exactly is the NBSMLT? It is first and foremost the regulatory body for Medical Laboratory Technologists in New Brunswick. If you are not licensed by the NBSMLT you can not work as, nor call yourself, a medical laboratory technologist in the province of NB. Self regulation, as proclaimed in the "Act respecting Medical laboratory Technologists" requires that the mandate of the Society is the protection of the public, which means protecting the public from persons falsely claiming to be medical lab technologists. One of the ways this is accomplished is to ensure that only licensed technologists may work as lab technologists.

There is some confusion about the NBSMLT. The role of the NBSMLT is regulatory; unlike the CSMLS, whose role is member services, provision of liability, continuing education courses, and advocacy for medical laboratory technologists. The NBSMLT has tried to provide as many services to the members as possible, in addition to its role as a regulatory body.

In many provinces, such as in Ontario, the regulatory body is distinct and separate from the advocacy body. In Ontario, there are two entities, the College of Medical Laboratory Technologists of Ontario and the Ontario Society of Medical Technologists. To be employed as a tech in Ontario you must belong to the CMLTO but not to the OSMT. The College collects fees, ensures the members have liability insurance coverage and administers the regulatory functions of complaints, disciplinary hearings and professional development compliance. The Society advocates for the members. Membership in CSMLS is not required for either body.

When Nova Scotia was regulated in 2004 their legislation would not allow them to require CSMLS membership, they encourage it by emphasising the fact that the minimum \$2,000,000.00 liability coverage must be provided by the member, not by the NSCMLT. Since the CSMLS liability coverage fee

is approximately \$12.00 per year, many members have chosen membership in CSMLS as the method for providing proof of liability coverage.

In fact, the only province which requires CSMLS membership is New Brunswick. For this partnership, we, the members, get liability insurance at a much better rate than we would be able to obtain alone, as well as access to CSMLS courses at the members rate; a not inconsiderable saving.

Many professions are moving toward self regulation to ensure the public that their profession is committed to providing the best service possible. In order to prove this position to the public, competency assurance initiatives such as professional development programs are becoming the standard by which the claims of the professions are judged. Compliance with the mandatory professional development program in New Brunswick is not optional.

It is my belief that the technologists in N.B. are among the best in the country. That we have an above average commitment to continuing education, as demonstrated by participation in the voluntary PEP and CPS programs, has been remarked upon by the CSMLS. The professional development program may take some getting used to, there are always growing pains; but the most important thing, is to begin documentation of any activity in which there is a learning component. Keep track, and before you know it you will have the credits required for your certificate. As any habit, it needs to be developed, we document routinely in our workplace, this is just one more piece of documentation to maintain.

In-services, or lunch and learning sessions which have no formal certificate can be documented by an attendance list/sheet signed by the presenter or your lab supervisor. Any time you get a certificate, make a copy, and keep it in your PDP file. Reading scientific articles can be a maximum of 1, of the 3

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The Role of the NBSMLT

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credits required per submission. The documentation required is the name of the article, author and journal in which it was published. Writing articles for the newsletter are worth credit; check the guidelines on the website. The Analyzer is a perfect venue to try your hand at writing an article.

A regulatory body, as mandated by the government, has a cost associated with it. The costs to date have been kept as low as possible, however, with the mandatory professional development program and the cry for more courses and educational opportunities, our fees may need to increase

to keep pace with the legal requirements.

I have been on the NBSMLT Board of Directors for the past 7 years and I have learned a lot about the way the society works and the challenges the board faces. Your Board is composed of hard working technologists who believe in their profession; they need your input and support. The more people we have working together to improve our profession, the stronger we will become. We frequently complain that people don't know who we are or what we do; the only way that will change is for US to make them see.

With the current emphasis on patient safety causing many facilities to review their processes, laboratory technologists, with their knowledge of standards and process development, can contribute greatly to developing quality systems that will ensure the best possible patient care in the most efficient manner. In the coming issues of the Analyzer, there will be a column on quality management.

Quality Management: From Concept to Practice

*Vancouver, November 3 and 4, 2005
Anne Robinson, MLT ART*

The British Columbia Provincial Blood Coordinating Office and Provincial Laboratory Coordinating office along with the Public Health Agency of Canada hosted a conference, **Quality Management: From Concept to Practice**, in Vancouver November 3 and 4, 2005.

The theme of the first day was Current Concepts in Quality Management. The topics presented provided an overview of the whole topic of Quality from linking quality with wellness to providing specific information on resources available to aid in the development of quality plans and initiatives.

The conference was opened by remarks from Dr. Penny Ballem, the Deputy Minister of Health for B.C. This lady is also a Haematologist, so has a very good understanding of Laboratory Medicine. She made the statement that laboratories are the wedge driving the agenda of quality for health care

systems. The work being done is critical for all patients because quality care optimizes patient outcomes, thus ensuring resources are used wisely.

The first speaker was John Perry, the senior quality advisor and senior VP for the National Quality Institute of Canada (NQI). He is an incredible speaker; interesting, entertaining and deeply committed to promoting quality workplaces.

Quality workplaces cannot exist without healthy workplaces; therefore it is imperative that organisational quality and wellness programs be managed as a unit and not separately. Quality cannot be sustained without a focus on wellness.

It is important to implement a quality plan in a progressive manner. "Quality Management is deceptively simple and endlessly complicated". If work-

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Quality Management: From Concept to Practice

Vancouver, November 3 and 4, 2005

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place culture drives quality, there will be success but it is important that the culture be one that supports the concept of wellness and work-life balance. This will allow the **concept** (the vision, mission, values and culture) to be put into **practice** (strategy, structure, process, engagement and actions) and produce a workplace culture that will provide the best care possible for the patient.

He presented a model for progressive integrated implementation of a quality plan:

1. Start Up
2. Foundation
3. Transition
4. Sustained performance

Start Up: It is the responsibility of the managers to stand behind the principles of a quality and healthy workplace. They need to reinforce the vision, mission and values of the workplace. It is important to review the current state of the quality and wellness plans. This will allow you to determine what is done well and to stabilize that. It will also highlight areas for improvement.

Foundation: Using the information gathered in stage one, a strategic plan is developed that de-

finer areas of responsibility, key quality and wellness improvement goals and progress indicators. It is important in this stage to determine client needs and to engage all staff in the process. Process management allows for the mapping of key processes to define critical control points which may then be monitored to provide process control. The health and productivity impacts of the processes can be assessed and areas for improvement identified.

Transition: The strategic linkage of a strategic intent/ direction with improvement plans and improvement actions is essential for success in providing a workplace committed to quality. In this phase, it is important to “connect the dots” so that all initiatives are geared toward attaining a common goal.

Sustained performance: “Quality Management is a journey”. A workplace culture that reinforces quality and wellness will provide people with the tools to carry out the developed plans, processes and procedures in a manner that will achieve excellent patient care.

For more information on the National Quality Institute, go to www.nqi.ca.



Medical laboratory workers play a crucial role in the health care system but are often hidden from public view, according to Dr. Peter Twohig, who is the Canada Research Chair and associate professor in

Atlantic Canada Studies at Saint Mary's University. He is the author of *Labour in the Laboratory* (McGill-Queen's University Press, 2005) - a book which just hit the shelves at bookstores across Canada. His book is an extensive piece of work that offers an intimate portrait of the women (and

Your work has not gone unnoticed

a few men) who laboured in the lab in the Maritimes from 1900 to 1950. His work shows that the history of health care looks different when viewed from the laboratory - from the perspective of health care workers, other than physicians or nurses, as well as how the industry has been organized and how many health care workers filled multiple roles, challenging traditional ideas of professional boundaries and exclusive control over particular tasks. Using evidence from the Maritime provinces, he challenges assumptions about health care work and hospital development in Canada and even beyond.

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Your work has not gone unnoticed

(Continued from page 9)

"The history of health care in the Maritimes is something of an orphan," says Dr. Twohig during an interview. "While nationally great strides have been made in the field in recent years, only a few historians of the Atlantic region have turned their attention to the history of health despite a flourishing regional scholarship."

He indicates that today, laboratory workers constitute the third largest health profession in Canada. This is probably surprising to many. The vast majority of them, roughly 80%, are women. "I have uncovered evidence of their work in medical and nursing journals, annual reports of government departments and hospitals, and in the records of their national society," he explains.

"The result is this book, a case study of a single health care occupation in the first half of the 20th century. Much of the case study is focused on Halifax, though I pay attention to other areas of the Maritime provinces as well. I believe that the issues addressed by the book hold important lessons for contemporary debates about health human resource planning, a key aspect of Canada's health care debate." His book is already getting rave reviews from readers across Canada.

"Twohig provides an original perspective on themes in early twentieth century medial history such as institutionalization, professionalization, and the rise of scientific medicine," says Dr. Charles Hayter, Faculty of Medicine, University of Toronto, and author of *An Element of Hope: Radium and the Response to Cancer in Canada, 1900-1940*.

To learn more about Dr. Twohig's work, Labour in the Laboratory, visit the McGill-Queen University Press website at www.mqup.ca.

For those wanting more information on Dr. Twohig can visit <http://www.smu.ca/administration/gorsebrook/canreschair.htm>.

For information on the Canada Research Chairs Program visit www.chairs.gc.ca.

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Subject: Oil Crisis



A lot of people can't understand how we came to have an oil shortage here in our country.

Well, there's a very simple answer.

Nobody bothered to check the oil. We just didn't know we were getting low.

The reason for that is purely geographical.

Our oil is located in Alberta and our dipsticks are located in Ottawa.



Congratulations !!!

These technologists have also completed the requirements for the NBSMLT Professional Development Program.

Melanie Stace

Jim Sloan

Line Daigle

Nicole Lavoie

Janice Giasson

Barbara McMullen Lahey

Yvonne Nye

Joe Costello

Paula Campbell

Katie Findlater

Charlotte Pirie-McFadden

Beth Thomas

Susan Findlater

Sylvia Golding

Donna St. Pierre

Colleen Moran

Ghislaine Dancause

Sophie Gaucher

Judith Laberge

Bianca Gendron

Carolle Lanteigne

Renée Claude Comeau-Ouellet

Diane Savoie Melanson

Armelle Comeau

Monique Desjardins Levesque

Fernande Duguay

Mary Jane Sullivan

Rino Roy

Lyne Pelletier

Kathy McNeary

Debra Dennis

Janice MacLeod

Janelle Levesque

Karen Doiron

Marina Thompson

Catherine Gandy

Helen Christopher

Joan Bourque

Lise Ruest Clavette

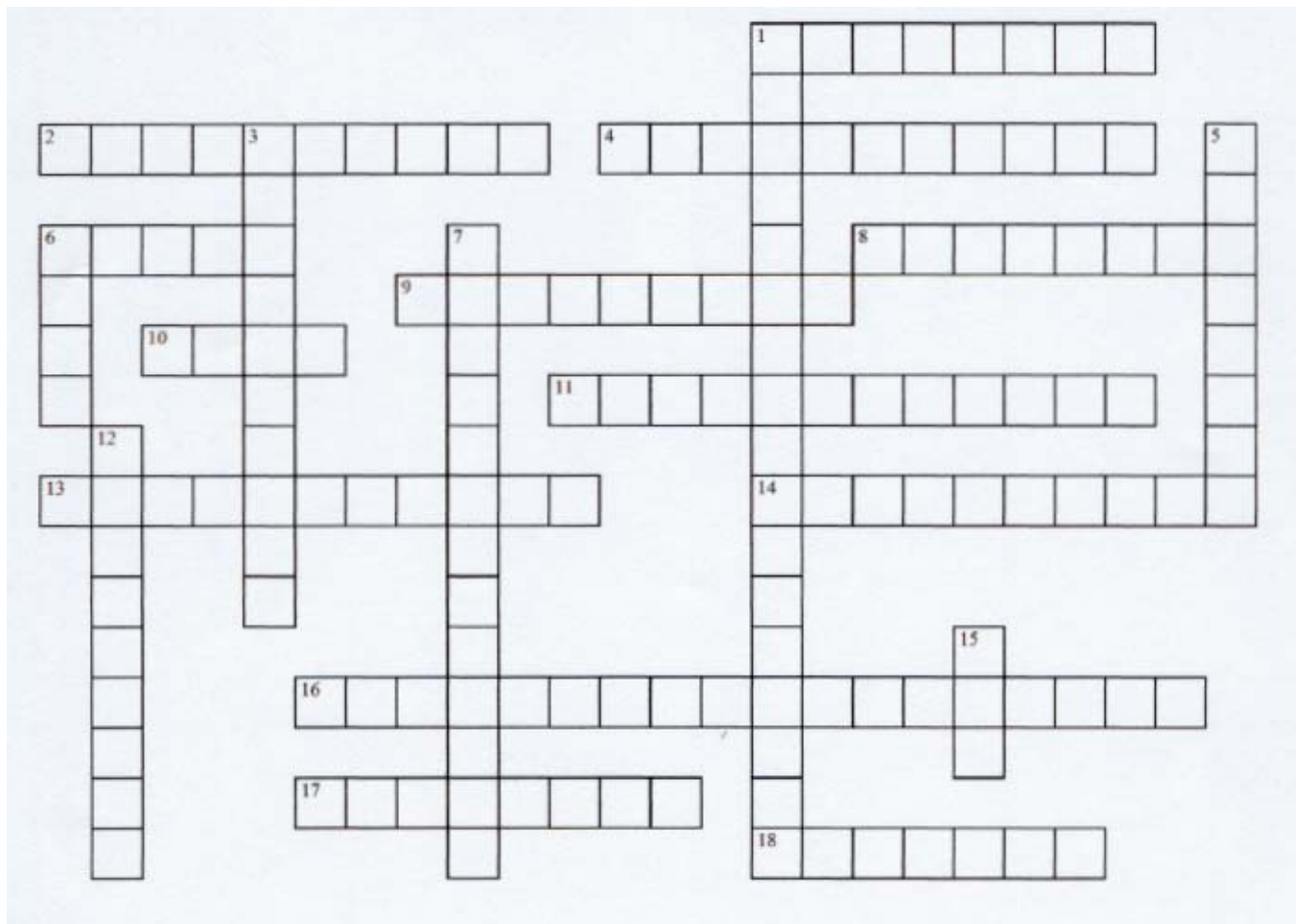
Gina Losier



Submissions from students enrolled at the Community College in Saint John

Due to the difficulty in maintaining the integrity of the student crossword puzzle submission during translation, it has been published in the English issue only. Submissions of this type in French would be welcome.

Crossword Puzzle by Andrea Martin, Fredericton NB



ACROSS

1. White blood cell with chromatin that appears similar to brain-like convolutions
2. The nucleus of a metamyelocyte is shaped like this vegetable (2 wds.)
4. Most common cell in the peripheral blood
6. Cytoplasmic tags
8. Found in the myeloblast in leukemias (2 wds.)
9. White blood cell with a nucleus that consists of lobes connected by thread-like filaments
10. Color of the cytoplasm in a metamyelocyte
11. Cell in the granulocytic cell series that has non specific granules
13. The most immature cell in the lymphocytic cell series
14. The function these cells is the production of anti bodies
16. White blood cell commonly seen in viral illnesses, especially mononucleosis (2 wds.)

17. A key component of coagulation

18. Color of the cytoplasm of a large lymphocyte (2wds.)

DOWN

1. The second most common white blood cell in the peripheral blood (2 wds.)
3. White blood cell with granules that stain bright orange
5. White blood cell with granules that stain purplish black
6. White blood cell with a curved or horseshoe like nucleus
7. The largest cell in the bone marrow
12. Last stage of myelocytic cell series capable of mitosis
15. Pale area near the nucleus representing the golgi apparatus



Anthrax stops body from fighting back

Shihab Baker

Anthrax is an often fatal bacterial infection that occurs when ***Bacillus anthracis*** endospores enter the body through abrasions in the skin or by inhalation or ingestion. It is a zoonosis to which most mammals, especially grazing herbivores, are considered susceptible. Human infections result from contact with contaminated animals or animal products, and there are no known cases of human-to-human transmission. Human anthrax is not common.

Cutaneous anthrax, the most common form, is usually curable. A small percentage of cutaneous infections become systemic, and these can be fatal. Systemic infection resulting from inhalation of the organism has a mortality rate approaching 100 percent, with death usually occurring within a few days after the onset of symptoms.

The rate of mortality among persons with infection resulting from ingestion is variable, depending on the outbreak, but it may also approach 100 percent. Whatever the portal of entry, systemic anthrax involves massive bacteremia and toxemia with nondescript initial symptoms until the onset of hypotension, shock, and sudden death

University of Florida (UF) researchers have uncovered how the inhaled form of anthrax disarms bacteria-fighting white blood cells before they can fend off the disease, which kills most victims within days.

The lethal toxin in anthrax paralyzes neutrophils, the white blood cells that act as the body's first defense against infection, by impairing how they build tiny filaments that allow them to crawl throughout the body and eat invading bacteria. Just two hours of exposure to the lethal toxin blocks the neutrophils' ability to produce these filaments by nearly 60 percent, paralyzing them

and allowing the anthrax to move freely in the body.

The victims did not have elevated white blood cell counts, typical for most infections, and a large number of the inhaled anthrax bacteria had spread from the lungs into the bloodstream, which is unusual. This led researchers to believe anthrax may be impairing the cells' ability to move and fight off the offending bacteria, an idea that had only been studied once before, years earlier.

Low doses of the lethal toxin stopped the protein actin from building filaments to steer the neutrophils, stopping the body's immune response, the study found neutrophils crawl around in the body and roll around in the blood vessels and whenever they sense bacteria, they gobble it up like Pac-Man, if neutrophils are the first responders and they never get there, you're fighting a losing battle. And inhalation anthrax works fast, which is one of the reasons why it is usually fatal. The disease can be treated with antibiotics, but people often don't seek treatment until it is too late. People can die before they know they are terribly sick at all.

The next step for UF researchers is to pinpoint the exact protein the lethal toxin is targeting in the neutrophil. There are more than 100 proteins that regulate actin-filament formation, and researchers have already isolated one that may be responsible, The UF findings also could affect research on other diseases. Because actin is found in every cell, the study could lead researchers to know more about how tumors and other cells move in the body

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www.anthrax.osd.mildocuments.library/NEiMrcview.pdi

Dear Aunty Bodie:

This week's edition of Dear Aunty Bodie is made up of letters from a couple of troubled leukocytes who have sent me some pretty heart wrenching letters and I have tried to give them some of my best advice.



Lauren Graham
Debec, NB

Dear Aunty B.,

When I was a little myeloblast growing up on Marrow Blvd., I started out as a chunky little thing and at times, like in my adolescent (promyelocyte) days, I was as large as 20 microns. But as I aged and went through my myelocyte and metamyelocyte phases, I began to slim down a bit. As I got older, I formed a band and soon after went out onto the peripheral blood scene. Not long after the band formed however, we grew apart and the band segmented. This was okay though, because I was really too old for the band scene anyway. I relocated to the outskirts of town, joined the foreign invaders protection squad and lived in a marginating apartment. By this time I was fully mature and not bad looking. My nucleus had a nice set of purple lobes, if you know what I mean. But soon I got these urges and got sucked into the tissue where I began to engulf every invader that came my way and lost my once beautiful figure. I am now in my last days and feel awful that I will die like every other fat old phagocyte. The doctor says I am on the verge of a respiratory burst and I can't die without knowing if my life was worth anything. Please help me deal with this.

Signed
Nancy Neutro

Dear Nancy,

Of course your life is worth something. You come from a long line of cells that have not been afraid to get into that tissue, and give themselves to protect the world around them. You are like a modern day kamikaze of the bloodstream and knowing that you gave your life saving others should make you very proud. Take care of yourself Nancy and know that my thoughts are with you. Remember, what kind of person you are does not depend on how many microns you are.

Signed Your Friend,
Aunty Bodie©

Dear Aunty B.,

It had always been my dream to have a family ever since I was a little prolymph growing up and maturing in the bone marrow. So once I differentiated into a plasma cell I was so excited that I was blessed with a great big family of antibodies. I thought that my family would make my life complete, but my antibodies just took off into the bloodstream and they never call. I feel like they don't appreciate all that I have done for them. I am terrified that someday I will turn on the news and hear that they have hooked up with some antigen and have been ripped out of the bloodstream by the spleen. Can you help me find a way to bring my babies home? My mother always said I wasn't strong enough to become a memory cell and now I am starting to believe she was right.

Sincerely,
Bea Cell

Dear Bea,

I know it is hard to see your little ones go out into the big world without you but you have to realize that they have to have their own lives too. Getting attached to antigens from the wrong side of the tracks is what young antibodies have been doing since the beginning of time. Though the antigens they deal with today are sometimes much different than those that they have seen in the past, it is what they always have done and will continue to do until the end of time. Though you may resent the spleen, you have to remember that it is just doing its job in helping keep bad guys from destroying our society. Keep your chin up and remember that antibodies will be antibodies. As too whether or not you were strong enough to become a memory cell, just remember that not many become memory cells but I am sure that had you been put on that path of differentiation, that you would have done a fine job.

Yours truly,
Aunty Bodie©

Submissions from students enrolled at the Community College in Saint John

Due to the difficulty in maintaining the integrity of the student crossword puzzle submission during translation, it has been published in the English issue only. Submissions of this type in French would be welcome.

It's a Small World Times

Interviewer- "Today we will hear from that multi-billion dollar company You're Invaded, We Clean Up Inc. spokesperson, Marsha Macrophage. She is here to clear up the negative stereotypes attached to today's macrophages."

Marsha- "We come from the myeloid progenitor cell line, like many other worthy leukocytes. Since monocytes are destined for a larger and slower destiny, we are often stigmatized as being incapable of cutting edge, meaningful work. Whether as macrophages fixed in tissue, or free flowing monocytes in the peripheral blood (only for a couple of hours, mind you), many are saying we are doomed to be the big, slow janitors of the cell; only cleaning up debris and cleaning up after our neutrophil brethren."

Interviewer- "That's quite true, isn't that all that macrophages do?"

Marsha- "Macrophages are also capable of phagocytising foreign particles, selectively leaving an epitope exposed to be presented to a T_H cell. Through a complicated trade secret involving matching major Histocompatibility complexes, the macrophage presents the antigen to the T_H cell police for further action."

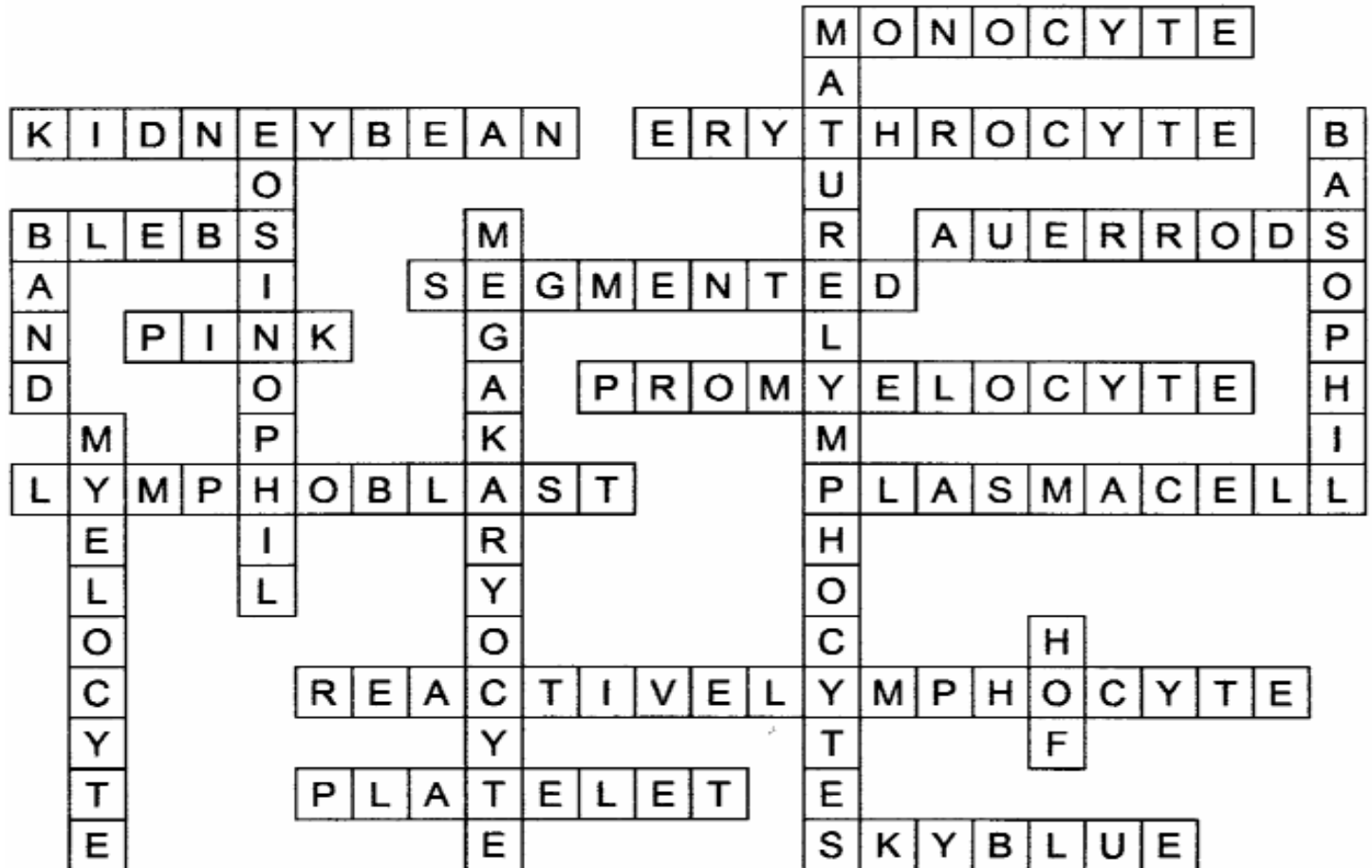
Interviewer- "So really, not so 'slow' at all."

Marsha- "Indeed not. We are quite useful and integral to the health of the human body."

Interviewer- "Well, I'm sure now we all understand and appreciate your use and capabilities. Thank you for speaking to our newspaper."

Anna Merlini

Medical Laboratory Technology student
Lunenburg, NS





2006 Joint Congress of Medical Laboratory Science Winnipeg, Manitoba May 28- 31

Sights, sounds, smells—experience it all in Winnipeg at the Joint Congress of Medical Laboratory Science, May 28 to 31 2006. The multidisciplinary scientific program will cover a wide variety of topics ranging from innovations in the field of medical laboratory science to trends in health care. One day of the program will focus on aboriginal health care issues. There will also be a two-day trade exhibition and of course, ample opportunity to relax and enjoy the hospitality of “friendly Manitoba.”

The Canadian Society for Medical Laboratory Science and the Manitoba Society of Medical Laboratory Technologists invite you to “catch the dream” at Canada’s premiere medical laboratory science conference.

Featured Speakers:

Dr. Kaveh G. Shojania is Assistant Professor of Medicine at the University of Ottawa and Scientist in the Clinical Epidemiology Program at the Ottawa Health Research Institute, where his research focuses on patient safety and quality improvement.

Dr. Gille Pinette is the face of Aboriginal Medicine across Canada. The host of the Aboriginal Peoples Television Network’s highly regarded Aboriginal showcase, Medicine Chest, and a syndicated medical columnist whose words reach thousands across Canada, Dr. Pinette’s career is just beginning. Now only 34, this proud Métis practices family medicine in Winnipeg where he treats his patients using a mixture of modern-day western medicine and traditional Aboriginal teachings.

Contact Michelle Everets, CSMLS Meeting Planner at 905-528-8642 ext 20 for more information or visit the CSMLS web site Jan 1, 2006 for all the registration information.

NBSMLT Anita Lindsay Award:

The **Exceptional Professional Service Award** has been renamed in memory of Anita Lindsay, a technologist who exemplified exceptional professional service.

Applications for this award for 2005 will be accepted until December 31, 2005.



OBJECTIVE:

The Exceptional Professional Service Award is presented to a member who is leaving the profession of Medical Laboratory Technology. The award will only be given when a suitable recipient is nominated.

SELECTION COMMITTEE:

The Awards Committee shall select the recipient by reviewing the CV's of the nominees submitted on or before December 31st. The Awards committee will purchase the award.

PRESENTATION:

The recipient shall receive an expense paid trip to APSC where the President will present the award at the APSC banquet.

SELECTION CRITERIA:

Must be leaving (retiring or changing careers) the profession of Medical Laboratory Technology after at least 20 years as a member of NBSMLT.

Must have demonstrated professionalism, integrity and a commitment to high personal standards throughout his/her career.

Must have significantly contributed to the professional society at the Academy, Provincial, National or International level for at least 5 years.

Must be nominated by an active member of NBSMLT.

PUBLICITY:

A resume and picture of the recipient shall be made available for press releases and publication in the Analyzer.

NBSMLT Image Grant

OBJECTIVE:

The NBSMLT Image Grant is presented to a current member to provide financial assistance to attend a National or International educational event in the capacity of a faculty or resource person.

SELECTION COMMITTEE:

The Board of Directors will review and determine whether the applicant meets the criteria and the amount of financial support to be provided.

PRESENTATION:

The grant will be presented or sent to the successful candidate

SELECTION CRITERIA:

Current registered member of the NBSMLT.

Needs financial assistance to attend a national or international educational event involving medical laboratory technology.

Participation in a national or international event as a member of the faculty or as a resource person.

Provides a report of the educational event and their involvement to the general membership of the NBSMLT at the appropriate time.

Acts as a public relations representative of the NBSMLT at the national or international event

Conducts oneself in a professional manner

PUBLICITY:

A resume and picture of the recipient and a report is sent to the Analyzer for publication.



Back row: left to right:
Shelly Savoy, Miramichi; Sasha Wright, Moncton; Richard Lafleur, Lay representative; Coral MacRae, President Elect
Front Row: left to right:
Janelle Levesque, Edmundston, Janet Kingston, Executive Director; Bernadette Muise, Past President; Erin Whitman, Fredericton;
Claudette Ptasznik, Saint John

Missing: Randi Hayes, President; Lyne Pelletier, North Shore

**MAY THE LIGHT OF THE JOYOUS HOLIDAY SEASON
SHINE ON YOU AND YOURS**

**BEST WISHES FROM THE BOARD OF DIRECTORS OF THE
NBSMLT**



"Seasons Greetings and all the best for 2006 from your CSMLS Bilingual Director. These last years volunteering for our Profession here in New Brunswick, both at the Provincial and the National level, have been so worthwhile and I hope to encourage you all to do something in the coming year; you will find it so personally rewarding."

Susan Atkinson, Bilingual Director CSMLS





SEASON'S GREETINGS FROM THE 2006 NBSMLT COMMITTEE MEMBERS

ACR&PP Committee

Bernadette Muise, Chair
John Glidden
Randi Hayes
Anne Robinson
Greg Muise
Marielle Lagace
Susan Findlater
Vivienne Bourgoing



CE Committee

Claudette Ptasznik, Chair
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Gisele Gagnon
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Joe Costello
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Shelly Savoy



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Janet Reid, Chair
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Marielle Lagace
Janet Kingston
Coral MacRae
Claudette Ptasznik



Legislative Committee

Janet Kingston
Bernadette Muise
Randi Hayes



Publications Committee

Sasha Wright, Chair
Janelle Levesque
Erin Whitman
Claudette Ptasznik
Lyne Pelletier
Shelly Savoy



PR Committee

Janelle Levesque, Chair
Carmella Mailloux-Robichaud
Denise Pinette
Erin Whitman
Charlene Collins
Greg Shaw
Colleen Moran



While not Board of Director positions, the following positions are vital to the function of the NBSMLT Board.
2006 NBSMLT Representatives

Advisory Committee on Regulation and Professional Practice	Point of Care Co-Ordinator	Council on National Certification (CNC)
Bernadette Muise	Randi Hayes	Janet Reid
South-East Regional Health Authority 135 MacBeath Ave., Moncton, NB E1C 6Z8 Phone: Home 386-2914 / Work 857-5304 Fax: 857-5312	South-East Regional Health Authority 135 MacBeath Ave., Moncton, NB E1C 6Z8 Phone: Home 384-8818 / Work 857-2376 Fax: 857-5312	Atlantic Health Sciences Corp./Microbiology P.O. Box 2100 Saint John, NB E2L 4L2 Phone: Home 832-0686 / Work 648-6561 Fax: 648-6537
E-mail: bernadette@muis.es.ca	E-mail: mhayes@nb.sympatico.ca	E-mail: jareid@nbnet.nb.ca



2006 - Board of Directors

New Brunswick Society of Medical Laboratory Technologists

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<p>Saint John Area Director</p> <p>Claudette Ptasznik 📧</p> <p>Atlantic Health Sciences Corp. P.O. Box 2100 Saint John, NB E2L 4L2 Phone: Home 738-3186 Work: 648-6575 Fax: 648-6576</p> <p>E-mail: pta@nb.sympatico.ca</p>	<p>Moncton Area Director</p> <p>Sasha Wright 📧</p> <p>South-East Regional Health Authority 135 MacBeath Ave., Moncton, NB E1C 6Z8 Phone: Home 384-9419 Work: 857-5305 Fax: 857-5312</p> <p>E-mail: sahodgso@serha.ca</p>	<p>Fredericton Area Director</p> <p>Erin Whitman 📧</p> <p>River Valley Health Authority P.O. Box 9000 Fredericton, NB E3B 5N5 Phone: Home 455-1471 Work: 452-5435 Fax: 452-5422</p> <p>E-mail: jameserinwhitman@rogers.com</p>
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