



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

Newsletter

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Lights at the end of the tunnels



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President - CNS-ON;

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

We are in an era of many dark tunnels patiently looking for the light at the end of each of them. As I look out, I see three tunnels in front of me, all needing to reveal light. Two are showing light, while the third is still in desperate need of light. This third area will be our focus going forward both at the provincial level and at the national level as we work closely with the Clinical Nurse Specialist Association of Canada. For those of you not yet members of the CNS Association of Canada, I do recommend you consider joining to help the work promoting the value of qualified Clinical Nurse Specialists to all of healthcare in Canada.

The days are growing longer with birds starting to sing their courting songs. I have been working from home for over a year, venturing out for necessities, sprinkled with a handful of visits to friends and family over the last 12 months. As the weather improves the prospect of outdoor visits becomes a thinkable reality. There is light emerging at the end of my need for human contact tunnel.

According to CIHI (2021), as of January 15th, 24 healthcare workers have died of COVID-19 in Canada); of this number, 15 died in Ontario. These numbers do not capture the many others who have contracted the virus or the numbers who have not recovered and are living with long-term COVID symptoms. There is good news in that a third vaccine has just received approval and more approvals are coming in a near future. According to the media, rates of infection are already dropping as more people are vaccinated. This is very good news, as it will help nurses to catch their breath after a long haul of caring for so many sick people and bearing witness to so many deaths. Many of our nursing colleagues have been

stressed, some to the point of being unable to continue. While it may seem a long wait, it is short in terms of previous pandemics. The second Bubonic Plague lasted 500 years, and there is still no vaccine for that although it has not gone away. Yes, I am pro-vaccines. As CNA and CNO have reminded us all, nurses must be evidence based. Having reviewed the evidence carefully, I not only support being vaccinated for myself, as an RN, but I advocate to others about the benefits of the vaccine for all of us. The Ontario Government has announced that my age group can begin accessing the vaccine on May 1st. Today, I am grateful to see light at the end of the vaccine tunnel as it signifies light at the end of the COVID-19 tunnel as well.

After many years of advocating for the important part that Clinical Nurse Specialists play in good health care, an obscure and buried piece of tentative acknowledgment that CNSs are part of nursing has emerged in a new RNAO policy document, “Nurse Practitioner Task Force: Vision for Tomorrow.” On page 32, RNAO says it will work to secure an NP/ CNS research chair. Sadly, RNAO is unable to differentiate between the two APN categories. There were no CNSs on the task force. Such a chair should be filled by qualified nurses, either an NP **or** a CNS, but why not advocate for two research chairs, one for each APN group.

The world of clinical practice goes well beyond that of NP practice. We clearly have more work to do to educate RNAO and the nursing community at large about the value of nursing knowledge and expertise at the level of specialization in a clinical area. Although RNAO has included the CNS group for several decades we remain marginalized and too often overlooked when it comes to specialty clinical expertise and the development of policy to advance the profession as a whole. Two separate motions, several years apart, to promote the contributions of the CNS have been passed by members at the RNAO AGM. Going forward we will be looking at other strategies aimed at finding light at the end of this tunnel.

In the meantime, enjoy the emerging spring, and get your vaccine as soon as it is available to you. Until the pandemic is gone, physically distance, practice good hand hygiene and wear a good mask. Stay safe.

*If you are looking for good KN95 masks, visit the Canadian Nurses Foundation website. They are available from a Canadian manufacturer who will donate portion of the money they make from sales to support nursing education and research.

CIHI (2021). COVID-19 cases and deaths in health care workers in Canada. January 15th.

https://www.cihi.ca/en/COVID-19-cases-and-deaths-in-health-care-workers-in-canada?utm_medium=social-organic&utm_source=facebook&utm_campaign=Cases-and-deaths-of-health-care-workers-02-25-2021&utm_term=COVID-HCW_01&utm_content=44228

RNAO policy document (2021). Nurse Practitioner Task Force: Vision for Tomorrow.

https://rnao.ca/sites/rnao-ca/files/NP_TF_Feb_25_FINAL_3.pdf

CNS : My voice / Your voice !

In the past year, our association has been quite busy using Zoom and I am involved in representing you, the CNS who are member of CNS-ON. You are receiving emails with my name on them. I am keeping you informed about the CNS Ontario awards, committee that I chair, and other relevant information.

I have been representing CNS-ON by being involved at various level, locally, provincially, nationally and internationally. I sit on our executive as director of finance. I am an executive member of the CNS Association of Canada, treasurer and membership coordinator. I was appointed by the BOD of CNS-C to be on the international committee with the CNS-C President to work with the America CNS association, NACSN (more information on the CNS-C website). I preside the regional clinical ethics committee (Sudbury Manitoulin Ethics Network-SMEN) for health care and social institutions / organisation for the past 6 years.

I have been quite involved in administrative work with nursing associations assisting our colleagues in their work and organizing webinars and meetings.

COVID – yes – I have been working from home... quite a bit alone here, with limited contact on the outside. I am doing fine. I have been in contact with my family and friends by using the telephone, facetime, texting, etc., and I am walking outside in the cold... to “keep” my own mental health.

About us – CNS – Yes, I have participated in all the *colleague to colleague* meetings and contributed to the exchanges. Furthermore, I have been helping our national president, Mary-Lou Martin, in developing national Newsletters.... During COVID, we have prepared 16 Newsletters with lots of information and up-to-date links, all on the national website for CNS-C members. I am answering the correspondence / emails from interested parties.

Networking –I have been involved in chatting with the two regional MPPs on opioid overdoses, e.g. Also, I sit on the CNA Network for the national nursing associations / interest groups. I have been involved in the nursing consultation on the MAID and also with a federal Senator on the MAID and palliative care. I am involved in the collaboration of French speaking nursing associations across Canada. Under a different role, President of RNIG-Rainbow- I am attending the RNAO assembly and Queen’s Park meetings.

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

Website information:

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

If you have suggestions: send us

an email: pgauthier@mao.ca

cnsontario1@gmail.com

Follow us on our **Facebook:**

https://www.facebook.com/Clinical-Nurse-Specialists-Association-of-Ontario-Canada-113210988761198/?ref=py_c

CNS-Ontario

Annual General
Meeting (AGM)

Saturday,

June 12th, 2021

10:00 AM on zoom.

Webinar:**“ Colleague to Colleague ”***Mark your calendar (see your email)***Tuesday, March 23rd, 2021****at 20:00**

If you need to be in touch with us:

- ✓ **CNSOntario1@gmail.com**
- ✓ **pgauthier@rnao.ca**
- ✓ **ejensen@rnao.ca**

The opioid crisis.

The opioid crisis within Ontario and Canada more broadly has become a growing concern over the last ten years (Public Health Ontario, 2020). However, more troublesome are the rising number of deaths related to opioid overdoses that are occurring amidst the COVID-19 pandemic. “In June 2020, Ontario’s Chief Coroner announced a 25% increase in suspected drug-related deaths between March and May 2020, compared to the monthly median reported in 2019” (Public Health, 2021, p. 3). The reasons for this increase are multi-factorial including increasing incidences of toxic street drugs, inaccessible harm reduction services and more individuals using drugs alone as a result of public health recommendations for physical distancing in relation to the COVID-19 pandemic (Public Health, 2020). During the COVID-19 pandemic, most deaths have been occurring within individual’s homes where 75% of individuals did not have someone present to provide emergency response (Public Health, 2020). When comparing the pre-pandemic and pandemic cohort, Public Health (2020) has identified a statistically significant rise in fentanyl-associated deaths in comparison to other drugs such as methadone. This could be related to further limitations associated with accessible regulated harm reduction strategies and dependence on the use of more potent, unregulated street drugs (Public Health, 2020).

Jennifer Anderson
RN, MScN, CPMHN(C)
Director of Policy, Practice, and Political Action.

As Clinical Nurse Specialist and as nurses, many of us have seen the tragedy of the overdose crisis firsthand working on the frontlines. During the COVID-19 pandemic, many nurses have grown concerned with the rising number of Ontarians who have died as a result of opioid-related causes (RNAO, 2020). Timely access to opioid treatments and supervised injection sites offers a chance for recovery and survival. These sites offer timely access to trained professionals who can administer oxygen and naloxone is critical to the survival of individuals during an overdose (RNAO, 2020). As an Advanced Practice Nurse working within forensic mental health, I will continue to advocate for systemic changes in order to raise concerns and work towards sustainable solutions to save the lives of those that are dying in relation to the opioid crisis amidst the COVID-19 pandemic.

References

- Public Health Ontario (2020). Preliminary Patterns in Circumstances Surrounding Opioid-Related Deaths in Ontario during the COVID-19 Pandemic. Retrieved from <https://www.publichealthontario.ca/-/media/documents/o/2020/opioid-mortality-COVID-surveillance-report.pdf?la=en>
- RNAO (2020). QPOR: Queen's Park on the Road. Retrieved from <https://qpor.rnao.ca/sites/default/files/QPOR%20Toolkit%202020.pdf>

Preparing nurses for future disasters

It is well established that the Coronavirus Disease 2019 (COVID-19) pandemic has been a cataclysmic event that will have significant consequences for nursing long after the disaster restrictions have ended (Dzau, Kirch, & Nasca, 2020). Prior to COVID-19, the profession has been in constant upheaval as members fight to have their voices heard on issues related to their health, dignity, employment conditions, the need for equity, trust, fairness and respect.

Kadeen Briscoe RN, MScN
Director of Communication

Our profession represents a large segment of the healthcare workforce and is identified as a trusted profession by Canadians (Villeneuve & Betker, 2020). During our nursing education, nurses receive basic training on skills that support task orientated, functional roles and quick adaptation to emergency, acute and tertiary care situation which often unfolds in a relatively controlled and systematic manner. As healthcare workers, nurses are not prepared to work under austere, slow burning, and prolonged crisis conditions that impacts the standards of care that's provided to patients.

The COVID-19 pandemic has presented challenges that expert nursing professionals serving in healthcare administration, public health and educational roles were not prepared to handle such as staffing capacity across the various healthcare settings, the need to up surge and deliver timely training to meet the demands of the patient population and manage professional burnout. This pandemic has significantly disrupted the profession and highlight areas in which critical changes are needed if we intend to retain and recruit talented clinical nurses and be more prepared to respond to the next disaster. One area where change is needed is across the different streams and levels of nursing education where there is little to no emphasis on disaster preparedness, the basic principles of epidemiology and, critical and emergency care skills that facilitates the seamless transition of nurses across clinical settings. The need to take action towards reforming nursing education to equip graduates with the relevant skills that are needed to meet healthcare and societal demands has been reported by the National Expert Commission (2012) in consultation with the Canadian Nurses Association. The current state of nursing is not surprising because there has not been a balanced approach and thoughtful consideration about educating and preparing nurses to deal with disasters, despite lessons learned from the early 2000's experience with Severe Acute Respiratory Syndrome.

Nursing will continue to experience significant personnel shortage for reasons including retirement, the perceived risks that are associated with the profession, and the personal sacrifices,

physical, and emotional strain of dealing with the pandemic. However, for those of us who remain in nursing and those who choose to enter our profession, we all need the education and the support to develop the skills that will better allow us to confidently and quickly adapt to emergencies and disasters of varying magnitudes. The pandemic has shown more light on the dismal nature of nursing and one practical area to tackle is nursing education.

Reference

- Canadian Nurses Association. (2012). *A nursing call to action: The health of our nation, the future of our health system*. Ottawa: National Expert Commission. Retrieved from: https://www.cna-aiic.ca/~media/cna/files/en/nec_report_e.pdf
- Dzau, V. J., Kirch, D., & Nasca, T. (2020). Preventing a parallel pandemic – A national strategy to protect clinicians’ well-being. *New England Journal of Medicine*, 383(6), 513–515. <http://doi:10.1056/NEJMp2011027> <https://www.nejm.org/doi/full/10.1056/nejmp2011027>
- Villeneuve, M., & Betker, C. (2020). Nurses, nursing associations, and health systems evolution in Canada. *The Online Journal of Issues in Nursing*, 25(1), Manuscript 6. <http://doi:10.3912/OJIN.Vol25No01Man06>
<https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableafOfContents/Vol-25-2020/No1-Jan-2020/Nurses-Nursing-Associations-and-Health-Systems-Evolution-in-Canada.html>

Student journey and COVID-19 pandemic

This global pandemic impacts higher education locally and globally, and various universities undertook diverse strategies to respond to students' learning needs (Crawford et al., 2020). Many faculties redesign their curriculum to e-learning to meet government recommendations and prevent the spread of the COVID-19 virus. For example, some universities canceled their onsite students' clinical placements and proposed other options to continue with the practicum placement online (Swift et al., 2020). However, online learning could be challenging for some students due to the limited access to resources. Moreover, as most universities closed their onsite library services, the socially underprivileged students face challenges with limited access to internet services at home (Crawford et al., 2020). Besides, having enough computers at home to access courses and having other students or family members in the same household attending zoom meetings... represent a challenge for many socially underprivileged students. This COVID-19 pandemic era raises social and economic

Cécile Lormeus
RN, MScN (student)
Student Representative

concerns among disadvantaged groups (Swift et al., 2020). The Canadian Nurses Association (CNA)'s position statement on social determinants of health stated that: "Nursing education must incorporate the analysis of the social determinants of health, starting with a critical understanding of the political, economic, and social factors that are the root causes of health inequities" (CNA, 2018, p. 1). Therefore, looking upstream at the social determinants of health is of utmost importance to address students' learning needs.

Furthermore, students encounter various obstacles during this pandemic as most of the courses moved online. The routine of student's life on the university campuses to attend classes and the face-to-face interaction has been suddenly interrupted. Students are at various stages of coping with the "new normal". This adaptation to the new normal affects some students' ability to engage in an online learning environment. Additionally, this new era of COVID-19 causes psychological stress and frustration among students that impact their mental health and well-being (Swift et al., 2020). The COVID-19 pandemic changes student's life and experiences, and things that are often taken for granted are now appreciated. This adjustment to the new normal also brings awareness of the importance of human connection and interaction. Every student experienced the COVID-19 pandemic differently and has a unique story to share. For example, some students reported a feeling of isolation, frustration, fear, and depression. Therefore, addressing students' mental health issues in this challenging time of the COVID-19 pandemic can be critical. Also, creating access to mental health support and services could be valuable to help students overcome these challenges.

Indeed, to my classmates and students worldwide, I want to encourage you to keep your hope alive, the journey may turn out to be longer than expected, but the sun will shine again as we get through this pandemic together. Remember, we need to contribute our part to make a difference. Stay well.

References

- Canadian Nurses Association. (2018). Social determinants of health. https://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/social-determinants-of-health-position-statement_2018_e.pdf?la=en&hash=AE82392EB4843FBB1D43FAB26B8F85012D7AC636
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CNS Association of Ontario 2020-2021 Executive members

President (ENO)	Elsabeth Jensen
President-Elect (ENO) Assembly Representative – RNAO [2020-2021]	Rashmy Lobo
Director of Finance (ENO)	Paul-André Gauthier
Director of Policy, Practice, and Political Action (ENO)	Jennifer Anderson
Directors of Political Action (ENO)	Elsabeth Jensen <i>with</i> Paul-André Gauthier & Jennifer Anderson
Director of Comm. (ENO) / Secretary	Kadeen Briscoe
Director of Membership (ENO)	Gina Dolezel
Student (Master) representative	Cécile Lormeus

CNS Association of Canada

Website : <http://cns-c-canada.ca/>

Facebook: <https://www.facebook.com/cnscanada/>

Email: cnscanada1@gmail.com

Karelo link to become a member:

<https://www.karelo.com/register.php?BID=650&BT=10&Ev=19347>



**CNS Association of Ontario
CNS Student Award 2021**

*** An opportunity for Graduate Nursing Students ***

The CNS Association of Ontario 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 student needs to be currently residing in Ontario.
- The letter should be supported and signed by 1 professor or a CNS who knows the CNS student well.

Student Award:

A certificate recognizing the student achievement, a free membership with the CNS Association of Ontario for one year and a key chain-CNS.

Deadline for submission:

Friday, May 7th, 2021 at 1500 hours (3:00pm)

Submit to:

**Clinical Nurse Specialist
Association of Ontario**

Subject: CNS-ON CNS Student Award.
CNSOntario1@gmail.com



CNS Association of Ontario CNS of the Year Award 2021

The **16th annual CNS of the Year Award** (first time given was in April 2006) will be presented during CNS Association of Ontario's Annual General Meeting (AGM) on Saturday, June 12th, 2021. 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 member of the CNS Association of Ontario 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 the CNS Association of Ontario are not eligible for nomination and should not be involved in nomination processes.

Eligibility Criteria:

1. The candidate must be nominated by a Registered Nurse (both should be members of RNAO in good standing).
2. The candidate has a current Ontario certificate of competence and currently resides in Ontario.
3. The candidate must have current membership in CNS Association of Ontario for one year or longer.
4. The candidate must have **at least 2 years of experience as a Clinical Nurse Specialist**.
5. 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 the 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.
6. The candidate actively promotes the role of the CNS.

Award:

A one-year complimentary membership to CNS Association of Ontario, a certificate, non-transferable complimentary registration to CNS Association of Ontario's AGM **June 2021** and a key chain—CNS. Recipient will be asked to attend the **zoom meeting**. A picture of the award winner will be taken at the AGM and profiled in an upcoming CNS Association of Ontario's 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, May 7st, 2021 at 1500 hours (3:00pm)**.

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 the CNS Association of Ontario.

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 the week before.

CNS - Form to be completed (CNS for the Year Award 2021) :

Candidate's name: _____

Information on the Nominator:

Submitted by : _____

Credentials : _____

Job title : _____

Tel. (day) : _____

Preferred e-mail address :

Address of the nominator :

Please, both (**candidate** and **nominator**) should provide a copy of the RNAO / CNS-ON membership

Information on the candidate:

Candidate's name : _____

Credentials : _____

Job title : _____

Tel. (day) : _____

Preferred e-mail address :

Home address of the candidate :

Work address of the candidate :

Deadline for submission:

- **Friday, May 7th, 2021 at 1500 hours (3:00pm)**

Submit to:

Clinical Nurse Specialist

Association of Ontario

Subject: CNS-ON -- CNS of the Year Award.

CNSOntario1@gmail.com