

- ◆ Saved a patient's life
- ◆ Comforted a bereaved family
- ◆ Pursued higher nursing education
- ◆ Climbed the career ladder
- ◆ Applied the highest of nursing standards
- ◆ Informed your practice with evidence
- ◆ Received a nursing excellence award
- ◆ Obtained specialty certification
- ◆ Conducted research
- ◆ Participated in health promotion and advocacy work
- ◆ Submitted abstracts, presented/published papers
- ◆ Volunteered to Chair or sit on CCCN Provincial Committees

Regardless of where you see yourself in this list, you are important --- as is the work you do to improve the lives of countless Canadians. And to that I say WOW!!

The CCCN Board of Directors has been busy working on your behalf to keep CCCN a strong and vibrant organization. The newest effort is the launch of a National Annual Spring Nursing Conference. This annual event has been formed to service areas of the country that will no longer host the Fall Annual Meeting and Scientific Sessions held in conjunction with the Canadian Cardiovascular Congress (CCC). As many of you are aware, as of 2010 CCC will only be held in Montreal, Vancouver and Toronto. CCCN has grown to rely on this Fall conference as a means of growing and supporting membership. We are excited about this secondary exclusively nursing conference and the fact that CCCN will soon have two (2) premier annual conferences. Mark the dates and plan to join us this Spring on Friday, April 30th, 2010 at the Winnipeg Art Gallery, Winnipeg, MB and this Fall from Sunday, October, 23rd to Tuesday, October 26th, 2010 at the Palais des Congrès, Montreal, Quebec and don't forget to bring a colleague.

Vous êtes nombreux à être des « athlètes » dans l'exercice de la profession, constamment en quête d'excellence dans votre champ de spécialité. Ce que vous accomplissez peut sembler aller de soi pour le simple observateur. Vous aurez

- ◆ sauvé une vie;
- ◆ réconforté une famille endeuillée;
- ◆ poursuivi des études supérieures en sciences infirmières;
- ◆ gravi des échelons de carrière;
- ◆ mis en application les plus hautes normes de pratique infirmière;
- ◆ éclairé votre pratique par des données probantes;
- ◆ mérité un prix d'excellence infirmière;
- ◆ obtenu le certificat de spécialité;
- ◆ effectué de la recherche;
- ◆ participé à des initiatives de promotion de la santé et d'avancement des soins cardiovasculaires;
- ◆ publié des communications et présenté des exposés;
- ◆ présidé un comité provincial du CCIISC ou y aurez siégé.

Quelle que soit la réalisation, vous êtes important, au même titre que ce que vous accomplissez pour améliorer la vie d'innombrables Canadiens et Canadiennes. À vous aussi, je dis BRAVO!

Le Conseil d'administration ne ménage rien pour que le CCIISC soit un organisme imposant et dynamique. Dans cette optique, il propose la conférence infirmière pancanadienne annuelle du printemps. Cette rencontre annuelle a été mise sur pied au bénéfice des régions du pays qui n'accueilleront plus l'assemblée générale annuelle et le colloque scientifique de l'automne qui se dérouleront en parallèle avec le Congrès canadien sur la santé cardiovasculaire (CCSC). Vous le savez sans doute, ce congrès ne se tiendra qu'à Montréal, à Vancouver ou à Toronto à compter de cette année. Le CCIISC a fait de ce congrès automnal un rendez-vous annuel de promotion de l'adhésion, de recrutement de membres et de perfectionnement professionnel. Nous nous réjouissons à la perspective d'une deuxième conférence essentiellement infirmière et de la tenue de deux conférences de premier ordre dans l'année. Ne manquez donc pas d'être des nôtres ce printemps, soit le vendredi 30 avril, au Winnipeg Art Gallery à Winnipeg (Alberta) et l'automne prochain du dimanche 23 au mardi 26 octobre au Palais des congrès de Montréal (Québec), et venez en compagnie d'un de vos collègues!



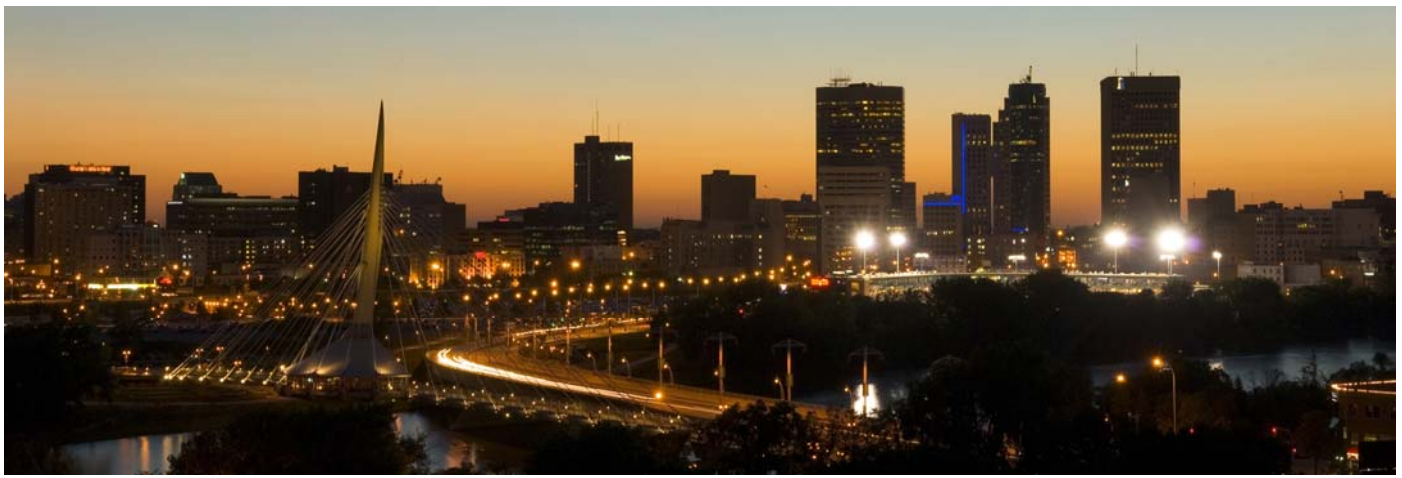


Photo courtesy of Destination Winnipeg

SAVE THE DATE

Canadian Council of Cardiovascular Nurses (CCCN) 1st Annual Spring Nursing Conference

Update Your Cardiovascular Nursing Toolkit

Friday, April 30, 2010
Winnipeg Art Gallery
300 Memorial Boulevard
Winnipeg, MB

Registration is now open!
Visit www.cccn.ca

This premiere annual CCCN conference is for nurses in urban, rural and remote settings, practicing in acute care, community, or public health, in roles that span front-line to advanced practice, and any other health care professionals interested in updating their knowledge of cardiovascular disease prevention and management.

This conference will also provide education needed for nurses in either obtaining or retaining Cardiovascular Certification with the Canadian Nurses Association.

Come knowing you will hear cardiovascular nursing expert speak on an array of clinically focused and practically based topics in Keynote/Plenary and Breakout sessions. Leave knowing you are better equipped to address the needs of cardiovascular patients and their families.





**CCCN Spring Conference -2010- Conférence printanière du CCIIC
Winnipeg Art Gallery, Winnipeg MB • April 30 / 30 avril 2010**

PROGRAM

07h45 - 08h15	Registration
08h15 - 08h30	Greetings from CCCN President – <i>Jocelyn Reimer-Kent</i>
08h30 – 09h30	Keynote Speaker: Hypertension: What's New and Important – <i>Dr. Norm Campbell</i>
09h30 - 10h30	Concurrent Sessions <ul style="list-style-type: none"> A. Heart Sounds: Are you Listening? – <i>Jocelyn Reimer-Kent</i> B. Acute Coronary Syndrome: Using the Safer Healthcare Now Model to Provide Excellence in Myocardial Infarction Care – <i>Rody Pike</i> C. Prolonged QT Syndrome – <i>Dr. Ali Khadem</i>
10h30 - 11h00	Health Break/Pause santé
11h00 - 12h00	Concurrent Sessions <ul style="list-style-type: none"> A. A Recipe for Manipulating Cardiac Output : A Nursing Perspective – <i>Sue Morris</i> B. Marfans Syndrome : Cardiac Implications – <i>Jill Squires-Bruneau</i> C. Arterial Blood Gas Analysis – <i>Dorothy Morris</i>
12h00 - 13h00	Concurrent Sessions <ul style="list-style-type: none"> A. Transcatheter Valve Replacement: Advances in Management of Aortic Stenosis – <i>Sandra Lauck</i> B. Aortic Dissection – <i>Faye Lazar & Nancy Gwadry</i> C. Update on the 2009 Lipid Guidelines – <i>Rody Pike</i>
13h00 – 14h00	Luncheon/Déjeuner
14h00 – 15h00	Concurrent Sessions <ul style="list-style-type: none"> A. Delirium: Recognition and Management – <i>Dorothy Morris</i> B. Ventricular Assist Devices – <i>Dr. Shelley Zieroth</i> C. Update on the Management of Atrial Fibrillation – <i>Sandra Lauck</i>
15h00 – 16h00	Closing Speaker: Cardiac Surgery During Pregnancy: Chantal's Story – <i>Chantal Dueck, Jocelyn Reimer-Kent & Sanjy Lochan</i>
16h00 – 16h30	Wrap up and evaluations



HIGHLIGHTS OF 2009 CCCN EDMONTON CONFERENCE

The Canadian Council of Cardiovascular Nurses (CCCN's) Scientific Plenary Sessions focused on three key areas, heart failure management, risk reduction and outcomes of women treated for heart disease.

Promoting effective self care is increasingly recognized as being vital to reducing the avoidable burden of heart failure. Dr Alex Clark's presentation on Monday, October 26th drew on guidelines and research to propose key ways to improve self care in people with heart failure.

Engaging Patients in Risk-Reduction Dialogue was the message from Dr. Ted Fenske when he spoke at the CCCN's Health Promotion Educational Session on Tuesday, October 27th. Dr Fenske shared his personal experience following a stroke and medical

expertise as motivation for a path towards health advocacy.

Dr Colleen Norris spoke on Tuesday, October 27, 2009 on the Outcomes of Women Treated for Heart Disease... What's sex got to do with it? The focus was on exploring the significance of gender and socio-cultural aspects on health and outcomes of women with heart disease and most importantly implications for nursing practice.

CCCN also held three very successful pre-conference workshops as well as numerous concurrent sessions. All CCCN events were well attended and we look forward to another successful meeting in Montreal October 23-27 2010!



**SAVE THE DATE! 2010 CANADIAN CARDIOVASCULAR CONGRESS
OCTOBER 23-27, MONTREAL, QC
FOR MORE INFORMATION VISIT WWW.CCCN.CA**

CONFÉRENCE CCIIC FAITS SAILLANTS 2009 EDMONTON

Les séances scientifiques plénières du Conseil canadien des infirmières et infirmiers en soins cardiovasculaires (CCIISC) ont porté sur trois sujets fondamentaux : la prise en charge de l'insuffisance cardiaque, la réduction du risque et l'évolution de l'état de santé des femmes traitées pour une maladie cardiovasculaire.

Il appert de plus en plus évident que la promotion d'une véritable autonomie en matière de santé est vitale dans la réduction des répercussions évitables de l'insuffisance cardiaque. S'inspirant des lignes directrices et de la recherche dans ce domaine, le D^r Alex Clark a proposé des stratégies fructueuses d'amélioration de la capacité d'autosoins des personnes atteintes d'insuffisance cardiaque le lundi 26 octobre.

Pour sa part, le D^r Ted Fenske a abordé le sujet de la participation du patient au dialogue sur la réduction du risque à la séance éducative sur la promotion de la santé du CCIISC le mardi 27 octobre. Il a parlé de

son expérience personnelle de victime d'un accident vasculaire cérébral et de médecin expert, deux facteurs qui l'ont motivé à s'engager dans la voie de la promotion de la santé.

Enfin le mardi 27 octobre la D^{re} Colleen Norris a présentée un exposé sur la question de savoir ce que le sexe a à voir dans l'évolution de l'état de santé des femmes traitées pour une maladie cardiovasculaire. Elle s'est attardée à l'importance du sexe et des aspects socioculturels dans la santé et l'évolution de l'état des femmes aux prises avec une maladie cardiovasculaire et, surtout, à l'influence de ces constatations sur la pratique infirmière.

Le CCIISC a tenu trois ateliers avant le congrès ainsi que de nombreuses séances scientifiques. Ces ateliers et séances ont tous été très courus, et nous avons bien hâte au prochain congrès qui aura lieu à Montréal du 23 au 27 octobre 2010.



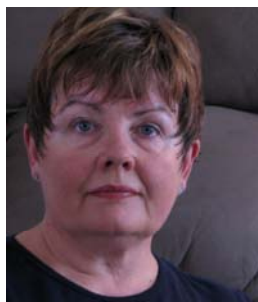
**À NOTER! 2010 CONGRÈS CANADIEN SUR LA SANTÉ CARDIOVASCULAIRE 2010
DU 23 AU 27 OCTOBER, MONTRÉAL, QC
POUR DE PLUS AMPLES RENSEIGNEMENTS S.V.P VISITER WWW.CCCN.CA**



CONGRATULATIONS TO ALL 2009 RECOGNITION AWARDS RECIPIENTS!

Cardiovascular Nursing Clinical Excellence Award

Prix d'excellence Clinique en
soins infirmiers
cardiovasculaires



Mary Lou Martin (NS)

Honorary Lifetime Member Award

Prix de membre
honoraire a vie



Marlene Adam (ON)

Cardiovascular nursing Health Promotion and Advocacy Excellent Award

Prix d'excellence pour la promotion de la
santé les interventions en faveur des soins
infirmiers cardiovasculaires



Jackie Jayasinghe (NS)



Susan Burns (BC)

Please visit www.cccn.ca for information on the CCCN awards program and nominate a worthy CCCN member for this national recognition.

CONGRATULATIONS TO ALL 2009 RESEARCH AWARD RECIPIENTS!

Student Poster Presentation:

D. McLean, L. Cloutier, J. Costello, C. Bolton, D. Morris, T. Pham:

"Registered nurses incorporate the 2009 recommendations for hypertension care"

Student Oral Presentation

V. Paradis, S. Cossette

"Évaluation de l'effet d'une intervention infirmière motivationnelle selon les stades de changement (MSSC) sur des comportements d'auto-soins chez des patients atteints d'insuffisance cardiaque"

National Research Award

PI: Jo-Ann V. Sawatzky, RN, PhD, Associate Professor, Faculty of Nursing, University of Manitoba

Co-Investigator: Sandra Christie, Nurse Practitioner, Cariac Sciences Program, St. Boniface General Hospital, Winnipeg, MB

"Exploring Outcomes of a Nurse Practitioner Managed Post-operative Cardiac Surgery Follow-up Clinic: A Randomized Clinical Trial"

Please visit www.cccn.ca for information on the CCCN grants program.



MEMBERS IN THE NEWS



Congratulations to Sandra Matheson on the left (Halifax, NS), CCCN National Annual Meeting & Scientific Sessions Chair. Awarded the Canadian Association of Critical Care Nurses (CACCN) "*Brenda Morgan Leadership Excellence Award*" at the 2009 CACCN Dynamics in Critical Care Conference.



SPECIAL PURCHASE OFFER TO CCCN MEMBERS

Cardiology III stethoscopes available to CCCN members at a special price until August 1, 2010

Source Medical, a distributor of Littmann stethoscopes for 3M, is offering the Cardiology III stethoscope to CCCN members at an incentive price of \$165.00/each (regular price \$199.00/each). There is no maximum or minimum order required, individuals can order their Cardiology III stethoscope(s) by contacting Source Medical directly either by e-mail or telephone This offer expires **August 1, 2010.**

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Emotional Pain Affects the Heart - How to protect our hearts during emotional pain.

Holly Kennedy-Symonds MHS

Holly Kennedy-Symonds works as a Clinical Nurse Specialist for the Fraser Health

February is heart month, and we often think about love and hearts and all the wonderful emotions that brings - but what about the impact to our hearts of emotional pain? Can people die of a broken heart? When we experience emotional pain, should we be looking at protecting our hearts as well as healing our "heart break"? Absolutely - let's start with emotional pain - what is it?

Emotional pain can be described as heartache that results from a painful experience, such as the loss of a loved one or lost hopes and dreams such as illness or injury brings on. It can stem from depression, anxiety, disappointment, fear or guilt, and tends to worsen when you replay and relive painful, traumatic events that occurred in the past. Emotional pain can become crippling when it affects your mood, relationships, personal and professional life, and it occupies your mind constantly. Loss can be defined as an emotional response to what is or what I experience, when different from what I expected or wanted.

Many people experience emotional trauma during their childhood due to a variety of factors such as neglect, abuse, abandonment, or loss of parent. Emotional pain during adulthood may occur due to the end of a relationship, divorce, loss of a loved one, being a victim of crime, substance abuse, retrenchment or loss of employment. Often, where severe trauma is experienced, the person may be continuously haunted by recurring nightmares and mental images, as in the case of a war veteran or a rape victim. Others who suffer from emotional pain may find themselves unable to stop dwelling on past hurts and disappointments, and may struggle to let go of the painful memories. They may find themselves in a cycle of guilt and punishment - reliving the event over and over again in their minds. As a result an individual may fall into depression. They may find themselves plagued with feelings of worthlessness or hopelessness. Some hide their pain or avoid facing their emotional trauma by resorting to self destructive behavior such as alcohol or drug abuse, aggression, repression or denial. Although it may seem like a coping mechanism, these actions are usually a cry for help – and not a proper way of coping.

There is a fair amount of circumstantial evidence that chronic emotional stress can be associated with heart disease and early death. Several studies have documented that people without spouses die earlier than married people. Most authorities agree that having a spouse provides a significant degree of emotional support and stability. Other studies have shown fairly conclusively that people who have had recent major life changes (loss of a spouse or other close relative, loss of a job, moving to a new location) have a higher incidence of death.

People who are quick to anger or who display frequent hostility have an increased risk of heart disease.

Broken heart syndrome is commonly blamed for the death of a person whose spouse is already deceased, but the cause is not always so clear-cut. The condition can be triggered by sudden emotional stress caused by a traumatic breakup, the death of a loved one, or even the shock of a surprise party (1). Broken Heart syndrome is clinically different from a heart attack because the patients have few risk factors for heart disease and were previously healthy prior to the heart muscles weakening. The recovery rates for those suffering from "broken heart syndrome" are faster than those who had heart attacks and complete recovery to the heart was achieved within two weeks. (2)

Broken Heart Syndrome has another name: Takotsubo cardiomyopathy, or transient apical ballooning syndrome, apical ballooning cardiomyopathy, stress-induced cardiomyopathy, and simply stress cardiomyopathy. It is a type of non-ischemic cardiomyopathy in which there is a sudden temporary weakening of the myocardium (the muscle of the heart). This weakening can be triggered by emotional stress, such as the death of a loved one, so the condition is also known as broken heart syndrome. (3)

The typical presentation of someone with takotsubo cardiomyopathy is a sudden onset of congestive heart failure or chest pain associated with cardiogram changes suggestive of an anterior wall myocardial infarction (heart attack). During the course of evaluation of the patient, a bulging out of the left ventricular apex with a hypercontractile base of the left ventricle is often noted. (4).

It is the hallmark bulging out of the apex of the heart with preserved function of the base that earned the syndrome its name "tako tsubo", or octopus trap in Japan, where it was first described. The cause appears to involve high circulating levels of catecholamines (mainly adrenaline/epinephrine). Evaluation of individuals with takotsubo cardiomyopathy, typically include a coronary angiogram, which will not reveal any significant blockages that would cause the left ventricular dysfunction. Provided that the individual survives their initial presentation, the left ventricular function improves within 2 months. Takotsubo cardiomyopathy is more commonly seen in post-menopausal women. Often there is a history of a recent severe emotional or physical stress.



Cause is unknown, but likely there are multiple factors at play which include some amount of vasospasm, failure of the microvasculature, and an abnormal response to catecholamines (such as epinephrine and norepinephrine), released in response to stress. The treatment of takotsubo cardiomyopathy is generally supportive in nature. In individuals with low blood pressure, support with inotropic agents or an intra-aortic balloon pump have been used. In many individuals, left ventricular function normalizes within 2 months. Aspirin and other heart drugs also appear to help in the treatment of this disease, even in extreme cases.

Despite the grave initial presentation in some of the patients, most of the patients survive the initial acute event, with a very low rate of in-hospital mortality or complications. Patients are expected to make a favorable recovery once past the acute stage of the syndrome, and the long-term prognosis is excellent. (5) Even when ventricular systolic function is heavily compromised at presentation, it typically improves within the first few days and normalises within the first few months.

Not all emotional stress is bad. A sense of loss of control appears to be a particularly important form of emotional stress. Furthermore, this evidence seems to confirm that if some sense of control over one's destiny is maintained, stress can be exhilarating rather than debilitating.

Stress management programs often consist of breathing exercises, stretching exercises, Yoga, meditation, and/or massage. There are probably several useful approaches, but they all aim toward the same goal – to blunt the adrenaline response to minor stress. Essentially, new responses need to be learned, so that the fight-or-flight adrenaline surge is not automatically engaged at the first sign of trouble. Stress management programs have begun to demonstrate some success in accomplishing this end.

A recent study from Duke University (6) reported a significant reduction in heart attacks among patients with coronary artery disease who underwent a formal stress management program, which was used in conjunction with a smoking cessation program, a weight-loss program, and control of lipids. And finally, it should be pointed out that exercise is a great way of reducing chronic stress, and in addition has the advantage of directly lessening the risk of coronary artery disease, and helping to control obesity.

There are effective ways of coping through emotional pain and letting go of the traumas of the past. Dealing directly with your emotions and acknowledging emotional trauma is the first step to healing. Treatments that aim to help you claim your life back and put things into perspective include: counseling and psychotherapy, cognitive behavioral therapy, meditation and spiritual therapy. What is broken? - my heart, not my head. Use your knowledge to take the time to understand your responses to loss, patterns of comfort that are helpful from those that are not and L.I.V.E. to heal from emotional pain:

- ♥ L - listen
- ♥ I - identify
- ♥ V - validate
- ♥ E - evaluate

If you do not take responsibility for healing from emotional pain, you will always live as a victim of circumstances and continue to hurt. Victims have no personal power. When you feel, identify, and process, you can choose to act on truth and heal. Then you can experience the present moment, abundant life and living.

Emotional pain can get us rehashing moments and reliving experiences, so they become part of our present, even though they occurred in the past. If we allow this, our past can drive our future. We can even be distracted by these thoughts, so we miss out on the present and negatively affect our future. Work through the past, but be fully present in the now, with your family, friends and co-workers and create your new future. Be the author of your destiny.

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4. Takotsubo Cardiomyopathy, or Broken-Heart Syndrome. , Salim S. Virani, MD, A. Nasser Khan, MD, Cesar E. Mendoza, MD, Alexandre C. Ferreira, MD, and Eduardo de Marchena, MDTex Heart Inst J. 2007; 34(1): 76–79.
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PROVIDENCE HEALTH CARE

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Webinar
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11:30 AM - 12:30 PM PDT
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23rd Scientific Meeting
September 26 to 30, 2010
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faye.lazar@albertahealthservices.ca

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Santosh.lochan@fraserhealth.ca

Manitoba

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eestrell@sbgh.mb.ca

New Brunswick

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morsu@reg2.health.nb.ca

Newfoundland & Labrador

Jill Bruneau
jbruneau@cns.nf.ca

Nova Scotia

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hodgsone@chda.nshealth.ca

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jennifer.price@wchospital.ca

Québec

Elvessa Narvasa
elvessanarvasa@videotron.ca

Saskatchewan

Coby Scheidt
coby.scheidt@rqhealth.ca

Do you know someone who is not a CCCN member but should be?
Have them visit www.cccn.ca to register now!
Or have them contact their Provincial Director, any member of the
Executive or the CCCN head office:
Phone: 613-730-2573 Fax: 613-730-1116 Email: cccn@rcpsc.edu





We want to hear from you!

Members are invited to inform the editor of

- ✂ **Appointments, honors or awards received by membership**
Please use full first names (not initials), and include head-and-shoulders photo, if possible
- ✂ **Suggestions**
Suggestions for news stories, feature articles, people profiles, or photographs
- ✂ **Upcoming events**
Submissions must include a date, time, location, and contact name and phone number
Please include people's first names and positions.
- ✂ **Opinion/ Feedback**
Letters to the Editor (up to 300 words) and personal viewpoint articles (up to 600 words)



cccn@rcpsc.edu

On attend de vos nouvelles.

Les membres sont invités à faire part au rédacteur en chef

- ✂ **Des nominations, distinctions et prix décernés à des membres CCIISC**
Veuillez indiquer le prénom (pas seulement des initiales) et le nom et, si possible, ajouter une photo.
- ✂ **De leurs suggestions** de reportages, d'articles thématiques, de profils ou de photographies.
- ✂ **De manifestations futures**, en indiquant la date, l'heure, le lieu, ainsi que les coordonnées de la personne-ressource. Veuillez préciser le prénom (pas seulement des initiales) et le nom, ainsi que le titre ou le poste.
- ✂ **De leur opinion ou de leurs observations** dans une lettre au rédacteur en chef d'au plus 300 mots ou dans un article d'opinion d'au plus 600 mots.

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**774 Promenade Echo Drive
Ottawa ON K1S 5N8
Tel: 613-730-2573 Fax: 613-730-1116
Email: cccn@rcpsc.edu
Web: www.cccn.ca**

