

MEMBERS' VOICES: February - April 2017

Speaking out for nursing - Speaking out for health

SUBMITTED BY: Paul-André Gauthier, RN, PhD (nursing)
Provincial President, **Clinical Nurse Specialist Association of Ontario.**

END: Engage with registered nurses and nursing students to stimulate membership and promote the value of belonging to their professional organization.

- We are hosting our own Annual General Meeting (AGM) on Saturday, April 29th, 2017 at the Toronto Hilton. We are going to have a presentation on wound care. Free presentation for members. See our website for details and to register.
- The CNS Nursing Award recipients are going to be announced on April 29th, 2017. Two types of awards were posted: the *CNS of the Year* & the *CNS Student Award* (for RNs completing a Masters' in Nursing – CNS stream in an Ontario university). Nominations have been received <http://cns-ontario.rnao.ca/awards> or contact the president at pgauthier@rnao.ca
- We are updating our Facebook and Website to add information and encourage members to contribute: our [website](http://cns-ontario.rnao.ca/): <http://cns-ontario.rnao.ca/> and our [facebook](#).
- We are posting our reports and documentations on our website, such as Members' Voices, Newsletters, and Awards nomination criteria.
- The executive is meeting regularly to discuss, e.g. concerns, and issues.
- The President presented to the 4th year B.Sc.Inf. new grads of Université Laurentienne on April 6, 2017.

END: RNAO advances the role and image of nurses as members of a vital, knowledge-driven, caring profession, and as significant contributors to health.

- The President is continuing the regular interviews on radio, mostly SRC-Sudbury. Topics varied from the day to day issues and he reported on the Day at Queen's Park.
- He led discussions locally on fears of death on three different occasions. He presented on challenges and the 5 items scale classification at the Université Laurentienne on Research Day on April 7.
- We have been promoting the role of the CNS in Ontario, and across Canada.
- We continue to be member of the national CNS association called CNS-C / ICS-C and we have representation from all regions of Canada. Three members are from Ontario on the national BOD.

END: RNAO speaks out on emerging issues that impact on nurses and the nursing profession, health and health care.

- We are promoting title protection for the CNS educated at the Masters' level in nursing with minimum of 500 clinical hours included in the program. Ontario is not there yet.
- Employers are hiring RNs to act as CNS, and these RNs are not meeting the requirements to be called CNS. Furthermore, employers call nurses APN...without using CNS title, adding to the confusion. Moreover, there is confusion, not only in the

public view, but also among nurses with the terms RPN and APN! We highly recommend the use of: **CNS / APN-CNS / CNS-APN.**

END: RNAO influences healthy public policy to positively impact the determinants of health, supporting Medicare and strengthening a publicly funded, not-for-profit health-care system.

- Political action regarding the promotion of CNS in health care:
 - We are sharing our views on political action when representing and speaking on behalf of our association in meetings and media interviews.
 - Paul-André and Rashmy Lobo attended the meetings with MPPs at Queen’s Park on February 23rd, 2017. They met with MPPs.
- Did you know... ?
- 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.
 - Despite the writings about lack of clarity in the public... p. 80.
 "Master’s prepared CNSs clearly understand the CNS role. Confusion about the CNS role may, therefore, lay with nurses who are not CNSs, other healthcare professionals, and consumers. One reason for the lack of understanding of the CNS role may be that much of the work of the CNS occurs “behind the scene” of direct patient care. Perhaps increased role diversity has led to increased anonymity, as many CNSs moved away from direct expert care to fulfill other role requirements. This points to a crucial need for CNSs to find creative ways to “connect” directly with patients and families and to role model for nurses and members of the interdisciplinary team specialized expert nursing care, even when their work takes them away from the bedside and despite the many facets and challenges of their role. Marketing is a need repeatedly discussed in the literature as being necessary for promoting the CNS role and its value. Increasing direct contact with patients and families may be a simple, yet important, overlooked marketing strategy to improve recognition and understanding of the CNS role, especially by consumers."

We shared this information with Premier Kathleen Wynne, Minister Hoskins, Minister Thibeault, Minister Flynn, and MPPs France Gélinas. We indicated that CNS can help decrease further the mortality and morbidity of patients / clients in health care institutions. This article quoted above was shared to clarify and provide more information of the potential of clinical nurse specialists in hospitals, for example.

OTHER:

- We attended the Day at Queen’s Park and Assembly of Presidents’ meeting on February 22, 23, and 24, 2017 in Toronto. We exchanged with our counterparts with other nursing associations attending the meeting.
- We have maintained a minimum of 250 members (RNs) over the past years.
 - For Oct. 31, 2011 : 250 RNs
 - For Oct. 31, 2012 : 251 RNs
 - For Oct. 31, 2013 : 262 RNs
 - For Oct. 31, 2014: 288 RNs
 - For Oct. 31, 2015: 270 RNs
 - For Oct. 31, 2016: 278 RNs
 - For 2016-2017: number unknown for now



- ✓ Having over 250 members, it means that we have enough members to receive a **group discount** by RNAO, which has not been done. We thank our members for trusting our work and providing support to the issues that are imperative to Clinical Nurse Specialists in Ontario.

In January, we have requested the CNS-Ontario membership list from home office in Toronto for the new fiscal year (2016-2017). And it was denied from home office. More information regarding the Ontario Corporation Act, art 307 (section : “Where list of shareholders to be furnished”).

Here some of the reasons supporting our request -- The membership list facilitates...

- A quick access to confirm who is a member or not
- Help us to know who is a member in each region / city of Ontario
- To ensure that all executive members are an RNAO member
- To ensure that our candidates and recipients for awards are members
- To ensure that refund provided to a nurse is a member of our IG /association
- To look at how much fund we can expect to receive during the fiscal year
- To communicate quickly with members
- To communicate specifically with one member by locating her/ his e-mail or phone number.
- To look up potential resource person within our membership.
- To look up potential executive members to our association / IG
- To look up potential candidates to nominate for RNAO awards
- To look up potential candidates to nominate for RNAO- BOD or committees

There are probably way more reasons for using our own membership list.

N.B. We are working closely with the Canadian Nurses Association (CNA) regarding advanced nursing practice for the Clinical Nurse Specialists. Our national association, CNS-C is officially recognized by CNA now and we are an official member.



