



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

Newsletter

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Changes and finding ways to manage them, and then a new coronavirus. . .



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President - CNS-ON;
President-Elect, BOD, CNS-C;
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Director York-CAMH
Collaborative.

The original hope was to have this newsletter out sooner but changes in software meant our previous editor no longer had access to Publisher. As I do have access, it was decided to shift the responsibility for the newsletter but that meant a new learning curve. While we love the look of the Publisher based newsletter, the software challenges are real. Although I have it on my computer, it refused to be published into a PDF or any other format. Your executive is looking into options. For now, we can work in WORD and print in a PDF for distribution.

While this problem faced us, it became apparent there are larger worries in the world as a new coronavirus makes its mark on global human health.

I want to remind members of the contribution we can make as leaders in clinical practice. We teach by how we conduct our own practice more than by what we tell people to do. Remember to wash your hands thoroughly and frequently. Use precautions pro-actively when encountering a patient with a fever, cough, and other cold symptoms. Remind others to also be prudent. We lost two RNs to SARS, something no one wants to see happen again.

At home, keep your larder stocked in the event you become housebound either from weather or illness.

What does a CNS do?

Over the years, I have heard individuals and nurses indicating that they do not know what a CNS does in his or her work. As a clinical nurse specialist having worked in various settings over the years, I can attest... that I know my role and I can adjust it depending of the nursing unit or the department that I am working on. On each of the 5 domains... **expert clinician, consultant, educator, researcher, and leader**, I know what I will need to emphasize more depending of the needs of the milieu after an assessment.

Is there a confusion in my role? I do not see one when I know what is needed and I can assist as an expert clinician in nursing. In some situations, I will be asked to consult with a client, a family member or another health care professional. It is possible that I use my advanced skills as an educator when reviewing the step of a protocol with nurses to improve patient outcomes.

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

In some situations, I may need to develop a research protocol and look at clinical challenges we are encountering on one unit or review research publications to search for the most relevant clinical applications for a specific clinical problem.

When an ethical situation creates a dilemma in our hospital environment, I may need to address it and bring colleagues (nurses and other professionals) involved together to discuss it and look at potential option.

During my graduate education in nursing, I have acquired more tools to improve my skills and knowledge in looking at a situation and improving the outcomes. Over the years, when we are developing our expertise, we are moving from *novice to expert*. It takes time to do that.

Lastly, as you know, I have just completed my mandate as President of CNS-ON on August 1st, 2019. I would like to thank the executive and the CNS members for their support over the past six years as President (2013-2019). My goal was and still is, to increase the visibility of our association and of the CNS roles in Ontario and beyond. Meeting with politicians locally or provincially, doing radio interviews and being in other media were some of the tools I have used to try to achieve such goal. I will continue to be on the CNS-ON executive as Director of finance and represent the CNS in my capacity when required. Furthermore, I continue to be on the Executive (one of 4 members) of the Board of Directors (10 members) of the CNS Association of Canada. I represent our national association on national meeting with the Canadian network of nursing associations affiliated with CNA.

Please consult our websites for CNS of Ontario and CNS of Canada. Also, we are posting regular basis messages on both Facebook accounts.

Check also on this website <http://cns-ontario.rnao.ca/standards-practice-cns> and <https://www.cna-aicc.ca/en/nursing-practice/the-practice-of-nursing/advanced-nursing-practice/clinical-nurse-specialists>

<p>Webinar:</p> <p>Dr. Paul-André Gauthier presented a Webinar on ZOOM on Wednesday December 11, 2019. The title of the presentation was "CNS - Novice to Expert". It was attended by both members of CNS-ON and CNS-C. The feedback was very positive.</p> <p><i>Thank you, Dr. Gauthier, for a job well done. We plan to host more sessions in the future.</i></p>	<p>If you need to be in touch with us:</p> <ul style="list-style-type: none">✓ CNSOntario1@gmail.com✓ pgauthier@rnao.ca✓ ejensen@rnao.ca
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CNS: The Ongoing Struggle of Differentiating Credentials from Job Titles

I am delighted to serve as your President for the next two years.

We continue to have challenges in both the nursing world and outside.

Our challenge remains that of getting appropriate recognition of the Clinical Nurse Specialist. Although CNSs have been around since the 1950s, we struggle with being recognized for what we bring to health care and are often demeaned and diminished even by our colleagues. When CNA recognized two types of Advance Practice Nurses, the CNS and the NP, the health care world suddenly tried to find ways to define all kinds of

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nursing activities as Advance Practice. The identity of the CNS was swallowed up and almost rendered invisible. We are still fighting that discrimination.

How we use words can influence understanding of what is being communicated. Sometimes words clarify and sometimes they confuse. How each of us describes ourselves says a great deal about how we see ourselves and subsequently how we present ourselves. Credentials are what qualifies a nurse as a CNS. It is not the title but the qualifications that are the substance of what a nurse brings to the health care system. Credentials are what qualifies any of us to lay claim to who we are.

Some authors, including Canadian authors (Kilpatrick et al, 2016), talk about the CNS as a ‘role’. They defined the CNS through self identification based on job title. In this viewpoint one ‘does CNS work’ but one is not ‘a CNS’. Doing and being are two different things. They can be related or not. One can work as a CNS while not being qualified or having the credentials of a CNS. One can be a CNS by virtue of having the credentials but not being in a job titled “CNS”. A CNS can hold any position in an organization and is identified by their educationally acquired knowledge and skills. A CNS can be in many different ‘roles’ (jobs) and still be a CNS based on credentials. It is only through education and skill development that a nurse becomes a CNS. There is no other way.

CNS: Differentiating a Credential from a Job Title

Credential (Qualification)	Job Title (Role)
<p>Defined by the nursing profession Assures certain minimum standards are met Educational requirements: Master’s degree in nursing (MScN, MN, MSN, MSc (Nursing), etc.) with a clinical focus and at least 500 hours of praxis in the specialty area of practice Formal study of nursing theories, research methods and knowledge mobilization Skilled in assessing and directing nursing care for patients who do not respond to commonly used interventions Expertise defined by education and training, evidence is clear from the CV.</p>	<p>Defined by the employer No minimum standards Qualifications required vary by employer and can be defined as basic as “Registered Practical Nurse” or even PSW Graduate degree in nursing not required If a degree is required it can be in anything No requirements for study of research methods, knowledge mobilization, or nursing theories Inconsistent educational requirements Inconsistent requirements regarding clinical expertise Does what is required by the job description, i.e. what the boss wants</p>

The CNS is not a ‘role’, that any nurse can fill, it is a qualification and only properly qualified nurses can provide the outcomes attributed to the CNS. It is only through education and skill development that a nurse becomes a CNS. There is no other way.

In the journal ‘Clinical Nurse Specialist’ one finds many examples of where CNS skills and knowledge save money and improve health outcomes. As many CNS programs in Canada have disappeared, we have a large and growing number of nurses with a generalist graduate degree that is most often course based. This has led to the emergence of what Cooper et al (2019) call an advanced nurse practitioner. They observed that “A lack of awareness exists within healthcare services on the differences between the roles of advanced nurse practitioner (ANP) and clinical nurse specialist (CNS).” Cooper et al, 2019, p. 1308). By roles, I suspect they meant the educational credentials of the nurse but suffer for overuse of the word ‘roles’ in today’s nursing discourse. It will add clarity to the nursing landscape to recognize this third group of APNs.

Clearly, we still have our work cut out when it comes to supporting CNS credentials as the key in defining who is called a CNS.

References:

- Cooper, M.A., McDowell, J., Raeside, L. & the ANP–CNS Group (2019). The similarities and differences between advanced nurse practitioners and clinical nurse specialists. *British Journal of Nursing*, 28(20),
- Kilpatrick, K., Tchouaket, E., Carter, N., Bryant-Lukosius, D., & DiCenco, A. (2016). Structural and Process Factors That Influence Clinical Nurse Specialist Role Implementation. *Clinical Nurse Specialist*, March-April, 89-100.
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‘Becoming’ a CNS

From very early on in my nursing career, I quickly learned that I had an incredible gift to provide empathetic nursing care to vulnerable populations. I remember engaging in a “Stop the Stigma Campaign” as part of my third-year community nursing course in efforts to raise awareness about mental illness and the pervasive effects of stigma in the central square at York University. We touched the lives of so many people who had limited experience to individuals with lived experience with mental illness and stigma. A few years passed by where I embarked on my journey as an RN and I explored several different acute clinical practice areas, however I always seemed to be drawn back to my true calling – mental health. I had a professor once say, it’s being able to “see the person.” I have learned that I have this remarkable ability to “see the person” behind the mental illness or behind the orange jumpsuit to partner with them and support them through their journey to recovery.

Jennifer Anderson RN, MScN (cand.)
Student Representative

Over the last few years in my thesis-based nursing program, I have had the exceptional opportunity to engage with scholars in many different areas of clinical practice. However, more recently in mental health where I presented my thesis work, “Inpatient Mental Health: What Helps/Hinders the Transition into Communities” at the Canadian Federation of Mental Health Nurses Conference: “Mental Health Nursing: Taking Action to Advance Care that Makes a Difference in the Lives of Others” in Winnipeg, Manitoba in October. I had begun my journey of excelling towards my goal of clinical nurse specialist in mental health by learning to engage with research and present my work on inpatient mental health transitions. According to the CNA (2014) the clinical nurse specialist (CNS) is a registered nurse who has advanced clinical competencies in a clinical practice area coupled with a master’s or Doctoral degree.

The CNS is a leader of clinical practice change to support care that enhances safety, facilitates improved health outcomes and reduces costs within organizations (CNA, 2014). Through these opportunities, I have engaged in opportunities to facilitate and conduct research within the mental health setting in efforts to demonstrate the application of clinical research into clinical practice (CNA, 2014). These opportunities have afforded me the enhancement of my leadership skills to advocate for system-level changes that will support the delivery of high-quality clinical mental health care. As I draw closure to the completion of my master’s degree, I look forward to my future practice as a Clinical Nurse Specialist where I will play a pivotal role in shaping mental health care delivery into the future.

CNS: An Answer to Health Care Issues!

Attendees on the Thursday evening's event hosted by the CNS Association of Ontario.
June 2019



We held a CNS conference in June of 2019, the first in many years. Thursday evening was hosted by the CNS Association of Ontario, celebrating our 40th Anniversary. Dr. Michelle Acorn, Ontario's Provincial Chief Nursing Officer was the keynote speaker.

The next day saw 17 presentations from across Canada, as well as a Plenary session. Feedback from attendees was very positive and lots of ideas for future conferences were submitted. Thank you to St. Joseph's Healthcare of Hamilton for providing an excellent site, and to Paul-André Gauthier and Mary-Lou Martin, C0-Chairs for the planning committee.

The next conference will be hosted in British Columbia. As soon as details are available, we will share them with you.

CNS Association of Ontario 2019-2020 Executive members

President (ENO)	Elsabeth Jensen
President-Elect (ENO)	Rashmy Lobo
Director of Finance (ENO) Assembly Representative – RNAO [2019-2020]	Paul-André Gauthier
Director of Policy, Practice, and Political Action (ENO)	Rashmy Lobo
Directors of Political Action (ENO)	Elsabeth Jensen <i>with</i> Paul-André Gauthier & Rashmy Lobo
Director of Comm. (ENO) / Secretary	Kadeen Briscoe
Director of Membership (ENO)	Gina Dolezel
Student (Master) representative	Jennifer Anderson