

PRINTOUT

VOLUME 14 No. 5

September/October 2006

A Word From the President

WOW! What a ride!

It is with great difficulty that I accept that the rush of my rollercoaster ride in the front car of the HRABC has gone through the last loop, the last turn and is coming to a stop at the station. Wow...What a ride!

In trying to decide what to write about [I'm still working on that] one consideration was to rehash all the items you've read about all year [assuming that each of you is a faithful Word reader]. Then I considered doing a listing of all the good and bad things we've accomplished as an executive this year – but scrapped that as well.

Instead I have chosen two topics which have not happened yet – but are well in the process of development. The first is what I have dubbed **Cruisin' 2007**. This is a term totally unofficial and of my own fabrication.

By now, you should have had the opportunity to complete a survey that was sent to you via e-mail. As an aside, the e-mail distribution list is new...prepared just for the survey by **Jane Kitazaki** and **Kenny Der** (with a little help from their friends). The company that maintains our website, **Linus** did a great job in preparing the survey for us. By the time you read this missive, the results will be known and a decision to go ahead with the cruise or scrapping it in favour of a land-based traditional conference site will have been made.

The potential for a unique conference experience has been well explored by a group of members, **Tanuja Verhoven**,

Donna Wong, Tena Peters, Jane Kitazaki, Linda Irwin and myself. It was felt that this was an excellent opportunity and within similar financial guides that we use for our regular conferences. Stay tuned...more to come on this, I am sure!

The other item, which has been approved by the executive, is the ending of the Professionalism Award – granted every two years to a deserving Douglas College graduate. It is being replaced by a Leadership award which will be awarded annually to the student who demonstrates leadership qualities that are outstanding. This award will be decided on by criteria still being established – and the recipient will be selected by the Douglas College faculty. The award will be a cheque from the HRABC for \$250.00.

The goal of this award is to make the association more visible to the student body and also to see them reaching higher in peer support and activities which would demonstrate their commitment to leadership. At the same time, there are also academic expectations which must be met – so this side of their development is important as well. There will be more discussion about this award at the AGM in Parksville.

So, I come to the portion of this "Word" where I need to heap bouquets, compliments and praise onto the marvelous executive I have had the privilege of working with this year. **Sharon Baigent** is our Past President and has been a great source of confidence for me – knowing she was available for consultations when I needed assistance. **Janet Pitts** has done a great job as President-Elect – being the person who finally cleaned up our Constitution and Bylaws – getting them up to date...she will serve the



Gary Arnold
HRABC President 2005-2006

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DATE FOR NEXT SUBMISSION IN 2006

November 8th, 2006
November / December edition

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association well as your new President. [read her profile to learn more] **Donna Wong**, our secretary – and my conscience. She has been the glue of our executive, using her experience and common sense to ensure that we kept on the correct path in our decision making... you will hear more of her in the future. **Tena Peters** has completed her first year as Treasurer and I am certain, feels more comfortable than she did a year ago... now I just have to convince her how good Tim Horton's coffee really is!

The committee Chairs do a lot of the actual work of the association, keeping events on target and the nuts and bolts of the operations tightened down so the rest of us look good. **Jane Kitazaki** has worked hard to redevelop the membership database while she reached for her target of 350 members. She fell a bit short in that goal, but in all others, she exceeded all her personal targets. **Teresa Ward** has been our Communications Chair this year – and unfortunately due to a number of personal considerations, was simply not able to pursue this responsibility – so I was forced to accede to her request and accept her resignation... I will continue with these responsibilities until we can name an alternate for the coming year.

Hanifa Ladhani as Data Quality Chair has also been in a mode of reorganizing, opening up the representation of her committee to include representatives from each of the

health regions. I suspect that this coming year will see some new initiatives from the DQ group. **Angie Kinrade** moved from the Treasurer role last year to Programs & Arrangements this year. In retrospect, I think we all considered her a bit "off" for doing it, but the conference is proving to be a HUGE success under her leadership. At this writing, we had 114 registrants, which is one of the largest conferences I can recall. Finally, while not a committee Chair, **Cathe Johnson** as our Webmaster serves a quiet and necessary role. She is the lady who patiently endures abuse from members who cannot quite figure out how to sign onto the members only section, to access the Printout.

I thank every one of these fine individuals who have served and worked to make your association just a little better. They are a great bunch and I've loved working with them all.

When someone in the future comes to you and asks you to consider being the HRABC President, don't stand on modesty and say you can't or won't do it. This is an experience which is not comparable to anything else I know of... and one that I know so many of you would be just great at... don't cheat yourself or the association by refusing... be courageous and confident... someone has faith in you – or you would not be asked... it's a great job. I can only offer my humble thanks to the association for allowing me the opportunity of a lifetime.

WOW, WHAT A RIDE!

The 2006 Executive



From left to right: Hanifa Ladhani, Teresa Ward, Tena Peters, Janet Pitts, Gary Arnold, Sharon Baigent, Donna Wong, Jane Kitazaki.



PROFILES: PEOPLE IN OUR PROFESSION

Janet Pitts, CCHRA(C)
President-Elect,

By Gary B Arnold, CCHRA(C)

The fall season is often considered the season of change, as summer passes and nature prepares for the dormancy of winter. By the Constitution of our association, we also prepare for change – but not in anticipation of dormancy – but instead the change in the executive, the directing body of the HRABC.

This year, as tradition dictates, we will install a new President to conduct and direct the affairs of our Society and provide the leadership to the executive and Committee Chairs. Janet Pitts is ready to accept the challenge of leadership, so the Printout would like to offer a Profile of Janet to serve as an introduction to the membership-at-large.

It's been said that at some point, we all return to our roots... Janet is no exception. Born, raised and educated in the Port Alberni area – she has recently completed a transitional move to Victoria from Vancouver... putting her back onto Vancouver Island which she loves.

Don't think though, that she has just had a quiet, sheltered life in the Alberni Valley. As a student in the mid to late 1980's Janet played Ladies Ball Hockey – eventually going to National competitions, representing BC – winning a bronze medal.

Like so many in our profession, Janet's arrival in Health Information Management came via a circuitous route. Her original professional goal was that of becoming a Chef. After serving parts of her apprenticeship on Vancouver Island, at the she went on to work at the Pan Pacific Hotel in Vancouver, Janet began to see that in a "male" dominated profession, her career opportunities would be limited by her gender.

Moving to a cook's position at the BC Cancer Agency (BCCA), she expanded her knowledge base by taking a course in Food Service Supervision/Diet Technician, which was offered by the Canadian Hospital Association (CHA). As this was her first exposure to an office environment, "...I absolutely loved it. On completion of this program, I decided to apply into a clerical position in Cytology to give this new "office" type position a go and it pretty much went from there. I managed to work in a variety of positions, as Miscellaneous Cytology, Pathology and ultimately into Health Records."

Never one to allow the grass to get too deep under her feet, Janet could see that a clerical future also offered limitations, so she enrolled in the two-year Health Record Technician (HRT) program offered by the CHA. Once she certified as an HRT, Janet began to work in the Epidemiology department of BCCA (now called Cancer Control Research). When she certified as a Health Record Administrator, she continued in this department until her move to Victoria in 2005.

"When Douglas College decided to change their program to the new credential of Health Record Practitioner (HRP), they still had a few students that needed to complete the previous Health Record Administrator (HRA) program. They opened up an option for anyone who had their HRT, to complete the HRA program, so I managed to complete this part-time over two years while working full-time. It was a bit of a gruelling schedule but well worth it in the end."

Life as an HRA was a bit different, and Janet secured part-time employment with Cancer Control Research and supplemented her time with part time work in a Maternal/Child/Youth program at Lion's Gate Hospital. Following this, she began casual coding for the Surgical Day Care program at BC Children's Hospital. However with time, a position became "...available in the Cancer Control Research department for a full-time Data Coordinator/Analyst for a study in Late Effects of Childhood Cancer. This turned out to be a very challenging role that allowed me to hone my abilities as an HRA, along with developing skills I wasn't aware I had.

On completion of this study, I opted for a move to Victoria with a transfer to a part-time position at the Vancouver Island Cancer Clinic (VICC). I started working on my Bachelor of Health Administration (Post Diploma) degree with Athabasca University, along with doing some casual HRA work with my previous position in Vancouver (now called the Childhood, Adolescent, and Young Adult Cancer Survivors Research Program) and casual ROI work in Victoria. I've also been doing some consulting on the side for a Vancouver group. I've recently started another part-time position in Clinical Trials here at the VICC."

Despite her busy schedule, Janet still has maintained a strong connection with the HRABC, especially conferences. "I enjoy the conferences and have tried to attend as many as possible, regardless if my workplace has covered it. I think these conferences are an excellent opportunity to network and also place a face with someone you may have come in contact with, but only over the phone or via e-mail. It also gives you a chance to visit various parts of BC and mingle with new people in the industry."

She has previously done a partial term as President-Elect, but with the workload of a full-time position and part-time studies while completing the HRA program at Douglas College, she was forced to withdraw. "I felt that this would be something I'd look into in the future...and here I am."

A strong advocate of continuing education, Janet is currently pursuing her Bachelor of Health Administration through Athabasca University. When asked how she felt that HIM professionals could set about improving their skill sets, she responded, "In my opinion, the best thing to do is to discover what you are good at and then sharpen your skills with further education. Then try to discover something that's completely out of the realm of yourself and your expectations and try that too. I believe it gives you a better perspective in general."

Never one to sit still, she is eyeing life down the road. As part of the interview, Janet was asked about her future ambitions. Her response came through clearly, as a HIM professional, "I started doing consulting for a group I'd previously worked for, primarily to help out as required. I really enjoy it and would like to seriously pursue this more, perhaps try to make it a part time position/business for myself. I will see how that goes when I've completed my degree." On a personal level, her response was that "I think my move to Vancouver Island has been a great start towards knowing where I want to be personally. Victoria (and throughout the Island) offers a variety of outdoor activities, not to mention the abundance of beautiful beaches. The pace is a lot slower and I'm finding it an excellent fit."

Please don't think that Janet is a person of "all work and no play". When questioned about how she spends here spare time in Paradise, she commented, "Spare time? I've found the last three years have been mostly work related/driven. Spare time being so sparse, when I did get some, I found myself visiting the Island and my family. Again, it's all about balance and I am planning to implement more "away from work" time.

...my grandmother took me to Cuba when I was sixteen and that pretty much stirred up the travel bug. I've travelled through the States and in 1996 I toured all through Europe (18 countries) including Egypt and Turkey. I'd really like to travel to Australia and New Zealand (perhaps a few side trips to the Cook Islands, maybe Fiji). Ultimately, I like to see more of Canada. I think I will be pursuing travel towards the eastern coast line in the future."

The future of our profession lies with members who exhibit the visionary approach and don't accept the status quo of our basic training. Janet's viewpoint and clear demonstration that she can "walk the walk", make her an ideal candidate to provide the necessary leadership to take our association forward.

THE BRITISH COLUMBIA CANCER REGISTRY

Mary McBride,
Registry Director
Senior Scientist, BC Cancer Agency

Introduction:

The BC Cancer Registry activities are supported by provincial legislation in the Health Act and agreements with Statistics Canada, Health Canada, the North American Association of Central Cancer Registries, and other federal and international agencies.

Purpose of the Cancer Registry:

The registry assists in determining surveillance indicators, collects surveillance-related data on the BC population, and develops and disseminates cancer information products for cancer surveillance.

Surveillance information includes information for status reporting, needs assessment, planning, monitoring, evaluation/future planning, and population-based research, including epidemiologic research. The target population is all residents of British Columbia with a diagnosis of cancer or related reportable condition (reportable according to requirements of Statistics Canada Canadian Cancer Registry, North American Association of Central Cancer Registries, and International Association of Cancer Registries).

Mission of the Cancer Registry:

To provide leadership and expertise in the development, management and coordination of an integrated cancer control data system for surveillance and related research, and in promoting and supporting the timely, effective design, dissemination and utilization of outputs.

Users of Registry Information:

Health policy makers; cancer and health programme managers; health professionals and caregivers; cancer researchers, particularly those involved in population-based research, cancer control research, and epidemiologic research; cancer advocates; the media; the cancer population; general population of BC.

Activities of the Cancer Registry:

Patient and case (diagnosis) identification for all British Columbia residents.

Patient and case identification requires timely access to multiple sources of source reporting, including pathology reports, hospital separation reports, cancer treatment centre admissions, and death registrations.

Surveillance-related data collection.

Surveillance data collection includes data on patient identification; patient demographics; diagnosis and disease characteristics; patient treatment and care data; follow-up data on both disease and patient; death information; and information on other factors that affect outcomes.

Standards management.

Standards include data requirements, data definitions, quality standards, standards for qualifications of registry staff, standards for collection, access, use and dissemination of registry data according to registry purpose and the principles of privacy, confidentiality, and security. These are developed in cooperation with relevant national and international agencies.

Quality monitoring.

Data collection and routine reporting on appropriate quality indicators, and ability to feed back to the registry operations to continuously improve registry quality.

Surveillance reporting

Ongoing reporting to users of timely, appropriate, accurate, accessible surveillance information products. Reporting on patient needs, service delivery, planning, monitoring and evaluation of programmes, outcome evaluation. Expertise in support of interpretation and analysis of reports.

Support for population-based cancer control and epidemiologic research.

Includes investigations of cancer clusters and potential sources of cancer-causing agents; case identification, outcome identification, and linkages of risk and outcome information for epidemiologic and cancer control research (research into needs assessment, planning, monitoring, evaluation/future planning).

Ongoing development and enhancement of surveillance/cancer control information activities.

Responsibility for management of standards; information management including quality management; collaboration with surveillance data users to develop and improve surveillance information products; capacity to interact with researchers to carry out population-based cancer research; and capacity to interact with other health information systems and cancer surveillance organizations.

The Cancer Registry and Health Information Professionals:

The BC Cancer Registry, as a part of PHSA Health Information Services, is an interesting and dynamic career choice for HRTs, HRAs, and Analysts. Surveillance related data collection, quality management, surveillance reporting, and support for population-based research provide staff with an interesting variety of job tasks. If you are interested in becoming part of this team, please contact: Cathy MacKay, Corporate Manager, Data Integrity, at (604) 707 5867 or cmackay@phsa.ca.

Provincial Data Quality Working Group-DAD

By Shelly Anderson
BC Ministry of Health

The patient is the centre of the health care universe. The BC public and health care community are focused on quality patient care and safety. The quality of the data available for health care decisions impacts the quality of patient care.

While data quality issues are continually being solved uniquely at the facility, regional, provincial or national levels, there are issues that can only be solved through a deliberate and coordinated approach by a provincial body with membership from all parties. Provincial bodies established by the Ministry of Health coordinate data quality activities for different health databases.

The Discharge Abstract Database (DAD) contains millions of patient hospitalization records and requires constant nurturing to maintain a high level of quality. Accurate person-specific data collected in the discharge abstracts are essential to achieve high quality patient care.

The BC Data Quality Working Group-DAD, created to coordinate data quality activities for the DAD, held its first meeting in December 2005. The mandate of the working group is to improve data quality in person-based data holdings in British Columbia through the definition of information requirements in accordance with national standards. This may include policy directives and ongoing support of reporting systems from data collection and submission through analysis and information dissemination.

Health authorities, BC Ministry of Health, and Canadian Institute for Health Information (CIHI) are represented on the working group. Monthly meetings, which alternate between in person meetings and teleconferences, are chaired by health authority members in rotation. Executive sponsor of the working group is John Cheung, Executive Director, Information Resource Management, Knowledge Management and Technology, Ministry of Health.

A list of data quality issues was compiled from input from health authorities, Ministry of Health and CIHI. Deliverables from the working group include the identification and prioritization of data quality issues, and resolution of the individual issues, which may require policy directives for reporting requirements, data definitions or implementation of system changes. Records of Decisions and Actions from the meetings are circulated to the President of HRABC and the Coordinator of the Health Information Services Program at Douglas College.

Issues on the agenda of the working group in 2006 include:

- ❖ Timeliness of DAD data submission
- ❖ Day care surgery – definition for reporting consistency, comprehensiveness, comparability
- ❖ Emergency department wait time data – comparability of data
- ❖ Institution To and From/ BC Care Level To and From – reporting accuracy, consistency
- ❖ Mental Health – resolution of Project 325 reporting, mental health reporting requirements
- ❖ Special Care Unit Information – completeness, accuracy in identification of special care units
- ❖ Private Clinic Reporting – comprehensiveness of reporting
- ❖ Reconciliation of DAD data and statistical data in MIS – service volume matching

The working group provides a mechanism for collaboration and information dissemination. The working group is collaborating with the MIS Task Group, the data quality working group for MIS reporting, to resolve mutual issues. The CIHI Data Dictionary Project Team provided a presentation to the working group in Spring 2006 and CIHI will provide another session in the Fall 2006 on the new CMG Plus grouping methodology.

If you have specific concerns or ideas for improvement of the quality of the data in the DAD, please advise your health authority member of the working group:

Interior Health	Anne-Marie Broemeling (250 870-4649) anne-marie.broemeling@interiorhealth.ca
Fraser Health	Gerald Yu (604 469-5186) gerald.yu@fraserhealth.ca
Vancouver Coastal Health	Peter Kaloupis (604 875-4111 Ext 63833) peter.kaloupis@vch.ca
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Northern Health	Cheri McKenzie (250 565-2205) cheri.mckenzie@northernhealth.ca
Provincial Health Services Authority	Shelly Fleck-McCaskill (604 875-3466) sfmccaskill@cw.bc.ca

Updates on activities and progress of the working group will be provided in future issues of HRABC Printout.

For more information, contact Shelly Anderson at the Ministry of Health shelly.anderson@gov.bc.ca

THANK YOU

TO EVERYONE WHO RESPONDED TO THE
CONFERENCE CRUISING (2007) SURVEY

WE HAVE A LOT OF FEEDBACK AND GREAT
SUGGESTIONS – ALL OF WHICH WILL BE
TAKEN INTO CONSIDERATION.

RESULTS WILL BE ANNOUNCED SOON.

WHY *SHOULD* I BE A MEMBER OF A PROFESSIONAL ASSOCIATION?

By Gary B Arnold, CCHRA(C)

With comments and input from Health Information Management professionals
From BC and across Canada

At a recent going away function for a staff member, I was conversing with a couple of Health Information Management (HIM) professionals – and because of my position as President of our provincial association, the topic of membership came up. Neither of these HIMs are members of either the provincial or national associations and when I asked them why, they rebutted with, “why should I? What’s in it for me?”

Fortunately another member of the dinner party had the good sense to change the topic about that point – realizing that I was about to skyrocket with my list of 100 reasons. However, as I thought afterward about the event, this did seem like an appropriate question – and one which warranted exploring.

I set about to make a list of reasons for myself – but quickly realized that other perspectives would be useful – so I sent a survey to some of the members of the HRABC and also to the current Presidents of the other provincial associations. I had met many of these Presidents from across Canada at the CHIMA conference in Saint John...so I considered them as a resource – could we also consider this a benefit of belonging?

Most of us are introduced to our professional associations as students in an HIM program – and we are usually in a position of feeling “on the outside looking in” – because we are never correctly introduced to the professional bodies and are often left viewing membership as an expense, or obligation, rather than an asset.

So what’s *in it* for me? Realistically, with that attitude – probably very little. When viewed as a bank you can withdraw from, the system does not work. However, when a member contributes...on a committee, as a helper for a project, as a Committee

Chair or as an Executive member, you suddenly realize that there is a huge pot of resources and assets that can be drawn from for the balance of your career... How and why?

One of the first benefits of belonging is the networking opportunities available when you connect with other HIMs from different areas. You develop close, lifelong friendships – and the evidence of that is always clearly visible at annual conferences with all the connecting that is done between peers and friends who have not been together for a year or two. Networking opportunities – whether by e-mail, telephone or face to face experiences allows you to share the benefits of peer experience and knowledge that others have gained... You can also have a store house for keeping up to date in our industry best practices and knowledge development.

Our profession is unique in that although many of us work in the acute care sector, there are others who have followed a different path. Networking allows for a connecting with health care professionals that have a shared educational experience, but have a completely diverse work experience... and may have developed applications or methods to make your work easier.

The “association” also provides benefits which allow all members to expand their educational experiences. Our publication, **The Printout** appears six times a year and offers a communication format which updates members about new ideas and programs, while keeping us informed on association events and opportunities. Promotion of continuing education for HIMs is a recurring theme in our publication and through conferences.

For many members the annual conference is a high point – educationally and socially as speakers

inform and instruct the delegates about topics of interest. It is an opportunity to stay current with trends in the industry while exploring personal / professional growth and development. Socially, the interaction with other HIMs allows for members to create many lifetime long professional and personal friendships.

The conference, along with the interpersonal exchanges has a serious note as well, as we feature keynote speakers with topical and informative subjects, peer speakers who discuss innovations and trends in the workplace and other seminars and workshops. With the location of the conference rotating between Vancouver Island, the Interior and the lower mainland, members also have the ability and opportunity to have travel opportunities through the province – and with CHIMA, across the country!

As a prime on-going benefit, professional interaction between HIMs is important, since many will serve on committees with both the provincial and national associations. In the past, the two associations have worked to promote the profile and professional credibility of HIMs – as evidenced this past year by the success CHIMA had in getting HIMs into a different National Occupation Code – and possibly one of its own.

The Health Record Association of BC was instrumental when the Health Sciences Association was formed – and getting Health Record Administrators accepted with founding member status.

At the opposite end of the scale – **WHAT IF** 56 years ago a group of practicing Medical Record Librarians did not get together in Vancouver and with a desire to promote the profession, the training, the practice process and standards – and **WHAT IF** they’d just

stayed “in their jobs” focussed only on their own concerns – because there wasn’t anything in it for them? **WHAT IF?** How could we collaborate nationally – or internationally as professionals to meet the demands of our business and industry? How would we move ahead and grow – reflecting on the examples of innovation shown by generations of forward thinkers? Where would we look for standards on professional practice? Who would establish a professional code of ethics or best practices for our profession? Or would it matter?

So, what about how expensive membership is, since cost seems to be a stumbling block to many who don’t belong. Active membership in the HRABC and CHIMA totals about \$300 per year – and is about the same as Laboratory and Medical Imaging Technicians pay. But considering the associations have contributed to the status of our profession – and the resulting higher pay levels – this is a very modest amount - \$25 per month – less than most would spend on coffee – which has no lasting benefit!

One member I consulted wrote about the fees we charge, “...the membership fees are a small amount of money for what I get out of belonging to an association. ...it is not about the almighty dollar and the cost of belonging to an association; it

is what we all bring as members to the association that makes us grow and our association viable and vibrant.”

Kristy Mabon, President of the Manitoba Health Record Association recently wrote in their journal, “... make it known that you do consider yourself a professional by becoming a member of your provincial and national associations. Dust off your diplomas and CCHRA certification certificates and bring them to work to display. It is time for HIM professionals to “step out of the basement” and into the forefront!”

For myself and hundreds of others, belonging is an overt statement of professionalism – it offers a statement of commitment to the profession as a whole, to my employer and to my willingness to belong – even if just financially – to the betterment of the group as a whole. My survey produced another quote which I feel “says it” for many of us; “I cannot imagine myself not being a member of HRABC / CHIMA. It is second nature and I consider it a natural extension of my job in the HIM field.”

From the personal experiences I have enjoyed with my membership (which dates from being a first year student) I have never regretted belonging for a moment. One member stated it best, “I appreciate being part of an

organization where each member is valued, appreciated and encouraged to be part of a team – yet respected for showing individuality.”

I have saved my own personal “benefit” for the last, because it is the most obvious and the most succinct. People. People make our profession and people make our associations. But the caring, the sharing and the enjoyment that can be derived from them cannot be measured. And it is from these same people that we all learn, grow and develop into the evolving professionals we are.

The association is only a vehicle which transports us – making the professional journey a more special experience. We develop and learn in different areas, in different ways and in different roles – the association brings us together – removing the “different” and bonding us.

So, never mind what you will GET from the association...with this attitude, you will be disappointed, because you will probably get nothing. Your return comes from what you put in...the more you give, the more you seem to draw from the experience.

Did you ever wonder why people who get involved tend to stay involved?

They know the benefits of membership.

WELCOME
TO THE 30 NEW STUDENTS
OF THE DOUGLAS COLLEGE
HEALTH INFORMATION SERVICES PROGRAM

CONGRATULATIONS
ON SELECTING HEALTH INFORMATION MANAGEMENT
AS YOUR CAREER PATH.