



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

**Special points**

**of interest:**

**2** Educational

Awards for CNS.

**Deadline:**

• December 14<sup>th</sup>,  
 2018

National CNS-C  
 conference:

- May-June 2019



**Inside this issue:**

Messages	1-2
Articles	2-3
AGM report 2017	4
Article	5
Information	6
Executive	7
<b>Two (2)</b> \$1,000 CNS	8

**Volume 2018. No 2**

**Message from the CNS President of Ontario**

**Let's move  
 into way more  
 ACTION!**

Hello Colleagues,

With the annual CNS week just ending (September 1-7), I hope you had time to take a minute to talk about your role in your workplace and to you colleagues.

Networking about who you are as a CNS helps to raise awareness about your contribution to the nursing practice and to improve clients' and patients' outcomes.

I had the opportunity to meet two Senor Vice-Presidents of the North-Eastern Ontario LHIN a few weeks ago and I shared how CNSs can improve care and reduce costs on the long run... and decreasing mortality and morbidity. Both of them are involved in approving and funding health care in the whole territory of North Eastern Ontario. Improved care is not achieved by replacing RNs by RPNs, or by adding more PSWs when the

conditions of clients and patients are unstable and unpredictable. This is particularly true at the university hospital that serve as a regional hospital for the NE Ontario. Lowering the level of nursing expertise at the point of care to save money costs patients / clients through poorer outcomes.

We are welcoming two new Executive members who just joined us, Gina Dolezel and Travis Amell. And we sadly saw Victoria Smye leave us for other endeavors; we thank her for her constant support over the years.

Collaboration: it has been very fruitful to work with other nursing colleagues and with other CNS Associations across Canada. Ontario has 4 representatives out of ten (10) on the CNS Association of Canada (CNS-C / ICS-C): Cheryl Forchuk, President; Mary Lou Martin, President-Elect; Paul-André Gauthier, Treasurer and Membership Coordinator; and Elsa-

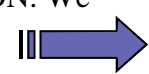
beth Jensen, Ontario Representative. We are closely working with the national board of directors and the Canadian Nurses Association (CNA – AIIC). Furthermore, we have been approached by the Staff Nurse Interest Group of Ontario to present a resolution at the RNAO's AGM, highlighting the need for CNS in long term care.

We also collaborated in April with the Mental Health Nursing Interest Group (MHNIG) to have a join presentation at our AGM. The topic is about the mental health and psychotherapy.

In addition, I was invited to a panel discussion in September to the MHNIG's AGM that took place in Sudbury and on the internet for members to attend.

**Networking continues...**

The CNS-Canada will host its first CNS' conference in Ontario in May or June 2019. we will take this opportunity to celebrate our 40th anniversary of CNS-ON. We hope that you will attend,



**Paul-André Gauthier**  
 President

More details to come in the next few month.  
Please consult our website for other information,  
such as Members' voice report that I have been pro-  
ducing for RNAO and posting on our website.  
<http://cns-ontario.rnao.ca/members-voices>

**Paul-André Gauthier**  
**President CNS-ON**

RN, CNS; TCC, DMD, MN, PhD (Nursing)  
Clinical Nurse Specialist in Palliative Care

~~~~~  
**Are formally acquired knowledge and skill re-  
quired for specialization in nursing?**

In the fall of 2017, I wrote about the efforts of CNA (Canadian Nurses Association) to promote certification for Registered Nurses. In October, I received an email from the Canadian Association of Schools of Nursing (CASN) promoting their new "Canadian Examination for Baccalaureate Nursing". On the CASN website (<https://www.casn.ca/2018/09/canadian-examination-for-baccalaureate-nursing>) they state:

"CASN's mandate is to promote high quality nursing education in Canada. To this end, graduates of Canadian baccalaureate nursing programs are invited to take this exam. Success provides official recognition through **national certification** of the following achievements:

- Mastery of the essential components of baccalaureate education for nursing in the Canadian context.
- Academic readiness to pursue further education for advanced nursing roles at the master's level."

Earning an undergraduate degree in nursing (BN, BScN, BSN) prepares the graduate to practice in all areas of nursing, in short it is a general education. Upon graduation, these nurses pass a registration exam testing knowledge in all areas of nursing and allows them the privilege of calling themselves a Registered Nurse when they have successfully demonstrated the meeting of minimum knowledge requirements. Skills are tested in the program and the program attests to regulatory bodies that the graduate has met requirements as set out in the accreditation standards. This same RN, without further formal education, can also certify with CNA that they have a concentration of knowledge in a specialty area. There is no test of the skills. Now that same RN, without further formal education and training, can write another exam for CASN to demonstrate knowledge. There is no practical examination of skills required. Based on one undergraduate degree, an RN can now show three credentials, a registration credential and two certificates. On the surface this can look impressive.

What does it say about the value of formally acquired knowledge and skills in nursing? What does it say about formal education and training in a specialty? How does this impact patient outcomes? What evidence supports the proliferation of certification without formal education and training?

A century and a half ago, Nightingale demonstrated that adding trained nursing expertise to the mix in Scutari lowered mortality rates from 42% to 2% in six months. In 1901 Mrs. Strong wrote "Those nurses who wish to make "specialists" of themselves I would advise to take generalist training first, and supplement it by special training." Strong (1901) saw these as two tiers of education that were sequenced, one after the other. In today's reality, we see this as generalist education at the undergraduate level for the generalist RN, with specialization at the graduate level. Membership in the Clinical Nurse Specialist Association of Canada requires the nurse to hold a graduate degree in nursing. This requirement acknowledges the importance and centrality of additional formally acquired education and skills in a nursing specialty to be a specialist in the profession.

Evidence also supports the value of formal education and training in nursing at the graduate level. The works of both D. Brooten and M. Naylor demonstrates significantly better outcomes in patients who receive nursing services from RN's with a graduate degree in a nursing specialty. Liao, Sun, and Li (2016) undertook a meta-analysis and literature review of nurse educational preparation and patient outcomes. Beginning with a pool of 3457 articles, they identified 18 for full review and inclusion. They concluded "that there is significant association between nurse educational level and patient mortality and failure to rescue" (p. 15). This finding was also supported by the findings of a review by Audet, Bourgault and Rochefort in 2018. This second team began with a pool of 2109 papers and identified 24 cross-sectional and 3 longitudinal reports that were included for full analysis.

At a time when nursing organizations are redefining themselves to be 'inclusive of the entire nursing family' and we still see ads asking for applicants with a graduate or doctoral degree in nursing or equivalent, we are in an age where perhaps the value of formally acquired education and training in nursing is not recognized. It is clear from outcome research that only education in nursing makes a difference to patient outcomes. These outcomes are the

**Elsabeth Jensen, RN, PhD**

President-Elect, CNS-ON;  
Ontario Representative, BOD, CNS-C;  
Associate Professor, York University;  
Director York-CAMH Collaborative



outcomes of nursing work that supports the valuing of nurses to the public. The higher that education in nursing, the more effective the nurse is at nursing.

Given the evidence, we cannot argue against the value of formally acquired knowledge and skill in nursing that are gained through the study of nursing. Nor can we continue to ignore the pressing need for nurses with specialty education in nursing at the point of care.

It is clear from the outcome research that only formally acquired knowledge and skill in nursing makes a difference in the outcomes of nursing practice. Given the clear correlations between level of nursing education and the outcomes of nursing practice, specialization in nursing can only come from education in nursing. To quote the New Mexico Nurse (2006), “‘A Nurse is a Nurse,’ is not going to improve patient outcomes.” (p. 6). In short, the word ‘nurse’ is not a substitute for formally acquired knowledge and skill, nor can we continue to cloud the differences between generalist knowledge, specialty area of practice, and specialist in professional practice.

#### References:

- Audet, L. A., Bourgault, P., & Rochefort, C. M. (2018). Associations between nurse education and experience and the risk of mortality and adverse events in acute care hospitals: A systematic review of observational studies. *International Journal of Nursing Studies*, 80, 128-146. <https://doi.org/10.1016/j.ijnurstu.2018.01.007>
- Liao, L., Sun, X., & Li, Y. (2016). The association of nurse educational preparation and patient outcomes: Systematic review and meta-analysis. *Nursing Education Today* 42, 9-16. <https://doi.org/10.1016/j.nedt.2016.03.029>
- New Mexico Nurse (2006). Level of Nursing Education is correlated with patient outcomes. *New Mexico Nurse*, 51 (4), 6-6.
- Strong, Mrs. (1901). Education in Nursing, *American Journal of Nursing*, 1, 344-350.

Elsabeth Jensen

## New ENO Membership

As the newest Executive Network Officer for the Clinical Nurse Specialist Association of Ontario, I am pleased to present myself as your membership and education representative. I am a Clinical Nurse Specialist in Geriatrics at Trillium Health Partners, a community hospital in Mississauga, ON. I work within the internal inpatient geriatric consult team.

In my professional role, I practice to full scope by using the CNS core competencies of clinical and consultation work to assist patients/ clients and interprofessional teams to assess, intervene, develop and evaluate individualized care plans for complex older adults. I assist teams to promote functional independence to prevent issues such as functional decline and delirium during acute care admissions as well as aid in transition planning. Another large part of my role is leading organizational change in best practices in geriatric care. The internal consult team is focused on delivering patient/ client and family centred care to frail community dwelling older adults and to promote the best possible outcome.

The complex needs of frail older adults require comprehensive, coordinated and specialized services. In response, Trillium Health Partners developed my role to support our geriatricians and interprofessional teams. In addition to providing clinical expertise and consultation, another core competency of the CNS role is education. I have developed a learning series in continence promotion and responsive behaviours management, two key issues known to significantly contribute to caregiver burden, using evidenced based research.

The RNAO has created 50 guidelines (BPGs) to support the implementation of best practices for clinical care and Trillium Health Partners has been designated as a *spotlight organization* since 2015. Through practice, I have utilized a number of best practice guidelines in topics that include delirium and dementia management, falls prevention, promoting continence and palliative care.

In April 2018, Choosing Wisely Canada, a Canadian based health education campaign launched in 2014, published “Six Things Nurses and Patients Should Question.” Choosing Wisely Canada assists healthcare practitioners and patients/ clients to engage in conversations about unnecessary tests, treatments and procedures, supporting informed and effective choices to ensure high quality care (CMA, 2014). This particular guideline was created in collaboration with the Canadian Nurses Association (CNA) and the Canadian Gerontological Nursing Association (CGNA).

The guideline asks us to critically evaluate these 6 things:

- Don’t routinely suggest antimicrobial treatment of older persons unless they are consistent with their goals of care.
- Don’t routinely use intravenous antimicrobials for older person who can take and absorb oral medications.
- Don’t send frail older persons to the hospital unless their urgent needs and goals of care cannot be met in their current setting.
- Don’t encourage bed rest for older persons during a hospital stay unless medically indicated.
- Don’t use restraints with older persons unless all other alternatives have been explored.
- Don’t use a q.2h. turning routine unless it meets the older person’s plan of care. (Choosing Wisely Canada, 2018)

Guidelines within Choosing Wisely Canada are valuable evidence-based resources for the Clinical Nurse Specialist and I encourage you to visit their website to learn more (see below).

In summary, within my role as a Clinical Nurse Specialist in Geriatrics, I use evidence to foster a culture of interprofessional learning and build a centre of excellence in geriatrics within my organization. I approach each program, and unit, by listening to the needs of the interprofessional team and tailor individualized learning plans to them, using adult learning principles. In future issues, I will discuss my preferred adult learning techniques and delivery methods.

Thank you for taking the time to learn about what I do. I hope to learn more about the utilization of the CNS role across Ontario over the next year.

If you like to contact me, send me an email at [gina.dolezel@thp.ca](mailto:gina.dolezel@thp.ca)

References:

Canadian Medical Association [website]. Choosing Wisely Canada. Ottawa, ON: Canadian Medical Association; 2014.

Available from: [www.cma.ca/En/Pages/choosing-wisely-canada.aspx](http://www.cma.ca/En/Pages/choosing-wisely-canada.aspx)

Choosing Wisely Canada: <https://choosingwiselycanada.org>

Gina Dolezel, RN, MN, NCA, GNC(C)  
Director of Membership

## Short Annual Reports from Executive Members 2016-2017

### Provincial President

My role as President of CNS-ON is to ensure that we are responding in a timely fashion to a multitude of requests relevant to CNSs and RNs. Also, I facilitate the collaboration among our executive and the sharing of information with our members, e.g. either on our Facebook and/ or website. Furthermore, I continue to ensure the coordination of our work within our association, CNS-ON, and with other nursing associations in Ontario and across Canada, especially CNS-C and CNA.

Last February (2018), I had the opportunity to speak again personally with the Premier of Ontario, Kathleen Wynne, with the Minister of Health, Eric Hoskins, and other ministers and MPPs, regarding the important role that CNSs play in the health care system and the difference we can make. I meet regularly with France Gélinas, NDP health critic for Ontario and Jamie West, newly elected MPP for the Sudbury riding.

I continue to sit on various committees locally and provincially, e.g. RNAO-MRRC – Membership, Recruitment and Retention Committee; and RNAO-Nursing Practice Committee. As President I represent the CNS-ON on these two committees. Last June, I re-elected as Chair the regional clinical ethic committee in Sudbury- Manitoulin (SMEN).

More information and reports can be found on our website in our Newsletters, Members’ voice reports, the main page of <http://cns-ontario.rnao.ca/> so, yes we are active and working for you, Clinical Nurse Specialists !

“Requested: We are in the process of developing a bank of information regarding our membership. We are receiving requests to identify experts in specialized areas of nursing and we need to be able to refer one of you when needed. By doing so, you agree for us to share you info, \*\* however, we will confirm with you before sending your information to an outside organization. \*\* ”

Send us an e-mail with the information below directly to: [cnsontario1@gmail.com](mailto:cnsontario1@gmail.com)

Information required / CNS-ON member :

Name: \_\_\_\_\_

Tel # : \_\_\_\_\_

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

Specialization / domain of expertise : \_\_\_\_\_

Type of Master / PhD completed : \_\_\_\_\_



### Did you know?

That in France, over 22 universities have or will have an advanced practice program in nursing !

Paul-André is in liaison with the network and provides information.



**We will have our 1<sup>st</sup> CNS conference in Canada.....**

**In Hamilton, Ontario  
May or June 2019**

**40 years for CNS-ON & the 1<sup>st</sup> conference for the CNS Association of Canada.**

*More details to come...*

**Paul-André Gauthier, RN, PhD**  
President



## Articles

### New ENO Social Media

Hello fellow CNSs, I'm Travis, the new Social Media ENO for the CNS-ON and I am looking forward to interacting with everyone. My nursing background has been in community nursing as a visit nurse specialized in oncology/palliative care. I am currently working as a Palliative Care APN with the Champlain Regional Palliative Consultation Team in Ottawa. I hope to help us all and be able to connect and engage with each other no matter where we are in the province or country via different social media platforms! We are planning to increase engagement on our Facebook page by posting various articles and/ or references, resources and questions that will stimulate interesting discussions among members. The CNS-Ontario social media platforms will also continue to be utilized to increase CNS role visibility, political action and advocacy.

In addition to our current social media platforms, we are in the process of adding a Twitter account to help increase your access to CNS-Ontario news and interactions with other members. We will need to create a short bio for our Twitter account and I would love to hear from members about what they would like to have in the bio. Please feel free to reach out and add your voice to the future Twitter bio!

As CNS's across the province, we have a responsibility to promote our specialized nursing role and support it with current literature that highlights the positive difference we make in patient/ client care outcomes. Please utilize the social media platforms to post articles and/ or references you come across that focus on the CNS role and start rich discussions among each other! We are in changing social and political times in Ontario, our country and within the nursing profession. It is not always going to be easy to speak out and advocate for our CNS role but we must continue doing so. If we don't do our part individually and collectively to promote the CNS role, the potential/actual negative costs to our specialty role will continue to occur. We will continue to see the elimination of CNS positions through cutbacks, replacement with unqualified nurses performing CNS duties or replacement of

CNS with NP positions. CNS and NP have fundamentally different roles to play and complementary to each other.

We all play a valuable role in patient/ client care and we need to continue to highlight how we differ from other nursing registration classes and advanced practice nurse roles and fight for our own title protection like NPs have with CNO. One small way we can continue this process is by starting to engage with CNS-Ontario social media accounts and start promoting our wonderful role to our colleagues and the public. I look forward to more members becoming engaged; hope to see you soon in the virtual land of CNS social media!

We encourage you also, to submit your information regarding your role as a CNS / APN for our next Newsletter.

**Travis Amell, RN, MScN, CHPCN(C)**  
Executive member—Social Media

### ENO Communication

Call for Contribution to the CNS-ON Newsletter.

The Clinical Nurses Specialist Association of Ontario is seeking your contribution to future newsletters. Your contribution is an essential way of sharing best practices and innovative ideas while having a positive effect on the CNS professional standing. We are inviting you, our members, to submit an announcement, article or short story to publicly highlight the effectiveness of CNS in the health care field. Your contribution should be formatted in Word format and may include award recognitions, conference announcements, news items and topics that you wish to share with the group. The submission of images and supplementary materials are encouraged to help illustrate and emphasize your message.

Please forward your contribution to:

CNSOntario1@gmail.com

**Kadeen Briscoe, RN, BScN, MScN, PhD (student)**  
Director of Communications/Secretary

**As the editor :**

I invite all members of the CNS Association of Ontario to send us notes, articles, pictures of interest for the next newsletter.

We are quite interested in your everyday practice, send us a **short article** to let your colleagues know what you are doing in your practice.

At: **CNSOntario1@gmail.com**

Paul-André Gauthier

**FYI—numbers:**

- We have maintained a minimum of 250 members (RNs) over the past years. We do not have any undergrad nursing students. For ex.
  - o For Oct. 31, 2011 : 250 RNs
  - o For Oct. 31, 2012 : 251 RNs
  - o For Oct. 31, 2013 : 262 RNs
  - o For Oct. 31, 2014 : 300 RNs
  - o For Oct. 31, 2015 : 270 RNs.
  - o For Oct. 31, 2016 : 278 RNs.
  - o For Oct. 31, 2017: 253 RNs.
  - ✦ **October 2018:** 239 RNs.

We have been successful in maintaining a constant number of members despite the turbulence in the nursing profession.

~~~~~  
In May 2018

**Nursing Student Awards were given to CNS-MN Student studying in Ontario.**

We have contacted all the universities in Ontario asking them to send us the information regarding the MN /M.Sc.N. / M.Sc. (nursing) about their CNS program—we are **still awaiting more information.**

They received a certificate, a key chain, and we added them to the list of members:.

**Congratulations to all !**

NACNS 24<sup>th</sup> year.  
March 6-9, 2019  
Orlando, Florida, USA.  
NACNS 2019 Annual Conference.

Theme:

“A Catalyst for Practice Change: The CNS.”

For more information

<https://nacns.org/event/nacns-2019-annual-conference/>

**To stay informed—consult****Website:**

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

**Facebook:**

<https://www.facebook.com/pages/Clinical-Nurse-Specialists-Association-of-Ontario-Canada/113210988761198?fref=ts>

If you have any suggestions, send them to:

**CNSOntario1@gmail.com**

**Link to CNS-ON website:****Newsletter:**

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

**Award:**

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

**Members' voices:**

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

**News:**

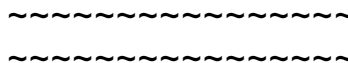
<http://cns-ontario.rnao.ca/news>

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

## CNS Association of Ontario 2018-2019 Executive members

### Executive of CNS-ON 2018-2019:

- ✓ Paul-André Gauthier, President & Director of Finance.
- ✓ Elisabeth Jensen, President-Elect.
- ✓ Rashmy Caroline Lobo, Director of Policy and Practice.
- ✓ Kadeen BRISCOE, Director of Communications / Secretary.
- ✓ Gina Dolezel, Director of Education and Membership.
- ✓ Travis Amell, Social Media ENO.
- ✓ Sydney Truelove, Workplace liaison ENO.



### Nursing Week Declaration in Sudbury on Monday, May 7. 2018

(from left to right)

- ◆ Brian Bigger, Mayor of Greater Sudbury.
- ◆ Paul-André Gauthier, Chair of the Nursing Week Celebrations.
- ◆ Suzèle Jambakhsh, ONA local 2 representative.
- ◆ David Groulx, RNAO-Sudbury Chapter.



## CNS Association of Ontario Education Award 2018

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, December 14<sup>th</sup>, 2018 before 1500 hours (3:00pm)

**Submit to :**

**Clinical Nurse Specialist      Subject:** CNS-ON educational award.  
**Association of Ontario      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 2019.**
- ✓ 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 1<sup>st</sup>, 2019, preferably before that date once it is completed.**

Paul-André Gauthier,  
President CNS-ON