



Canadian Nursing Students' Association  
Association des étudiant(e)s infirmier(ère)s du Canada

**Position Statement #1**  
Self-Care Practices Among Nursing Students

**Approved:** January, 2009

**Approved by:** CNSA

**Submitted by:** Jennifer Jackson, St.

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Sarah Gaudet, ARD, St.

Nursing students have a responsibility to protect their own health, as well as the health of others. However, nursing students often put self-care in last place of their other responsibilities. Self-care practices are the activities that maturing and mature persons initiate and perform, within time frames, on their own behalf in the interests of maintaining life, healthful functioning, continuing personal development and well-being, through meeting known requisites for functional and developmental regulations (Orem, 2001). Simply put, self-care practices can be used to maintain and promote one's own health.

Students traditionally have low levels of self-care, which is evident in many specific dimensions. Self-care can be effectively assessed using Orem's Universal Self-Care Requisites (a full description of which is beyond the scope of this work) (2001). Areas included in this framework include: air, food, fluid, elimination, activity and rest, social interaction, normalcy, and prevention of hazards. All of these areas contribute to a holistic health portrait of the individual.

Research into university student health paints a bleak picture. Riordan and Washburn (1997) assessed health behaviour in nursing students (N=82). Rates of physical activity dropped significantly between first year students to fourth year students. They also found no difference in new nursing students' and graduates' abilities to cope with stress. Chow and Kalischuk (2008) sampled nursing students to assess their nutritional practices. They found that 23% reported that they rarely ate well. Nursing students also indicated that on non-clinical practice days they consumed an average of six glasses of juice and water. However, on clinical days, 69% of students indicated that they drink two glasses of water. Vaez et al. (2006) established that university students drink more alcohol than their working peers and more often. Shriver and Scott-Stiles (2000) examined safe sex practices among Nursing and English students. Nursing students' rates of condom use decreased during their time at university. Hours of sleep each night for nursing students was also found to be significantly lower than the general population (Clement, 2002).



When all of these factors are considered, the state of nursing student health is nothing short of alarming. As future health care professionals, it is important that nursing students look after their own health, role model healthy behaviour, advocate for health promotion, and effectively protect personal wellbeing. As a self-regulating profession, it is essential that nurses look after themselves as well as their clients.

CNSA believes that nursing students should be supported in looking after their own health. Nursing practice is optimized when nurses can care for others at their full capacity. CNSA has the responsibility to raise awareness about student health to key stakeholders, promote educational conditions that support student health, and empower nursing students to achieve their full health potential.

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## **Resolution Statement #1**

### **Patient Safety**

**Approved:** January, 2009

**Approved by:** CNSA

**Submitted by:** Angela Espejo and Harmeet Minhas, University of Alberta

**WHEREAS** the CNSA acts as the official voice of nursing students and encourages participation in professional and liberal education. The CNSA's vision embraces the goals of professionalism, leadership, visibility, education and advocacy.

WHEREAS poorly managed health care that results in negative health consequences for patients continues to capture the interest of the public, the media, and individuals and groups that provide health care (Wong & Beglaryan, 2004). With the current staff shortages and the increasing strain on RNs there has been a significant rise in medical errors (Canadian Nurses Association, 2005). An estimated 5,000-10,000 lives are claimed in Canada each year due to adverse events (Wong & Beglaryan, 2004).

**WHEREAS** studies suggest that actions taken toward patient safety must be initiated by learning organizations in order to prepare undergraduates with an education grounded in a culture of safety (Callahan & Ruchlin, 2003; Gregory, Guse, Dick, & Russell, 2007). Evaluation of nursing students' errors is primarily perceived as the individual student's responsibility rather than considering the systematic factors that contribute to adverse events (Gregory, Guse, Dick, & Russell, 2007). Errors are contributed to by flaws in equipment, miscommunication, short-staffed units and nursing burn-out, the complexity of health systems, and disciplinary culture that deters the reporting of adverse events and learning (Wong & Beglaryan, 2004; CNA, 2005). A multi-faceted approach to address patient safety requires participation from different stakeholders: policy makers, educators, governments, professional associations and the public (Wong & Beglaryan, 2004).

**WHEREAS** "preventing individual and system errors and enhancing patient safety are shared responsibilities among schools of nursing, students, and clinical units." (Gregory, Guse, Dick, & Russell, 2007, p. 81) The importance of educating new nurses and students on patient safety is paramount to ensuring that clients receive quality care. Patient safety initiatives may include:

- Encouraging schools to include safety in evaluation of student nursing practice
- Faculty Administration and clinical instructors adopting the perspective that mistakes are an opportunity to learn and improve rather than a "culture of blame"



- Universities including the prevention of adverse events in curricula, developing policy on disclosure and benchmarks, and facilitating discussion of patient safety in clinical courses
- Universities maintaining records and creating statistics on student errors so as to provide educational interventions in collaboration with clinical units
- Supplementing clinical experiences with the replication of real-life crises using simulation technology to educate students on patient safety
- Clinical placement settings clearly communicating patient-safety standards and enforcing those requirements
- Professional associations disseminating knowledge on best practice

**THEREFORE, BE IT RESOLVED** that the Canadian Nursing Students' Association endorses the Safety Competencies of the Canadian Patient Safety Institute (2008) that are integrated into daily health care practice and contribute to the provision of safe care.

**BE IT FURTHER RESOLVED** that the CNSA actively engage stakeholders, including but not limited to nursing schools and nursing organizations, in developing curricula and practice opportunities to prepare nursing students to provide safe, competent, ethical care.

**BE IT FURTHER RESOLVED** that the Vice-President/ Director of Inter/Intra-professional Education & Research, in conjunction with the Regional Directors, shall suggest and coordinate educational activities related to the promotion of patient safety initiatives in undergraduate education.

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**Resolution Statement #2**  
Mental Health Education

**Approved:** January, 2009

**Approved by:** National Assembly

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**WHEREAS** a dose-dependent association between cannabis use and risk of developing psychotic symptoms has been confirmed (Stefanis et al., 2004; van Os et al., 2002; Zammit et al., 2002)

**WHEREAS** cannabis use may precipitate psychosis in vulnerable persons and may worsen symptoms among those who already have a psychotic disorder (Degenhardt et al., 2003)

**WHEREAS** psychosis-free adolescents who begin cannabis use comprise a vulnerable group and exposure to cannabis early in adolescence (i.e. before 16 years of age) increases the risk for developing subclinical psychotic symptoms (Ferdinand et al., 2005; Ferguson et al., 2003; Henquet et al., 2004)

**BE IT RESOLVED** that the Canadian Nursing Students' Association promote national efforts to raise awareness regarding the potential effects of cannabis use and promotion of overall mental health, among youth.

**BE IT FURTHER RESOLVED** that the Canadian Nursing Students' Association supports ongoing research to further elucidate the causes of and treatments for psychosis.

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### **Resolution Statement #3** Leadership Development

**Approved:** January, 2009

**Approved by:** CNSA

**Submitted by:** Danielle Radchenko GN, BScN

Gail Denschuk, RN, BScN

Alanna Carty, SN

**BE IT RESOLVED** that CNSA accepts this position statement on Leadership Development.

**BE IT RESOLVED** that the CNSA BODs and CNSA chapters endorse this position statement by lobbying key stakeholders and their individual schools to: a) recognize CNSA leadership activities within the undergraduate curriculum and b) encourage students to become involved in nursing leadership at the local, provincial, national and international level whether through CNSA or another nursing organization.

#### **Introduction**

The Canadian Nursing Students Association (CNSA) is the national voice for Nursing students. One major goal of the Association is to create opportunities for students to develop their leadership skills within the nursing profession. It is well known and documented that there is a nursing shortage not only in Canada but also at an International level. Initiatives and plans have been developed to educate, recruit and retain front-line nurses across Canada, however the fostering of future nurse leaders at the undergraduate level is often overlooked. In the past succession planning in regards to the development of future nursing leaders was neglected as nurses faced budget cuts, layoffs and downsizing. Gregory (2003) affirms, "As is the case with practice, administration and research, nursing education is experiencing a 'leadership crisis within' whereby our most seasoned colleagues are retiring in greater numbers." (p. 40). This has resulted in an increased need for upcoming nursing students to be both educated and supported in the area of leadership and career development as their predecessors look to pass the leadership torch on to new hands.

Because CNSA is privy to attend meetings with key stakeholders such as CASN, CNA, ACEN, CFNU etc and in a position to speak on behalf of all Canadian Nursing Students, it is



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imperative that we vocalize the need for formalized recognition and encouragement of student nurse leaders as well as the development of course credit for this work within the students' education.

The development of Canada's future nurse leaders should not be left to chance. It is imperative that key stakeholders and students' themselves advocate for leadership opportunities and skill development to become a recognized part of nursing school curriculum (French, 2004). The majority of nursing schools identify leadership development as one of their overall objectives but lack the ability to look beyond the clinical and classroom schoolwork necessities. Nursing educators need to become more aware of the opportunities their students are taking and may be involved in as a method to enhance their educational experience.

The Canadian Nurses Association's code of ethics also calls upon nurse educators and leaders to advocate for nursing schools that recognize and support professional development at a student nurse level (2008). Ethically, nursing educators need to play a key role in encouraging student leadership as well as working towards incorporating leadership volunteer work into curriculum as well as making leadership development a priority in the curriculum.

Nursing students across Canada dedicate many hours as local, regional, national and international leaders. When nursing students are asked if their leadership development needs are met the majority answer "no" (CNSA leadership survey, 2008) CNSA is committed to support these students by speaking on their behalf to both improve the leadership development and mentoring provided by CNSA and nursing schools and to advocate for students to receive recognition in the form of class credits as already done in other countries such as in the United States for work with the NSNA (Leadership U website, 2004).

We know that nursing leadership is needed more now than ever as health care continues to evolve, patient acuity continues to rise and workplace issues steadily become more demanding. Nursing schools, organizations and leaders need to recognize the opportunity of leadership development at the undergraduate level by recognizing student leadership activities as course credit, introducing formalized methods of integrating students into student leadership, becoming a CNSA chapter and supporting versus discouraging their students involvement in nursing leadership activities.

### **Position Statement**



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The Canadian Nursing Students Association strongly support the need for both formalized curriculum credit and support by educators that recognizes the nursing leadership initiatives taken on by their students within the Canadian Nursing Students' Association.

The Canadian Nursing Students Association commits to supporting and providing leadership development opportunities to its members.

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**Resolution Statement #4**  
Primary Health Care Nurse Practitioner

**Approved:** January, 2009

**Approved by:** CNSA

**Submitted by:** Kayla Drouillard, OD, University of Windsor

Mathew Wilson, AD, SaultCollege

Tyler Kuhk, ORD, Lakehead University/Confederation College

**WHEREAS** we the student nurses of the CNSA Ontario Regional Executive feel that is of utmost importance that Nurse Practitioners of all types, including the Primary Health Care Nurse Practitioner (PHCNP) are trained at the master's level to set a measurable and attainable standard that must be met in order to ensure that patients are provided with the appropriate care and safety.

**Rationale:** *“Our concern is for the safety of the public, if nurses are extending their role into areas historically considered to be within the boundaries of medicine and beyond, then we consider that a formal preparation at the Master's level is a minimum requirement for safe practice” (Gibbon, Luker. 1995). The masters program should be a minimum standard to begin practicing as a Nurse Practitioner in any discipline; the School of Nursing at John Hopkins University in Baltimore, MD has developed their Masters program based off of four objectives. The second objective outlined in an article written by Vessey & Morrison (1997) is to standardize the educational requirements. Meaning that no matter where you are trained whether it be Prince Edward Island, Quebec, Ontario, or British Columbia all NP should be Masters level trained.*

**WHEREAS** the availability of training to the average individual will depend upon government funding and support to ensure that programs can run, and fees are reasonable for all interested.



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**Rationale:** *Without government support and funding, programs will not be able to run, nor will people be able to afford them. Some students in the United States wishing to pursue a Master's level NP cannot due to lack of funding and/or support.*

**WHEREAS** the current crises in Canada with regards to Primary Health Care is a large issue that PHCNPs can be utilized to help fix.

**Rationale:** *Currently the Nurse Practitioner Lead Clinic in Sudbury has provided primary care to approximately 5 000 people in the Sudbury area with another clinic set to open which will provide even more help. The Algoma Health Unit estimates that there are currently 14 000 people in Sault Ste Marie without primary health care. Having more NPs come through a masters program and trained at that level will help alleviate the primary care provider shortage that not only Sault Ste Marie is experiencing but the province as well. CNA projects a shortfall of 118 000 nurses by 2016.*

**WHEREAS**, should Ontario set a precedence such as this, that it is quite possible that other provinces will follow through with the same actions.

**THEREFORE, BE IT RESOLVED** that the CNSA take a National standpoint on this issue and support master's level education of all advanced practice nurses in Canada, including the PHCNP

**BE IT FURTHER RESOLVED** that the CNSA recognize the Primary Health Care issues we are facing in this country, and the support that can be contributed by PHCNPs to help address the current state of our Primary Health Care.

**BE IT FURTHER RESOLVED** that in the event that the topic becomes public knowledge and that governments begin to cut funding and stop supporting these programs that the CNSA will institute appropriate measures to ensure the voice of students nationwide are heard with regards to their support for these advanced practice roles.

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**Resolution Statement #1**  
Facilitating New Graduate Transition

**Approved:** January 2010

**Approved by:** National Assembly

**Submitted by:** Erin Lindsay Croal (McMaster University - Conestoga College Campus)

**WHEREAS**, the first 3-4 months of professional nursing practice is a critical transition period.

**WHEREAS**, new nurses require support in order to effectively and safely navigate through this transition period.

**BE IT RESOLVED** that the Canadian Nursing Students' Association raise awareness among its members surrounding the transition experience and disseminate tools and resources aimed at aiding students in preparing for and navigating through this transition.

**BE IT FURTHER RESOLVED** that the Canadian Nursing Students' Association lobby for mentored, supernumerary, and full-time employment following Graduation.

**BE IT FURTHER RESOLVED** that the Canadian Nursing Students' Association promote healthy workplace environments conducive to recruitment and retention of all nurses, and above all, patient safety.

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### **Resolution Statement #2**

#### **Global Relief Efforts in Natural Disasters**

**Approved:** January, 2010

**Approved by:** National Assembly

**Submitted by:** Jessica Drover

Krista Howell

Megan Hudson

Jessica Hunt

Katelyn Hynes

**Whereas** CNSA believes in fostering the growth of competent and concerned nurses and in doing so, encourages learning opportunities that allow students to develop values such as advocacy, empathy, leadership skills, and active participation which are fundamental characteristics for the nursing profession and these values reflect and support the nursing profession's commitment to global relief efforts,

**Whereas** CNSA advocates for nursing student leadership development and encourages nurses and nursing students to develop leadership skills and promote leaders in nursing,

**Whereas** CNSA, as a member of CNA, values interprofessional collaboration to facilitate the development and maintenance of relationships among professionals and believes that professional relationships that support emergency response must be developed and nurtured before emergencies occur,

**Whereas** CNSA as a member of ICN, recognizes the importance of government and relief organizations in establishing support for relief workers and direct disaster victims,





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**Whereas** the principles of social justice and equal availability of essential health and social services guides CNSA activities, therefore by supporting nurses and nursing student being involved in supporting global relief efforts,

**Whereas** CNSA is the official voice for nursing students, provides a medium through which members can express opinions on nursing issues, and has the responsibility to educate and advocate all levels of government, health care professionals and the public about issues relevant to the nursing profession,

**Be it resolved that** CNSA endorse, support and become involved in global relief efforts and acknowledge the impact of natural disasters on both national and international levels.

**Be it further resolved that** CNSA promote and support strategies that prevent the spread of disease through education about diseases and social behaviours associated with disasters that may be exacerbated by deteriorated living conditions.

**Be it further resolved that** CNSA advocates for global equality and availability of essential resources such clean and safe water to all people by developing global partnerships to gain insight and knowledge, as well as aid in relief efforts. These partnerships should include networks with other nursing student associations, professional disciplines, governmental and nongovernmental agencies at local, regional, national, and international levels.

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### **Resolution Statement #1** Complementary Therapy

**Approved:** January, 2011

**Approved by:** National Assembly

**Submitted by:** Rod Simmons

Neeta Uppal

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Leslie Hynes

#### **Background**

Complementary therapies (CT) can be defined as those therapies used in addition to conventional treatment, including deep breathing exercises, relaxation training, massage therapy, reflexology, biofeedback, and creative therapies, including art, music, or dance therapy (Fontaine, 2000; Pelletier, 2000).

**WHEREAS** researchers have clearly demonstrated that CT are an effective and cost efficient approach to nursing care for example, breathing relaxation exercises can reduce the need for opioids for pain management during chest tube removal (Friesner, Curry, and Modderman, 2006), massage therapy can reduce the use of analgesics and the need for antidepressant medicines (Leonie, 2005), relaxation training can significantly reduce blood pressure (Yung, French, and Leung, 2001) and CT nursing interventions are inexpensive, non-invasive, self-administered, and elicit little to no side effects, (Lai and Hsieh, 2003),

**WHEREAS** public interest in and use of CT has increased significantly in the past decade, and nursing is in a strategic position to be a leader in integrating these therapies into the Western biomedical health model and in conducting research on the use of CT (Snyder and Lindquist, 2001),



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**WHEREAS** CT are already used in several Canadian acute care centers such as the Toronto East General Hospital, the Hamilton Civic Hospital, the St. Joseph's Health Center, and the Tzu Chi Institute in Vancouver,

**WHEREAS** many CT are within the scope of nursing practice as defined by Canadian nursing practice legislation, e.g. therapeutic touch, and massage therapy,

**WHEREAS** researchers have suggested that nurses are underutilizing CT including music therapy, biofeedback, therapeutic touch, and counseling (Tracy et al, 2005),

**WHEREAS** the CNSA as a member of the Canadian Nurses Association (CNA), expects nurses to facilitate and respect the client's right to informed choice for treatment, and to incorporate the client's personal strengths and resources in meeting self-care needs,

**WHEREAS** research supports incorporating education regarding CT into nursing education programs to prepare nursing students for professional practice (Groft and Kolischuck, 2005)

**BE IT RESOLVED** that CNSA recognize that CT are effective and cost efficient approaches to nursing care across the life span, and

**BE IT FURTHER RESOLVED** that the CNSA advocates for nursing education programs that prepare nursing students to implement CT, advocate for CT in practice, and enable nursing students to educate their clients about complementary therapy options.

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**Resolution Statement #2**  
Interprofessional Nursing Education

**Approved:** January, 2011

**Approved by:** National Assembly

**Submitted by:** Catherine Burt

Megan Fagner

Ashley Goobie

Rebekah King

Traci Trimm

Robyn Wrice

**WHEREAS** The CNSA is the official “voice” for nursing students in Canada and are actively dedicated to increasing the professional and educational aspects of the nursing profession,

**WHEREAS** The CNSA’s Strategic Plan (2006-2010) identifies the need to take a leadership role in the promotion and development of Interprofessional Education (IPE) with an identified outcome of advocating for nursing students to become involved in promoting and incorporating nursing into inter-professional education,

**WHEREAS** The accrediting body for nursing education, the Canadian Association of Schools of Nursing (CASN) has recently formed an IPE task force with the mandate of providing advice and recommendations on how CASN can create a role for nursing education within the context of IPE,

**WHEREAS** IPE is supported by the World Health Organization (WHO) who believes interprofessional education is an essential step in developing a collaborative practice-ready health workforce that is better qualified to respond to the needs of the public, the Canadian



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Nurses Association (CNA) partners with nurses, other health care providers, health system stakeholders and the public to acquire and sustain optimal practice environments and enhance client outcomes, and the National Health Science Students Association (NaHSSA) Advocacy Task Force whose objective is to focus on advocating for interprofessional education in current curriculum and practice settings,

**WHEREAS** Participation in IPE can enhance awareness of professional roles and develop mutual role respect, (Derbyshire & Machin, 2010), decrease anxiety during interprofessional rounds, and improve participation in care planning and interprofessional collaboration (Miller et al, 2008),

**BE IT RESOLVED** that the CNSA recognize and emphasize the importance of IPE within nursing education programs.

**BE IT FURTHER RESOLVED** that CNSA will advocate for nursing schools across Canada to include IPE in nursing education programs.

**BE IT FURTHER RESOLVED** that the CNSA will work collaboratively with CASN to develop standards and policies to implement IPE as mandatory accreditation criteria.

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### **Resolution Statement #3**

#### **Promoting Health Through Harm Reduction Strategies**

**Approved:** January, 2011

**Approved by:** National Assembly

**Submitted by:** Meghan Cleary

Danielle Drummond

Kimberly Goodyear

Katrina MacFarlane

Jillian Strickland

#### **Background**

Harm reduction is a non-judgmental, non-confrontational approach to health care. It encourages a healthier life and reduces the consequences of negative behaviours by promoting strategies that lead to achievable goals. This philosophy recognizes that some people will engage in higher risk behaviours and focuses on reducing the harm associated with those behaviours. The harm reduction philosophy includes strategies that are used to decrease the risks associated with behaviours such as drug use, smoking, driving, and sexual activity. Harm reduction is a philosophy that incorporates the principles of social justice and equal access to health care.

**WHEREAS** the CNSA (Canadian Nursing Students' Association) as the official voice of nursing students, provides a medium through which members can express their opinion, encourages participation in professional and liberal education, and has the responsibility to educate and inform government, health care professionals, and the public,

**WHEREAS** harm reduction strategies in nursing practice have been shown to be effective in reducing health, social, and economic consequences in individuals who engage in high risk behavior,



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**WHEREAS** CNSA as a member of the International Council of Nurses (ICN), supports equal access to health care as evident in their theme for the 2011 International Nurses Day 'Closing the Gap: Increasing Access and Equity',

**WHEREAS** the Canadian Nurses Association (CNA) as a member of ICN, believes that everyone has a right to make informed decisions and choices about how to manage their own health,

**WHEREAS** CNSA as a member of CNA values promoting and respecting informed decision making where nurses provide patients with the information they need to make informed decisions related to their health and well-being,

**WHEREAS** CNSA as a member of CNA values promoting health and well-being where nurses enable patients to attain their optimum level of health,

**WHEREAS** the World Health Organization (WHO) recognizes the benefits of implementing harm reduction strategies and found no convincing evidence of any negative consequences,

**WHEREAS** provincial organizations across Canada have developed policies on the value of harm reduction strategies,

**WHEREAS** CNSA as a member of CNA pursues social justice as a goal in its policy-making process and supports equal access to health care and health resources,

**BE IT RESOLVED** that CNSA supports and become involved in promoting health through harm reduction strategies in nursing practice and education.

**BE IT FURTHER RESOLVED** that CNSA actively advocate for the Canadian Association Schools of Nursing and nursing schools and education organizations to promote health equity through education on harm reduction strategies in nursing education programs.

**BE IT FURTHER RESOLVED** that CNSA encourage official delegates and associate delegates to inform their regions of this CNSA resolution on promoting harm reduction strategies in nursing practice.

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