

#### Special points of interest:

- 3 CNSIG Awards;
- Nominations for 2011-2013.

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#### Volume 2011. No 1

### Message from the President of CNSIG

Happy New Year! As we begin our journey into 2011, I would like to express my gratitude to all Clinical Nurse Specialists (CNSs) for investing their time and energies in making their work environment and that of their co-workers safe and healthy! Patient Safety is a must. Nevertheless, the safety of all members on the inter-professional team is critical to patient outcomes. In times of limited resources and increasing responsibilities, priorities need to be set and workload management is essential. CNSs continuously strive to meet the needs of their organization. CNSs enable registered nurses to develop critical thinking and to work to full scope of practice in a safe and healthy work environment. More so, CNSs facilitate knowledge translation into practice through education, coaching, mentoring, consultation and leadership. By participating in multiple communities of practice, CNSs are also promoting

the development of evidence-based practice. Congratulations to all CNSs for their significant contributions in advancing nursing practice while ensuring that patient safety is a priority in a safe and healthy workplace environment.

Furthermore, there are multiple ways in which CNSs could further enhance their own nursing practice and that of another Clinical Nurse Specialist (CNS) colleague in their respective practice. Have you considered nominating one of your nursing colleagues for CNS of the Year? Or would you like to attend a conference and are in need of financial resources? Then, consider applying for a CNS Education Award. If you are currently teaching in a university in Ontario, think about submitting the name of a student in a Masters of Nursing Program with a CNS stream to showcase their achievements. To enhance your chances of winning, your



participation is required. Simply review the 2011 awards described in this newsletter and consider which ones would best meet your 2011 goals and objectives. Best wishes to all!

April is forthcoming and my mandate as President will soon be over. Your commitment is precious to CNSIG and we are in need of CNSs who are interested in moving the CNSIG forward. If you currently work as a CNS, think about submitting your name for an executive position, either President or Director position as further listed in this newsletter. Join us at the CNSIG AGM on April 9<sup>th</sup>, 2011. Looking forward to working in partnership with you!

**Carmen Rodrigue**  
President of CNSIG.

## CNSIG 2011 Annual General Meeting

**Saturday, April 9<sup>th</sup>, 2011  
9:00 to 11:00 AM**

**Come and join us for  
breakfast.**

## RNAO's 86<sup>th</sup> Annual General Meeting

When:

**Thursday, April 7<sup>th</sup> to Saturday, April 9<sup>th</sup>, 2011.**

Location: **Downtown Hilton Toronto,  
145, Richmond St. West, Toronto.**

## CNS Student Award 2010

Ms. Amber Killam was publicly awarded the CNS Student Award at a Region 10 RNAO meeting in Ottawa on January 11, 2011 in front of her peers. Mme Jocelyne Tourigny, Professor at the University of Ottawa described Amber's CNS nursing student achievement with outstanding success. Congratulations, Amber! Best wishes in your future career as a CNS!



On the photo:

**Carmen Rodrigue**, President with **Amber Killam**, Winner of the CNS Student Award, University of Ottawa, CNS Stream, Master of Science in Nursing Program.

## CNSIG Region 10 Satellite meeting in December 2010



On Friday December 3<sup>rd</sup>, 2010, the CNSIG Ottawa satellite (Region 10) was rekindled. CNSs came together for a breakfast meeting at the Riverside Hospital to network and to discuss future activities. CNSs agreed to have bi-annual meetings.

The next CNSIG Ottawa satellite meeting is planned for late spring 2011. Great networking opportunity! Significant wealth of nursing expertise and resources to be found in Ottawa!

**On the photo** (from left to right) : Bonnie Hall, Lynn Joseph, Susan Draper, Marie Josée Trépanier, Susan Phillips, Toba Miller, Christine Struthers, Selma Debs Ivall, and Carmen Rodrigue.

Absent (from the photo): Dianne Rossy, Riek Van Den Berg, Charissa Chiu (nursing student enrolled in the Masters CNS stream at the University of Ottawa).

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**Canadian CNS practice patterns study.** In the *Canadian Nurses' Journal* - January 2011, page 35—left column

**Contact:** [kelley.kilpatrick@uqo.ca](mailto:kelley.kilpatrick@uqo.ca)

Fulton, J. S., Lyon, B. L., & Goudreau, K. A. (2010). *Foundations of clinical nurse specialist practice*. New York, NY: Springer.

I will briefly outline what you can find in the book from chapter 13 to chapter 24.

Paul-André Gauthier

### Chapter 13 Newer thinking about patient safety.

By Patricia R. Ebright.

- ✓ She discusses how we can **avoid medical errors** that can lead to injury and death. The CNS plays an important role in ... the “complex system characteristics include **unpredictability** ambiguity, time-pressure and stress-laden situations, high stakes, and decision making by teams with frequently changing members” (cite from Klein, 1998; p. 171). Five principles that are necessary to understand for the improvement in clients /patients safety are discussed. By using the New Look model, she explains how various situations lead to accidents or medical errors.
- ✓ Many examples are given in the text, e.g. inadequate staffing, changes, **lack of experienced** personnel, busy units, **high acuity** levels, number of clients, multitasking, distractions, noise, bias, inconsistencies, etc.
- ✓ By appreciating the **complexity** of work, we can begin to understand how we can avoid “failure.” A non-punitive and problem-solving approach is essential from management to ensure improvement and collaboration. So, experience will lead to anticipating or forward thinking, **proactive monitoring** of client status to detect early warning signals, and early intervention to prevent negative consequences. CNSs can facilitate this process and build an effective patient safety culture.
- ✓ In such instances, CNSs could positively influence the outcome and prevent failure in the system. They can handle complex situations, shows leadership in implementing changes, and bring forth expert clinical knowledge and experiences at the bedside.
- ✓ Furthermore, the author discusses the LEAN model of Womack and Jones that is also utilized

in health to increase quality through identification **defects** and **inefficiencies** that can lead to failure. Some hospitals in Ontario are using this model and have seen improvement.

### Chapter 14 Individual as client.

By Janet S. Fulton and Carol Baird.

- ✓ In each specialty area, CNSs have developed an advanced nursing assessment that will provide **detailed information** when pursuing more appropriate and specific interventions. Nurses have to assess threats to wellness and their etiologies. They should aim at addressing the etiologies of the diagnosis to achieve the desired wellness.
- ✓ The authors discuss the body system framework and the Gordon’s Functional Health Patterns framework. Also, various themes are presented; such as, self-care, wellness, functional status, quality of life, threats to wellness, psychological processes, biological processes and perceptions, etc., which can assist nurses in how to go about these assessments under each category.

### Chapter 15 Family as client.

By Barbara S. O'Brien and Ginette G. Ferszt.

- ✓ This chapter provides an excellent overview of the contribution of CNSs in various areas of the nursing practice. The **active participation** of families in the care of their sick ones is a key component in influencing the client outcome. Their **abilities** to provide support will impact client adjustment and adaptation. In critical care, for example, CNSs have achieved great success with clients and families, especially when they have time, knowledge, skills, practice experience, etc. They become an ideal resource in the system. Clinical examples of the CNS’s role are provided in this chapter, e.g. in critical care, gerontology, pediatric care, oncology, psychiatry, mental health, and palliative care.

- ✓ When caring for families, health care professionals may encounter family conflicts that require **conflict resolution** or crisis intervention from a CNS who can effectively work with family members and clients. It is mentioned that the more severe the illness, the greater the impact on the family, but also on the nurses and other health care professionals. An **in-depth assessment** will provide specific information regarding the level of stress and adjustment of family, and if the “demands” exceed their ability to cope. Many factors may impact this process; such as, ethnic, religious, and socio-cultural background. Ongoing educational programs should include a variety of topics to enable nurses to be more effective in their practice when working with families. When working with nurses, CNSs provide knowledge, competence, and confidence... they can role model, support, and assist nurses in their **dealing with more complex situations** and family matters.

#### **Chapter 16 Community as client: Clinical nurse specialist role.** By Naomi E. Ervin.

- ✓ Two types of CNSs are discussed by the author: community health nurse specialist and public health nurse specialist. Their **major goals** are to prevent disease and injury and to promote health of communities and populations. Which are different compared to **the goals of CNSs** in other nursing specialties, that is “to decrease or prevent symptoms / suffering and improve functioning” (cited from NACNS, 2004, p. 8).
- ✓ The CNSs work under the three spheres of influence is presented in this chapter. A **broad array of knowledge** is required when looking at community issues; for example, biostatistics, epidemiology, demography, health behaviour, mortality, morbidity, immunization, environmental health, health policy, population health, and **advanced nursing knowledge in their area of practice**. Health programs developed and implemented can be assessed; for example, their effectiveness in improving health, decreasing hospital visits, prevention of low birth rate of babies, reducing health disparities, and improvements in the regulation of air, water, sewage treatment, and food handling.

#### **Chapter 17 Population-based data analysis.**

By Ann L. Cupp Curley.

- ✓ The author asked “What would be the cost benefit of changing how we provide individual care based on a **deeper understanding** of population health needs?” In this chapter, the notions of population-based issues, epidemiology, the different types of research studies and the implications of the CNSs are presented. In studying an intervention program, CNSs have to ensure that ethical considerations are respected to ensure the safety of the individuals or the population involved.

#### **Chapter 18 Client-focused teaching: The role of the clinical nurse specialist.**

By Kelly A. Goudreau.

- ✓ This chapter has expanded my understanding of client education despite the fact that I have been an educator for years. — As a CNS, our role is evident when looking at educating clients about their condition. Goudreau indicates, “To effectively self-manage chronic disease, patients must understand their condition(s) and the disease process. They must also be able to self-monitor, record, and track self-monitoring data; know what, when, and how to report changes in their condition; problems solve; modify their medications, diet, and physical activity as appropriate; enlist the support and involvement of family members and their social support systems; and cope on day-to-day basis” (p. 238; as referred to by Loring, 2001; Rothman & Wagner, 2003; Wagner et al., 2005).
- ✓ Clients not only require printed materials and videos, but much more. A treatment plan has to be **tailored** made and must be **individualized** to accommodate the clients’ goals, preferences, and lifestyles. Their participation is essential in order to achieve the desired outcomes. Many suggestions are provided in this chapter to enable clients to navigate in the actual health care system and the use of technology. **Literacy and health literacy** are presented as a key element to keep track while developing and implementing educational programs. The **sixth-grade** reading level should be targeted in the printed

**documents.** But the face-to-face interactions remain critical in the success of an effective program.

- ✓ Some theories are presented to assist CNSs in assessing clients in a more significant way; for example, the Salient belief model, the Health belief model, the stages of Change model, and their application in the CNSs practice. – This is quite interesting to look at these models and to consider other ways of getting a more comprehensible assessment of individuals that we care for.
- ✓ **Questions** such as: “On a scale from 1 being totally unsure and 10 being totally sure, how certain are you that you will be able” to ...
  - ⇒ dress yourself in the morning?
  - ⇒ give your insulin injection [ are they ready or not] ?
  - ⇒ know what to do when this symptom (x) is present?
 From being totally unprepared to do “Y”(0) to totally prepared to do “Y” (10),
  - ⇒ what number would you give yourself?
 You can think at other examples that are applicable in your workplace. **A minimum score of 7** is required to succeed with a behaviour change. Scores less than 7 indicate the need to go back and problem solve.
- ✓ Having CNSs express their concerns about the clients’ health (empathy) will help to move them closer to action (from pre-contemplating, to contemplating, to preparation for action, to action, and to maintenance (Prochaska and DiClemente, 1983). Many other questions and suggestions are mentioned to help us develop a broader understanding of ways to work with clients.
- ✓ Basic questions to **verify the understanding** of clients remain key in the teaching process; for example, would you **repeat in your own words** the information I provided you with? show me how you would give yourself an insulin injection? tell me what you think is important from the what we have discussed today? what would you tell your spouse about the change in your treatment that we have to do? etc. These questions are “not a test of the patient,” but to “**check on the clarity of the CNS**” (p. 245).

## Chapter 19 Consultation in the clinical nurse specialist role.

By Geraldine S. Pearson.

- ✓ This is a very interesting chapter to read. The author indicates that consultation is a central component of the CNS’s role. Historically, CNSs were seen as part of the movement to improve care. Over the years, we have seen an erosion of the value placed on the CNS’s role. The “**purpose of the consultation** is to implement a unit of change that will result, either directly or indirectly, in improved healthcare” (p. 251). These consultations are done with individuals; such as, clients, nurses, or with groups of clients, nurses, staff, or a system specific.
- ✓ Expertise of CNSs is always indicated in the various chapters. “The CNS role requires knowledge, expertise, and experience in an area of specialty practice” (p. 252). Nurses are educated in the specialty fields and develop, over time, a greater expertise.
- ✓ Barron (1989) discussed of **three types** of consultation: expert, resource, and process consultation. Fenton (1995) mentioned also interpreting the role of nursing in specific clinical situations, and providing advocacy. Pearson reminds the reader of the three spheres of influence of the NACNS (2004): patient/ family, nursing personnel, and organizational systems. CNSs can **facilitate change** also by doing consultations in specialty organizations with other health care providers, and other health care organizations. **Benner** (1984) touched upon the CNSs consultation and identified **seven domains** of practice. Many more aspects are developed in this chapter.
- ✓ Within the organization, a CNS has to establish credibility while developing relationships. In order to demonstrate the cost-effectiveness, CNSs need to **measure the effectiveness** of their interventions and how it can decrease the length of stay and improve clients’ outcomes.

## Chapter 20 Mentoring.

By Kelly A. Goudreau.

- ✓ Mentoring refers to “sharing of knowledge and information” (p. 259). It involves a person with more experience with one of less experience who is willing to learn and grow. Mentoring plays **a major role** when we are recruiting and looking at retaining nurses. The author discussed the difference between a mentor and a preceptor. Also, the types of relationships that can take place and the duration. The role of the **mentor** is referred to as “it is the job of the guide and mentor to push the learner to move along the continuum of learning and establish new upper and lower boundaries of comfort and understanding” (p. 262).
- ✓ Various **models of mentorship** are presented and help the reader to appreciate the work that one does and can do to improve his /her practice. CNS students and nursing staff can move along the continuum of learning within and outside of the comfort zones when mentored by a CNS. Guiding, coaching, and role modelling can only be facilitated by someone who knows the nursing practice in a specialty area and is present and has the time to fully support the nursing staff. In a nursing unit, the influence of CNS can allow organizations to grow and flourish.
- ✓ Goudreau (2010) mentioned **five** of the 14 forces (magnet hospital) that CNSs can influence:
  - Force 1: quality of nursing leadership;
  - Force 3: management style;
  - Force 6 : quality of care;
  - Force 11: nurses and teachers;
  - Force 14: professional development (p. 262).
- ✓ “As expert clinician, ... the CNS has direct influence on the quality of nursing care” (p. 262). The use of evidence creates a culture that positively impacts the clinical environment.

### Chap. 23

« **Technology does not replace nursing care, compassion, human presence, and therapeutic relationship at the bedside** » (Gauthier).

## Chapter 21 Project management: A core competency for professional nurses and nurse managers. By Robert Loo.

- ✓ We have seen an increasing job demand placed on nurses. In project management, nurses can lead specific projects that necessitate a nursing perspective. “Project managers must be effective leaders” (p. 268). It encompasses getting training, training others, planning, and controlling what needs to be controlled. Individuals are **accountable** for their decisions and the outcomes. The project manager is involved from the conceptual phase to the termination phase. During the project planning, the manager should do a **SWOT analysis**; meaning, identifying strengths, weaknesses, opportunities, and threats.

« **A survey creates expectations among the staff.** » (Gauthier).

- ✓ The **monitoring** and **control** that take place during the project are essential components of such a process. Critical points / milestones and moments should be identified to be able to report on the current status of the project.

## Chapter 22 Economic and financial considerations for clinical nurse specialists.

By Leeann Blue and Mary L. Fisher.

- ✓ In this chapter, the author described the various types of insurance and the limitations for US citizens. In 2007, there were 15.8 % of the USA that was not insured (47 millions individuals). It is not indicated how many are underinsured. Health care costs is one of the top reasons for **bankruptcies** in the US. There is also an increase in the use of **ER settings** at a very high cost to the health care system.
- ✓ There is **competition** in the US amongst the insurance providers. Also, there are advertisements targeting consumers to “ask your doctor about ...” to sell medications or medical treatments. Their hope is to have consumers’ pressure physicians and/or health care institutions even when it is not medically required.

- ✓ A new trend has appeared; that is, that insurance companies **are not to pay for errors** not anticipated in hospital settings. For example, pressure ulcer at stage III / IV; falls and trauma; surgical site infection; air embolism; catheter-associated urinary tract infection, etc. (Center for Medicare and Medicaid Services, 2008). CNSs can play an important role in limiting these events. “CNS can provide direct care or help to establish best practice” (p. 278) and CNSs have a positive impact on health care delivery and outcomes. Develop better nursing practice in a cost effective manner, by evaluating, monitoring, and controlling nursing interventions. Many questions can help us to better understand the decisions we are about to make; for example, “What are the most efficient and effective pathways toward resolution of a given health problem?” “when is it safe to transfer” a client from one place to another? and where is the best place to send them... to avoid complications and to ensure a better recovery.
- ✓ The authors discussed the elements of operating and capital budgets and health care costs. CNSs need to know about “accountability” to ensure that the programs to be developed and implemented are included to guarantee success. CNSs can play an important role in **limiting the financial losses** and **reducing hospital costs** by their work in hospital settings; for **example**,
  - ⇒ Reducing length of stay;
  - ⇒ Reducing ER visits;
  - ⇒ Improving care practice;
  - ⇒ Reviewing and analyzing nursing care and the use of equipment and supplies;
  - ⇒ Increasing clients satisfaction with nursing care;
  - ⇒ Reducing medical complications;
  - ⇒ Reducing medical errors; etc. (p. 282).

### Chapter 23 Technology management in complex health care settings. By Patricia O'Malley.

- ✓ “Hospitals have become centers of technology for the diagnosis and treatment of disease” (p. 285). While these changes are taking place, nurses have to accept new roles and more responsibilities. In doing so, nurses require more education and training with the technology in order to be competent. The author explains the evolution of technology in

hospital environments and **new medical errors** that come with the use of technology. Technology has a great impact on the **complexity** and the cost of health care. CNSs are well positioned to determine “the risks, benefits, alternatives, and limits of technology for organizations” (p. 286). “Nurses remain the primary users of technology in health care” (p. 286). The critical evaluation of the technology helps to **ensure utility**, effectiveness, **safety**, and to avoid problems and **errors**.

- ✓ In this chapter, many tables help us to understand many aspects that need to be considered while using technology. For example, factors associated with failure to respond to medical device alarms, required elements for comprehensive technology assessment, or the reasons for medical device failures. **Technology requires more nursing care and monitoring**. What is being sacrificed to ensure the use of technology in our health care environments? “The CNS must protect nursing at the bedside” (p. 295).

### Chapter 24 Interview or interviewee: Essential skills for the clinical nurse specialist employment interview. By Ann F. Minnick.

- ✓ “The selection of the wrong person for a CNS post will cost an organization thousands of dollars in direct costs and, potentially, millions of dollars in indirect costs (p. 299). Hiring the proper CNS for the position will enable the health care institutions to achieve their goal at improving nursing care and reducing costs. This author lists the CNS attributes that are required for a CNS position; how the employer should be prepared (details such as, what is required for the specific position, the pre-interview, the interview and the post-interview- table on p. 309); the **essential skills** required vs the **ideal skills** sets; the specific questions needed to carefully assess the nurse for the CNS position in a specific nursing specialty; the ethical and legal considerations to consider; how an interviewee can prepare for a CNS position; etc

Paul-André Gauthier



## CNS of the Year Award 2011

The **6<sup>th</sup> annual CNSIG - CNS of the Year Award** will be presented during CNSIG's Annual General Meeting (AGM) on Saturday, April 9<sup>th</sup>, 2011. Please review the criteria and submit a completed application with corresponding rationale for those individuals who you feel should be considered.

### **Purpose:**

To provincially recognize a CNSIG member for outstanding professional achievement as a Clinical Nurse Specialist in the domains of advanced nursing practice. The award acknowledges a nurse who demonstrates CNS competencies and exemplary practice in client care, nursing and health care delivery systems. Current board members of CNSIG are not eligible for nomination. CNSIG board members may not be involved in nomination processes.

### **Eligibility Criteria:**

1. The candidate must be nominated by a Registered Nurse.
2. The candidate must have current membership in CNSIG for one year or longer.
3. The candidate must have at least 2 years of experience as a Clinical Nurse Specialist.
4. The candidate must serve as a role model to nursing colleagues by:
  - a. Maintaining an outstanding level of skill and knowledge in their specialty area.
  - b. Utilizing or demonstrating CNS competencies in all five domains of advanced nursing practice.
  - c. Demonstrating quality client outcomes as a result of his/her practice.
  - d. Supporting nurses in the delivery of client care or the advancement of nursing practice.
  - e. Promoting change or collaboration at the system level to improve or impact client care.
5. The candidate actively promotes the role of the CNS

### **Award:**

Non-transferable complimentary registration to CNSIG's AGM April 2011 and a one year complimentary membership to CNSIG. The award will be presented at the CNSIG Breakfast Annual General Meeting, held in conjunction with the RNAO AGM. Recipient will be encouraged to attend the meeting. A picture of the award winner will be taken at the AGM and profiled in an upcoming CNSIG newsletter.

### **Selection:**

Applications received by the deadline will undergo review by the selection committee. All of the candidate's information including supporting documentation must be received no later than **Friday, March 18<sup>th</sup>, 2011 at 1600 hours (4:00pm)**. This deadline will be strictly adhered to in the selection process. The nominators of the successful candidate will be notified prior to notification of the winning candidate. The recipient will then be notified by the President of CNSIG.

### **Instructions:**

1. The candidate should provide information supporting the nomination relating to the specific criteria for the award.
2. All submissions must be submitted individually by the nominators. If submitting electronically, documents must be in Microsoft Word format.
3. The candidate's name should not appear anywhere in the body of the material submitted. The candidate's name should appear only on a separate cover page.
4. Two letters of recommendation must be submitted. Both nomination letters must be submitted by Registered Nurses. The candidate's name should not appear in the letter of recommendation. Please refer to the nominee as "the candidate." Each of the criteria must be addressed in the letters with an example. Submission from other individuals may also be included. All information will remain strictly confidential and will not be returned.
5. Selection is made based only on the information submitted.
6. Submit a separate statement of 300 words or less describing the candidate (excerpts will be read when presenting the award at the Annual General Meeting).
7. The recipient of this award will be notified by April 1<sup>st</sup>, 2011.

**CNSIG Form** to be completed (CNS for the Year Award 2011) :

**Candidate's name:** \_\_\_\_\_

**Submitted by:** \_\_\_\_\_

**Credentials:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address of nominating institution:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tel. (day):** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Preferred Email Address:** \_\_\_\_\_

**Candidate's Home Address:**

**Work Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tel. (day):** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Preferred Email Address:** \_\_\_\_\_

**RETURN NOMINATIONS TO:**

**Carmen Rodrigue  
President, CNSIG**

C/O Bruyère Continuing Care  
St Vincent's Hospital.  
60 Cambridge St North, Suite 1607  
Ottawa, Ontario. K1R 7A5

Tel: (613) 562-6262 ext 2050  
Fax: (613) 782-2729 (\* please include a cover letter \*)  
Email: ccrodrigue@sympatico.ca or  
crodrigue@bruyere.org

## CNSIG Education Award 2011

A bursary in the amount of **\$ 1,000** will be awarded to a CNSIG member 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 CNSIG member (one year or longer)
- 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

**Deadline: Friday, March 18<sup>th</sup>, 2011 at 1600 hours (4:00pm)**

### 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 to:*

**Carmen Rodrigue  
President, CNSIG**

C/O Bruyère Continuing Care  
St Vincent`s Hospital.  
60 Cambridge St North, Suite 1607  
Ottawa, Ontario. K1R 7A5

Tel: (613) 562-6262 ext 2050  
Fax: (613) 782-2729 (\* please include a cover letter \*)  
Email: ccrodrigue@sympatico.ca or  
crodrigue@bruyere.org

- ✓ The bursary will be awarded at the CNSIG **Annual General Meeting (AGM) on Saturday April 9<sup>th</sup>, 2011.**
- ✓ The person will receive a refund when the Director of Finance of CNSIG has received an official receipt and proof of successful completion prior to October 1<sup>st</sup>, 2011.

## CNS Student Award 2011

### **\* An opportunity for Graduate nursing students \***

CNSIG is recognizing a graduate nursing student for each School or Faculty of Nursing who is currently pursuing studies in the CNS stream at the Master of Nursing or PhD level.

#### To the Director/Dean of School of Nursing:

✓ Please inform the professors in charge of the CNS stream program about this award.

#### Criteria for the award:

Only nursing professors and / or CNS will be eligible to submit nominations.

Letter of reference demonstrating excellence in theory & in a clinical nursing specialty.

- The letter should also include the following information: name, title, address, e-mail and telephone number of the faculty member nominating the student candidate, as well as the candidate's information.
- The letter should be supported and signed by 2 professors or CNS who know the CNS student well.

#### Student Award:

A certificate recognizing the student achievement and a free CNSIG membership for one year.

#### **Deadline date for submission:**

**Friday, March 18<sup>th</sup>, 2011 at 1600 hours (4:00pm)**

**Carmen Rodrigue**  
President, CNSIG

C/O Bruyère Continuing Care  
St Vincent's Hospital.  
60 Cambridge St North, Suite 1607  
Ottawa, Ontario. K1R 7A5

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Fax: (613) 782-2729 (\* please include a cover letter \*)  
Email: ccrodrigue@sympatico.ca or  
crodrigue@bruyere.org

***Your support in the future of Clinical Nurse Specialists is appreciated.***

## CNSIG call for nominations for 2011-2013

- ◇ **President.**
- ◇ **Director of Finance.**
- ◇ **Director of Membership and Education.**
- ◇ **Director of Communications.**
- ◇ **Director of Research.**
- ◇ **Director of Policy and Practice.**
- ◇ **MN (CNS stream) Student representative.**

### **GUIDELINES**

Nominations must be received no later than

- ◇ **Friday, April 1<sup>st</sup>, 2011 at 1500 hours (3:00pm).**

**Persons nominated must be RNAO and a CNSIG member in good standing for the year 2011 and a CNS, who are willing to carry out the obligations of the office to which they may be elected.**

Nominees require the signatures of **one** nominator who **must** be RNAO and CNSIG members in good standing for 2011.

All nominations should be sent to the CNSIG President :

**Carmen Rodrigue**  
**President, CNSIG**

C/O Bruyère Continuing Care  
St Vincent's Hospital.  
60 Cambridge St North, Suite 1607  
Ottawa, Ontario. K1R 7A5

Tel: (613) 562-6262 ext 2050  
Fax: (613) 782-2729 (\* please include a cover letter \*)  
Email: ccrodrigue@sympatico.ca or  
crodrigue@bruyere.org

**CANDIDATE (NOMINEE) CONSENT for a position on CNSIG BOD for 2011-2013 :**

I, \_\_\_\_\_, consent to my name standing for election to the office of \_\_\_\_\_ for the designated term of office, and agree to fulfill the duties of the office if elected.

Signature \_\_\_\_\_

**NOMINEE INFORMATION (please print)**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: (RES) \_\_\_\_\_ (BUS) \_\_\_\_\_ ext \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

RNAO #: \_\_\_\_\_ CHAPTER: \_\_\_\_\_ REGION: \_\_\_\_\_

**SUPPORT FOR NOMINEE:**

The nominee and nominators **must** be RNAO and CNSIG members currently in good standing for the year 2011. In the space below, a nominee is required to obtain the contact information and signatures of **one (1)** nominator. All nominations must be received by mail, by fax or by e-mail (scanned documents) **no later than Friday, April 1<sup>st</sup>, 2011 at 1500 hours (3:00pm)**. *Applications incorrectly or inadequately completed will not be accepted.*

**ENDORSEMENT:**

**I HEREBY NOMINATE THE ABOVE-NAMED CANDIDATE FOR THE POSITION OF:**

- President.**
- Director of Finance.**
- Director of Membership and Education.**
- Director of Communications.**
- Director of Research.**
- Director of Policy and Practice.**
- MN (CNS stream) Student representative.**

Name \_\_\_\_\_ RNAO # \_\_\_\_\_

Address \_\_\_\_\_

TELEPHONE: (RES) \_\_\_\_\_ (BUS) \_\_\_\_\_ ext \_\_\_\_\_

Signature \_\_\_\_\_ e-mail : \_\_\_\_\_



## 2009-2011 CNSIG Executive Members

Picture (from left to right) :

- ✓ Mitzi Mitchell, Director of Education and Membership.
- ✓ Dania Versailles, Director of Communications.
- ✓ Carmen Rodrigue, President.
- ✓ Paul-André Gauthier, Director of Finance.

Job posting (paid by )

Help Shape the Future *of Healthcare*

GRAND RIVER  
HOSPITAL

Grand River Hospital, as one of Ontario's largest community hospitals, provides excellent patient-centered care to the over 760,000 residents of Waterloo Region and Wellington County. Through innovation and collaboration, Grand River Hospital has become a leader in the provision of patient care programs for our community, within available resources. Grand River Hospital's Mental Health & Addictions Program is undergoing an exciting expansion and redesign of services in order to better support our community. In order to ensure that we are able to continue to provide optimal care within our community, we are currently seeking a:

### Clinical Nurse Specialist – Acute Care Site Mental Health & Addiction Programs *Instilling hope.....fostering recovery*

For more details—please refer to the e-mail circulated to all members or contact : [careers@grhosp.on.ca](mailto:careers@grhosp.on.ca)

You can contact the  
President of CNSIG:  
Carmen Rodrigue at  
[ccrodrigue@sympatico.ca](mailto:ccrodrigue@sympatico.ca)

Web Site:  
[www.cnsig.org](http://www.cnsig.org)

[cns-listserv-  
on@mail-list.com](mailto:cns-listserv-on@mail-list.com)