



Clinical Nurse Specialist Association of Ontario
 Association des infirmières et infirmiers
 cliniciens spécialisés de l'Ontario

Newsletter

2020. No. 2
 November

Living Through Covid-19



Elsiebeth Jensen, RN, PhD
 President - CNS-ON;
 President-Elect, BOD, CNS-C;
 Associate Professor, York
 University;
 Director York-CAMH
 Collaborative.

The current pandemic has taken us into experiences that are unprecedented. As a Registered Nurse and a CNS, I have cared for people with infectious diseases in the past. These include tuberculosis, gas gangrene, infectious hepatitis, and second stage syphilis. As a child, I experienced whooping cough, red and German measles, chicken pox, and mumps. Before immigrating to Canada, I was given a BCG vaccine against tuberculosis. Later, as a young student, I was part of the experiment that tested the oral polio vaccine. In my personal life, I lost both of my parents to hospital acquired C-Difficile. Having lived through all that, I am a strong supporter of vaccines and will be getting a Covid-19 vaccine as soon as it is available.

What is different this time, is that I now know colleagues who have experienced the death of a loved one or are in hospital being treated for Covid-19. I also live in a city that lost an RN in March. This infectious disease is like no other that I have known in my life. We have a growing number of our professionals who are becoming infected and having to deal with the impact on themselves and their families. Even those of us who are well, are burdened with the concerns for self and others as we try to slow the rate of infections. This is the second wave, and it is worse than the first. Pandemics can have three waves, so we are not out of the woods yet.

Knowing what I know, I am social distancing in the extreme, rarely seeing other people other than on ZOOM or fleetingly when I do necessary shopping. Although this is draining, it is essential to find ways to bolster reserves. Like many of you, I read as much as I can to be informed so I can make the best choices for myself and so I can give sound advices to others. I have resumed hobbies like knitting and reading for pleasure. I make regular phone calls to family members to stay in touch. Whether we will gather for the holidays or not, is up in the air. If we do decide not to gather, it is so that we will not be missing anyone next year. I am good with that.

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Please take care of yourself, find ways to replenish yourselves, and above all, do what it takes to stay as safe as is possible.

Elsabeth Jensen, RN, PhD
President- CNS-ON;

Mask resource:

<https://www.cbc.ca/news/canada/marketplace-masks-test-1.5795481>

Using 2 layers of 100% cotton (600+ thread count) with a layer of non-woven interfacing and a pattern that fits well on your face will give you excellent protection.

CNSs continue even during the Covid-19 pandemic !

I am always amazed by the resilience of individuals in face of challenges. But the pandemic has raised the bar and stretched our abilities to do even more and better.

In many institutions, hospitals and long-term care, RNs, RPNs, PSWs and CNSs have undertaken the challenge to care for individuals when affected by covid. Our “colleague to colleague” zoom meetings have revealed the complexity of the situations. Having to intubate and to initiate CPR have required many adjustments. But CNSs have raised to the challenge.

Paul-André Gauthier
RN, CNS; TCC, DMD, MN,
PhD (Nursing)
Past President, CNS-ON
Clinical Nurse Specialist in
Palliative Care

What can we say about families that have a relative infected by covid? No news is often associated with bad news coming... who knows when. What is going on? The governments, Premiers, Ministers of Health, and Ministers of Long-term care are making decisions... but do not necessarily listen to experts, for example medical officers of health. Some institutions are fortunate to have clinical nurse specialists who can guide the implementation of best nursing practices and guide health care professionals. I get really concerned when infection control is not taken seriously and assigned to underqualified staff, when it should be the highest qualified ones!!!

Some of us, not involved in clinical work, should continue to provide support to those in the front line. Support can take a variety of forms. For example, I have been involved with the National President of CNS-Canada preparing Newsletters (13); planning meetings to support each other; staying informed and sharing the up-dated information on websites and Facebooks; responding to comments that are inaccurate on social medias and sharing links, etc. All these activities take place when we are trying to do our own “regular” work.

On the other hand, I have been selected to represent our national association, CNS-Canada, with the Mary-Lou Martin, President CNS-C, to work on the international committee with representatives of NACNS (CNS – USA). A Memorandum of Understanding was signed between CNS-C and NACNS in September 2020. We had our first meeting already, and it is a go! We are now planning some join activities. More to come in the next months.

Working together for the best of the nursing profession is key, when improving the quality of care by promoting the role of clinical nurse specialists in achieving such improvements. Research evidence and clinical

expertise of CNSs have been proven over the past 40 years, that patients and clients' outcomes are much better with us at the bedside.

Stay well, sincerely, a CNS colleague. Paul-André

http://cns-c-canada.ca/wp-content/uploads/2020/09/NACNS_CNS-C_Press_Release-Sept-10-2020-ok.pdf

Webinar

“ Colleague to Colleague ”

a Webinar on ZOOM

Wednesday, Nov. 25, 2020 at 20:00 hr.

Register by send us an email at:

CNSOntario1@gmail.com

If you need to be in touch with us:

- ✓ **CNSOntario1@gmail.com**
 - ✓ **pgauthier@rnao.ca**
 - ✓ **ejensen@rnao.ca**
-

CNS – more than ever

Now more than ever is it becoming evident that the role of Clinical Nurse Specialists in all areas of clinical care is critical in ensuring nurse practice is rooted in evidence-based practice

standards. Clinical Nurse Specialists maintain competencies in clinical care, system leadership, advancement of nursing practice and evaluation and research (CNA, 2014). COVID-19 has reached beyond the hospital walls, existing and transmitting within community settings, specifically placing vulnerable and congregate settings at risk of spread due to the heightened risk among shared living spaces within these settings (Public Health Ontario, 2020).

Jennifer Anderson RN, B.Sc.N., M.Sc.N.
Political Action

As a result, COVID-19 has significantly influenced clinical areas such as long-term care homes, shelters, group homes, correctional facilities and children and youth residential settings (Public Health Ontario). Clinical Nurse Specialists modify their practice to meet the needs of the specialty population in which they serve (CNA, 2014). This has become apparent over the last several months, as Clinical Nurse Specialists outside of acute care settings have pivoted to ensure high-standards of care amidst the COVID-19 pandemic while honouring patient safety, high-quality patient care and quality outcomes.

Clinical Nurse Specialists have supported teams with structuring and instituting evidence-based practice recommendations and supporting nurse and non-nurse clinicians to implement practice recommendations within various practice settings. Over the course of the COVID-19 pandemic, Clinical Nurse Specialists in all settings will continue to ensure patient care is reflective of best practices surrounding infection prevention and control, assessment, complex care planning, and evaluation of health outcomes (CNA, 2014).

Respectfully Submitted.

Working during COVID-19

The rate of positive cases of COVID-19 continues to increase daily in Canada and globally. Frontline nurses are uncertain about their health and safety as personal protective equipment (PPE) shortage could be an issue regarding applying infection prevention and control principles. Working amid the COVID-19 pandemic could be frustrated and stressful for nurses. As an emergency nurse working during the COVID-19 pandemic, my experience is not different from other nurses in other specialty areas like the intensive care unit. When patients come to the Emergency Department (ED), I do not know whether patients have COVID-19 or not. Ideally, every patient is treated as a positive COVID-19 case until the test result is proven otherwise. While waiting for the COVID-19 test result, I am working with the unknown, fearful, and nervous about work exposure. Dealing with uncertainty while providing care could create psychological impacts on nurses' mental health. Therefore, mental health support is essential for nurses during and after this pandemic.

**Cécile Lormeus, RN, B.Sc.N.,
M.Sc.N.(student)**
Graduate Student Representative

In the midst of this pandemic, we see heroes rise. Frontline nurses are called heroes, which reminds us that one of the reasons they are called heroes are the conditions of the challenging situation they face during this COVID-19 pandemic. Nurse's moral obligation to act ethically to protect patients' well-being and the public builds my strengths and motivates me to continue working. This COVID-19 pandemic challenges our resiliency, changes us forever, and reminds us who we are as humans. Despite the constraints and challenges faced when caring for a diagnosed COVID-19 patient, I cope and build resilience and continue to save lives by providing quality care to patients. I am proud to be a nurse.

With this global pandemic that continues to be a concern for healthcare providers, especially frontline nurses, I question the nursing profession's future when this pandemic crisis is over as nurses continue to test positive and die?

After all, I want to encourage all my colleagues and other frontline heroes to please be patient, and we will get through this crisis together. Thank you.

CNS-ON Education Award 2021

Check our website: <http://cns-ontario.rnao.ca/awards>

Clinical Nurse Specialists are Under-Utilized During the Pandemic

Through advanced education and training, Clinical Nurse Specialists (CNSs) are uniquely positioned during the global public health pandemic to use their clinical expertise to support health-care

services across the client, practice setting and system levels (Canadian Nurses Association [CNA], n.d.; CNA, 2019). While there is an overwhelming need for CNSs' services among the vulnerable members of our society including older adults, individuals living with disability, chronic disease and comorbidities, marginalized, socioeconomically disadvantaged and isolated communities, the CNS's roles remain underutilized (Bryant-Lukosius & Martin-Misener, 2016). The failure of our government, healthcare leaders and administrators to consider with intent the necessity of the CNSs is being actively played out in the daily reports of outbreaks in long-term care home, supportive living facilities and marginalized communities.

The lag in effective integration and utilization of the CNS's role continues to compound pre-existing health, stressors, social and economic disparities due to the lack of expertise within care homes and communities. As a society, we are failing high-risk and vulnerable members of our communities who are disproportionately affected by the pandemic, by not meeting their need for equal and accessible healthcare services. CNSs have the education, skills and knowledge to effectively evaluate and advocate for the health needs and provide appropriate health services across the lifespan for society members during non-pandemic and pandemic periods.

Why, in this crucial outbreak period is our healthcare leaders and government not using CNSs as part of health teams to deliver urgent health-care services to protect our communities? Is the perceived economic cost of employing CNSs a factor in their decision-making? Do our healthcare leaders, policy and decision-makers simply lack the understanding of what the CNS's role entail in the health system? The Government of Ontario's pandemic investment plan was released on September 28, 2020 and outlined funding for Personal Support Workers, "Supportive Care Workers" (newly created role which is adapted from the Government of Quebec) and the Ontario Nursing Graduate Guarantee program (Office of the Premier, 2020). This recent investment in older adult care is a simple plug like the routine pothole blitz. The announcement does not address the real issues which includes: some essential members of the health-care profession such as CNSs, not represented as standardized members of healthcare professional teams that are tasked to serve our complex, high risk and vulnerable individuals and communities; healthcare services for the vulnerable individuals has been chronically underfunded and underserved; and the organizational structure within the facilities lack the education and training to support staff and manage the crisis through sustainable and quality changes that are guided by evidence-based practice, to accomplished meaningful outcomes. There is still a great deal of uncertainty about the future health of our population in light of the ongoing public health pandemic. The expanding outbreaks in our communities and facilities, increasing death rates and hospitalizations are strong indicators that the current practices, health measures and health services are not adequate to stem the disaster that is unfolding at this time. We must continue advocating for appropriate health services, social and economic resources as a part of our effort to help vulnerable individuals and marginalized communities within our society.

References:

- Bryant-Lukosius, D., & Martin-Misener, R. (2016). Advanced practice nursing: an essential component of country level human resources in health. Retrieved November 15, 2020 from https://www.who.int/workforcealliance/knowledge/resources/ICN_PolicyBrief6AdvancedPracticeNursing.pdf?ua=1
- Canadian Nurses Association. (n.d.). Clinical nurse specialists. Retrieved November 15, 2020, from <https://cna-aic.ca/en/nursing-practice/the-practice-of-nursing/advanced-nursing-practice/clinical-nurse-specialists>
- Canadian Nurses Association. (2019). Advanced practice nursing: A Pan-Canadian framework. Ottawa: Author.
- Office of the Premier. (2020, September 28). Ontario investing \$52.5 million to recruit, retain and support more health care workers [Press release]. <https://news.ontario.ca/en/release/58580/ontario-investing-525-million-to-recruit-retain-and-support-more-health-care-workers>

Kadeen Briscoe, RN, B.Sc.N., M.Sc.N.
Director of Communication and Secretary

CNS Association of Ontario 2020-2021 Executive members

President (ENO)	Elsabeth Jensen
President-Elect (ENO) Assembly Representative – RNAO [2020-2021]	Rashmy Lobo
Director of Finance (ENO)	Paul-André Gauthier
Director of Policy, Practice, and Political Action (ENO)	Jennifer Anderson
Director of Comm. (ENO) / Secretary	Kadeen Briscoe
Director of Membership (ENO)	Gina Dolezel
Student (Master) representative	Cécile Lormeus

Did you know....

We (CNSIG before / CNS-ON now) received a provincial RNAO Award in April **2006** for our work as an association.

“Interest Group of the Year!”

Paul-André Gauthier, Executive member and Heather Elliott, President (on the picture).





CNS Association of Ontario Education Award 2021

Two (2) bursaries in the amount of **\$ 1,000 each** will be awarded to a member of the CNS Association of Ontario who:

- Is pursuing graduate education in nursing with a CNS stream (Master's or PhD level)
- or
- Will be attending an advanced practice nursing (CNS stream) conference in the coming year

AND

- Who is a current member of the CNS Association of Ontario (minimum one year or longer);
- Who currently resides in Ontario;
- Who has submitted their curriculum vitae (including mailing address, telephone number and email address);
- Who has enclosed one letter of reference (from a peer or academic reference);
- Who has completed a short essay (not to exceed 500 words) on:
 - ✓ your professional objectives / career goals (purpose for undertaking the program of study), and your potential contribution to advanced practice nursing as a CNS.

Deadline: Friday, January 15th, 2021 before 1500 hours (3:00pm)

Submit to:

**Clinical Nurse Specialist
Association of Ontario**

Subject: CNS-ON educational award.
CNSOntario1@gmail.com

Application Process:

Please send your current curriculum vitae, one letter of reference (academic or professional), and a short essay of why you are deserving of this award.

- ❖ The bursary will be **awarded** by the CNS Association of Ontario's Executive — **before the end January 2021.**
- ❖ The person will receive a refund when the Director of Finance of the CNS Association of Ontario has received an **official receipt and proof** of successful completion **prior to October 1st, 2021, preferably before that date once it is completed.**



NP/APN NETWORK

BULLETIN

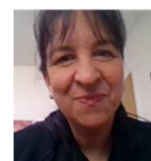
International Council of Nurses • Conseil international des infirmières • Consejo internacional de enfermeras

3, place Jean-Marteau • CH-1201 Geneva

Issue 33: November 2020

❖ **Editors:** Sini Hämäläinen MHC, NP, RN and Marie-Lyne Bournival BSc, PG Health Sc, MN, NP

❖ **Update from the core steering group: deputy-chair Daniela Lehwaldt**



❖ Dear Colleagues,

❖ I hope this Bulletin finds you well during these challenging times. I am delighted to introduce myself to you. My name is Daniela Lehwaldt (PhD MSc BNS RGN RNT FESC), Deputy Chair of the ICN NP/APN Network. My past experience in nursing reaches from intensive care units in Germany and Ireland to Nurse Practitioner in cardio-thoracic surgery. Nowadays, I am working as Academic Lead in Nursing in the School of Nursing, Psychotherapy and Community Health at Dublin City University, where I teach, research and engage with practice.

❖ I have been part of the Network for about 10 years. I started in the Subgroup Practice as Co-Chair before joining the Core Steering Group. It is both an honour and a pleasure to work together with so many dedicated members in order to provide information, act as a resource and to exchange NP and APN knowledge, expertise and experience with one another.

❖ If you are interested in Advanced Practice Nursing, if you want to find out about it, learn more about it or if you want to start networking with APNs globally, please register [here](#).

❖ If you are already a member, you can join one of our Sub-groups, e.g. Practice, Education, Research or Health Policy, depending on availability of places. If you are tech-savvy and interested in various forms of communication, we'd love to hear from you too! There are some positions available in the Communications sub-group. We

also have a new and vibrant Student group – if you are currently studying to become an Advanced Practice Nurse. If you are interested in joining the sub-groups, contact our secretary Marie-Lyne Bournival mlbnetworkicn@gmail.com. Detailed information about membership and about the various groups can be found on our website [here](#).

- ❖ I want to pass on a huge thanks to all of our past members and Alumni. They are the backbone of this Network, without their past work and current support, we would not be where we are today, thank you! There is an interview included in this Bulletin with one of our most experienced Alumni, Madrean Schober, who is actually one of the founders of this Network– go and check it out! We are also proud to present some of the most recent research journal publications from members:
- ❖ Sastre-Fullana P, Gray DC, Cashin A, Bryant-Lukosius D, Schumann L, Geese F, Rae B, Duff E, & Bird B (2020). Visual analysis of global comparative mapping of the practice domains of the nurse practitioner/advanced practice nursing role in respondent countries. *Journal of the American Association of Nurse Practitioners*. [published online ahead of print, 2020 Jul 29]. doi:10.1097/JXX.0000000000000458 <https://pubmed.ncbi.nlm.nih.gov/32740335/>
- ❖ Beauchesne MA, Honig J, Sevilla S, Carryer J, Debout C, DeKeyser Ganz F, East LA, Fraser D, Hibbert D, Scanlon A, Spooner P (2020). A snapshot of clinical educational experiences for advanced practice nurses worldwide. *The Nurse Practitioner*, 46(9), 14-22.doi 10.1097/01.NPR.0000694700.16463.c7 <https://pubmed.ncbi.nlm.nih.gov/32773497/>

Clinical Nurse Specialist Association of Ontario

<http://cns-ontario.rnao.ca>

<https://www.facebook.com/Clinical-Nurse-Specialists-Association-of-Ontario-Canada-113210988761198>

CNSOntario1@gmail.com