

Special points of interest:

- Turning point for CNSIG in 2010. CNSIG president describes a chronological account of events leading to the change of direction.
- A CNSIG Resolution for RNAO AGM is presented

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Turning point for CNSIG in 2010

As most of you may be aware, CNSIG is no longer a member of CAAPN since January 1, 2010. The following facts, most of them published in previous newsletters, provide a short chronology of the events that led to this outcome.

1993 - The 1993 agreement between CNSIG and the Canadian Clinical Nurse Specialist Interest Group (CCNSIG), and subsequently with the Canadian Association of Advanced Practice Nurses (CAAPN), established CNSIG as a provincial partner of CAAPN through a binding agreement. Changes to this agreement were to be negotiated by the two parties.

2005 - At the CAAPN biennial Annual General Meeting (AGM) in Saint John, New Brunswick, a resolution was brought forward proposing that CAAPN increase its provincial partners' block membership fees from \$25 to \$40 per member. This resolution was passed, despite Heather Elliott's (then CNSIG President) opposition to it. The only members who voted on the fee increase were those who were able to attend this biennial AGM. The voting was not pro-rated according to the number of members in each provincial partner group. The CNSIG had informed CAAPN ahead of time of its concerns. The resolution was passed despite the complete opposition of the BOD of CNSIG.

January 2008 - Cynthia Struthers (President of CAAPN 2007-2009) stated that the fee increase passed at the CAAPN AGM is in effect regardless of the fact that a binding agreement had not been negotiated to that effect between the two parties.

May 6th 2008 - CNSIG communicated with CAAPN's President that CNSIG would not increase its block membership fee to \$40 per member subsequent to feedback provided in a survey by CNSIG's membership.

June 2008 - The respective Chairs and Treasurers of CNSIG and CAAPN met and discussed each other's expectations but again no binding agreement was negotiated. CNSIG members were then questioning the value of CAAPN membership since, among other things:

- a) they were not receiving the CAAPN newsletter via e-mail,
- b) CNSIG was not consulted on CNS issues when requests were submitted to CAAPN,
- c) CAAPN did not advocate for CNS title protection, and
- d) nor did CNSIG receive ongoing feedback between CAAPN and CNA.

April 16th 2009 - At the 2009 AGM, CNSIG decided to maintain its current membership fees for CAAPN at \$25 per member due to lack of progress on previously expressed key concerns.

The only significant change that had taken place since the June 2008 meeting with CAAPN's President and Treasurer was that more members reported having received the CAAPN newsletter by e-mail.



September 23rd 2009 - CNSIG again communicated its decision to CAAPN's President. There was still no negotiated agreement between CNSIG and CAAPN.

November 30th, 2009 - CAAPN forwarded a letter to all CNSIG members stating that CNSIG would no longer be a member of CAAPN, effective January 1st, 2010, if CNSIG did not pay its annual block membership fee of \$40.00 per member.

January 1st, 2010 - CNSIG is no longer a member of CAAPN. Subsequently CNSIG was the last CNS group member of CAAPN. CAAPN is now mostly composed of provincial groups/ associations of nurse practitioners and individual advanced practice nurses.

CNSIG continues to collaborate with the CNS Council of Canada (CNSCC) to advance nursing practice and speak out for Clinical Nurse Specialists in Ontario.

CNSIG 2010 Annual General Meeting



Saturday April 17,
2010

9:00 am-11:00 am

**Come and join us
for breakfast**

RNAO's 85th Annual General Meeting



When:

Thursday, April 15 to
Saturday 17, 2010.

Where:

Downtown
Hilton Toronto, 145
Richmond St. West.

Visit

www.rnao.org to
complete online
registration and
hotel reservation
forms

CNSIG Resolution for RNAO's 2010 AGM

In December 2009, the CNSIG submitted a resolution requesting that RNAO promote the significant contribution of the clinical nurse specialist (CNS) as an advanced practice nurse (APN) in the healthcare care system.

The resolution specifies the need to include the CNS to the staff mix being presented to healthcare organizations and the Government of Ontario and that the CNS be considered as part of the solution in the management of care of

complex and/or vulnerable populations.

Several arguments, supported by the literature, provide the basis upon which the resolution was formulated. The management of care of complex and/or vulnerable populations, the education and support of interdisciplinary staff and the facilitation of change and innovation within the healthcare system are unique role attributes which makes CNS a unique ally in the establishment of appropriate staff mix as part of the solution to

manage care of complex and vulnerable populations.

The resolution submitted is found on the next page.

Stay tuned to know the outcome of the resolution submitted.



Resolution submitted to RNAO for the 2010

WHEREAS the Clinical Nurse Specialist (CNS) role has been in existence in Ontario since the 1960's and the CNS currently works in an advanced nursing practice role,

WHEREAS indicated by the College of Nurses of Ontario (CNO) and the Canadian Nurses Association (CNA), the CNS is required to have a graduate degree in nursing, having completed a Master in nursing or a doctorate in nursing with a clinical nursing specialty,

WHEREAS the CNS provides expert input into the care of complex and/or vulnerable populations and/or challenging clinical situations and that the CNS contributes to the improvement of patient outcomes and decrease or reduction of mortality and morbidity,

THEREFORE BE IT RESOLVED that RNAO include the CNS in the staff mix being presented to health care organizations and the government of Ontario and promote the CNS as part of the solution in the management of the care of complex and/or vulnerable populations in the healthcare system.

THEREFORE BE IT RESOLVED that RNAO promote the significant contributions of the CNS as an Advanced Practice Nurse (APN) in the healthcare system of Ontario and beyond.

December 2009.

(Backgrounder information follows on the next page)

Backgrounder information for the resolution proposed by CNSIG

With rapidly changing healthcare environments and complex patient care needs, the proposed solution appears to be an appropriate staff mix to meet the increasing needs of our complex and/or vulnerable populations. However, there appears to be a lack of inclusion of the Clinical Nurse Specialist (CNS) as a significant contributor in the staff mix being presented to healthcare organizations and the government of Ontario.

Clinical Nurse Specialists (CNSs) are significantly contributing to the Canadian healthcare system as advanced practice nurses who integrate and apply a wide range of theoretical and evidence-based knowledge. Education of the CNS is a Masters' degree in Nursing or a doctorate in Nursing with a clinical nursing specialty. The three spheres of CNS influence are patient/client sphere, nurse and nursing practice sphere, and organization/system sphere. According to Lewandowski et al. (2009), the three categories of substantive areas of CNS clinical practice which have been identified are: a) manage the care of complex and/or vulnerable populations, b) educate and support interdisciplinary staff and c) facilitate change and innovation within the healthcare system. With regards to the management of the care of complex and/or vulnerable populations, CNSs are experts in a specialized area of nursing practice and can provide clinical consultation to assist care teams to develop and evaluate the plan of care for individual patients or groups of similar patients with complex health needs. CNSs act as change agents at the nurse-patient level by promoting evidence-based nursing practice, at every level of the organization by advocating for policy change, and at the broader healthcare sector level to advocate for nursing and patient care needs. CNSs establish collaborative relationships with patients, families, healthcare professionals, administrators and other healthcare partners in order to positively impact nursing practice, patient care and policy. Furthermore, CNSs are nurse leaders who collaborate for optimal patient outcomes and who influence organizations to affect change and transformation of healthcare. For all of the above reasons, CNS should be explicitly included in the case mix as part of the solution in the management of care of complex and/or vulnerable populations in the healthcare system of Ontario.

References:

Lewandowski, W., & Adamle, K. (2009). Substantive Areas of Clinical Nurse Specialist Practice: A Comprehensive Review of the Literature. *Clinical Nurse Specialist Journal*, 23 (2), 73-90.

National Association of Clinical Nurse Specialists (NACNS) (2007). A Vision of the Future for Clinical Nurse Specialists. *Clinical Nurse Specialist*, 21 (6), 310-320.

CNA. (2009). Position Statement: Clinical Nurse Specialist.

http://www.cna-nurses.ca/CNA/documents/pdf/publications/PS104_Clinical_Nurse_Specialist_e.pdf

CNA (2008). Advanced Nursing Practice: A National Framework.

http://www.cna-nurses.ca/CNA/documents/pdf/publications/ANP_National_Framework_e.pdf

CNO (2010). Registration guide. http://www.cno.org/reg/memb/pdf/amr_guide_2010.pdf

http://www.cno.org/docs/reg/AMR_Guide_DraftDataDictionary_2003.pdf

NATIONAL ASSOCIATION OF
CLINICAL NURSE SPECIALISTS



*CNS as Internal Consultant:
Influencing Local to Global Systems*

NATIONAL CONFERENCE
march 4-6, 2010
hilton portland & executive tower, portland, oregon

2010 NACNS American conference

MARCH 4-6, 2010
HILTON PORTLAND & EXECUTIVE
TOWER, Portland, Oregon

After February 23, 2010, please call the NACNS National Office at (717) 234-6799 and speak with a representative before mailing or faxing your registration.

Visit: www.nacns.org/Conference/Registration/tabid/1155/Default.aspx

Two (2) positions open.

Wanted: CNS Student Board member & Policy and Practice Board member!

- ✓ Currently eligible to become a member of the CNSIG?
- ✓ Studying at the master-level in nursing in the CNS stream?
- ✓ Practice and policy issues interest you?

Then consider joining the CNSIG board members.

We are looking for motivated CNS and a CNS student who would be willing to:

- 1) dedicate about 2-3 hours of their time to represent their peers at the discussion tables,
- 2) share what activities the Clinical Nurse Specialist Interest Group is engaged in and

- 3) bring new and refreshing perspective to upcoming projects.

Interested applicants are welcomed to submit your questions or a memo of interest to any board members.



2010 Conference—Leading with Confidence and Creativity



Sharing leadership innovations, strategies, and research findings that will guide healthcare leaders and administrators in leading change in future healthcare systems.

WESTIN PRINCE HOTEL,
TORONTO
MARCH 25 & 26, 2010

Featuring renowned Keynote speaker Dr. Tim Porter-O'Grady.

For more information & registration, consult the conference brochure at: http://www.nln.on.ca/images/stories/conference/2010/2010_nln_brochure.pdf

Clinical Nurse Specialist of the Year Award Nomination form

The **5th annual CNSIG CNS of the Year Award** will be presented during CNSIG's Annual General Meeting (AGM), April 2010 (Saturday April 17th, 2010). Please review the criteria and submit a completed application with corresponding rationale for those individuals who you feel should be considered.

DEADLINE: March 22, 2010

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.

Candidate: _____ **Submitted By:** _____
Credentials: _____ **Title:** _____

Address of nominating institution: _____

Tel. (day): _____ **Fax:** _____

Preferred Email Address: _____

Candidates's Home Address: _____

Work Address: _____

Tel. (day): _____ **Tel. (evening):** _____

Preferred Email Address: _____

RETURN NOMINATION(S) or queries to:

<p>Mitzi G. Mitchell Director of Membership & Educa- tion, CNSIG C/O York University, School of Nursing Office HNE 356 4700 Keele St. Toronto, Ontario M3J 1P3</p>	<p>Tel: (416) 736-2100 ext 20069 Fax: (416) 736-5714 (Cover letter please) Email: mitzi.mitchell@rogers.com or mitzim@yorku.ca Website: http://www.cnsig.org</p>
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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 2010 and a one year complimentary membership to CNSIG. The award will be presented at CNSIG's AGM. 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 must be received by **March 22, 2010.** 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 winner will be notified by April 12, 2010.

CNS COUNCIL OF CANADA

On January 11th 2010 representatives from Ontario, Manitoba and British Columbia (BC) met to discuss CNS issues and challenges. It seems that role clarity is getting to be a concern across Canada as it is the case in the USA. In BC, the CNS group is collaborating with their two universities to look at the CNS program at the MN level. In BC, they have formed a new group for CNS in 2009. In Manitoba, CNSs are also meeting every two months to discuss current issues.

In Ontario, CNSIG submitted a resolution to be presented at the Registered Nurses Association of Ontario Annual General Meeting next April to ensure that the CNSs are included in the staff mix whenever discussions about the need to have appropriate care providers in health care institutions take place. In April 2005, CNSIG was successful in passing a resolution at the RNAO AGM asking RNAO to lobby the CNO for title protection. Little has been done by CNO as a result despite the need to further protect the public from diploma RNs or RPNs identifying themselves as clinical nurse specialists!

The CNS Council of Canada is currently reviewing its mandate and next steps considering the direction the Canadian Association of Advanced Practice Nurses has adopted in the past few years. CAAPN has focused its work heavily on Nurse Practitioners' related matters and the perception is that little has been done for CNSs. In the next few weeks, we will approach each provincial nursing association or regulatory college to develop links with their CNSs and bring representation to the Council. Discussions, about the role of CNSs in our health care system and of its importance, are taking place with representatives of CNA and RNAO. In January, we were successful to assist RNAO BOD to approve the "Position statement: Client-centred care" which includes CNSs and their importance and relevance in the care of clients and patients. While our provincial professional nursing association represents RNs, NPs and CNSs, we remain concerned that it promotes the utilization of Personal Support Workers (PSW) while not sufficiently promoting the role its regulated members. RNs should continue to promote the inclusions of RNs, NPs, and CNSs in the health care services at all levels. The improvement of the healthcare delivery and the health care outcomes for our clients and /or patients should be promoted as the main focus of our delivery of care. The contribution of the CNS is well documented as illustrated in the following source :

Lewandowski, W., & Adamle, K. (2009). Substantive areas of clinical nurse specialist practice: A comprehensive review of the literature. *Clinical Nurse Specialist*. 23(2), 73-90.

The National Association of CNS: there will be a national CNS conference in the USA, in Portland, Oregon the first week of March 2010. You are invited to attend. I did attend the NACNS conference in March 2008 in Atlanta, Georgia. It was a unique opportunity to mingle with more than 600 CNSs from all regions of the United States !

For more information:

<http://www.nacns.org/>

<http://www.nacns.org/Conference/Registration/tabid/155/Default.aspx> (for more information)

<http://www.nacns.org/LinkClick.aspx?fileticket=4kmnzj52ndc%3d&tabid=155> (conference program).


NACNS benefits: <http://www.nacns.org/Membership/MemberBenefits/tabid/80/Default.aspx>

CNS-list server <http://archive.mail-list.com/cns-listserv/list/cns-listserv.en.html>

Your collaboration and support help us at the provincial and national levels to be more effective in promoting the role of CNSs and the improvement of clients' and patients' care and outcomes.

Sincerely,

Paul-André Gauthier, DMD, MN, PhD (nursing); RN, CNS
Co-Chair of the CNS Council of Canada
CNS in Palliative care.



CNSIG 2010 Education Awards

Two (2) bursaries in the amount of **\$ 1000** 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: March 22, 2010

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:

Mitzi G. Mitchell
CNSIG Director of Membership & Education
 York University
 4700 Keele Street
 Office HNES 356
 Toronto, Ontario M3J 1P3
mitzim@yorku.ca
Mitzi.mitchell@rogers.com



The bursaries will be awarded at the CNSIG **Annual General Meeting (AGM) on Saturday April 17, 2010**. The 2 individuals 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, 2010.

RNAO's ADVANCED CLINICAL/PRACTICE FELLOWSHIP



Need a career boost? Wished you had the necessary resources to bring a project to fruition? RNAO's Advanced Clinical/Practice Fellowship (ACPF) is the Golden Opportunity that awaits you.

The start line, begins when you intend to apply for funding to implement an ACPF. You must identify a specific goal, the type of fellowship you wish to work on and the gap or need your project will address. You quickly realize that hard work, dedication and motivation are essential ingredients at the onset. Athletes know a thing or two about these ingredients. They also know it's not enough to make it to the finish line.

Like athletes, you and a healthcare organization need to make it to the qualifying games by registering a letter of intent and attend a proposal writing workshop RNAO offers via teleconference to move to the next competing event. The informational and proposal writing workshops provide an opportunity to

learn about the rules, the process and expectations of the fellowship. What happens next is a discovery, a journey.

You elect a mentor or a team of mentors to coach you along the way, cheer you up and guide you through the journey. You persevere through the rigorous application submission process. You are selected but the big celebration will have to wait 450 hours later from the date you start. Until you cross that finish line, you will have to rely on and improve upon your attitude, your strengths and willingness to work even harder on your weaknesses to achieve the learning objectives you and your coach(es) outlined in the application.

The finish line is fast approaching and you dread or rejoice every last, yet memorable moments. Looking back, you realize the invaluable gifts the fellowship offered along the way: new and enhanced professional relationships, a larger sense of pride for the contribution made to address a client-

centered need or service gap and for developing a new *professional you*, armed with new and ever-evolving competencies that will carry you into the after-game (post-fellowship phase for sustainability). This is a glimpse of the experience I am in the process of completing. A golden experience I highly recommend to every eligible registered nurse.

The **next** season for **Request for Proposal will be issued on March 5, 2010**. The deadline to submit proposals will be May 19, 2010 at 4 PM.

For more application, instructional and sample information on ACPF, including the top 10 proposal tips for applicants and ACPF brochures and samples of what nurses have developed specifically, visit: <http://www.rnao.org/Page.asp?PageID=924&SiteNodeID=144>

Dania Versailles, CNSIG
Communication Officer



President:
Carmen Rodrigue at
carmen.marc@sympatico.ca

Web Site: <http://www.cnsig.org/index.asp>

[RNAO Practice Page on the Clinical Nurse Specialist](#)

cns-listserv-on@mail-list.com