



## Message from the President

### Embracing Change and Innovation: Advancing the Role of Clinical Nurse Specialists !

Hello CNS colleagues!

For the past two decades, CNS-ON has been dedicated to promoting the vital contributions of Clinical Nurse Specialists (CNSs) in Ontario and across Canada. Throughout this time, I have actively engaged in networking with CNSs nationwide and participated in numerous conferences, both in Canada and the United States, prior to the COVID-19 pandemic. These experiences have provided valuable insights and strengthened professional collaborations.

In my capacity as President of CNS-ON, I have worked closely with the CNS Association of Canada and have taken an active role in the collaborative committee between CNS-C and the National Association of Clinical Nurse Specialists (NACNS) in the United States, established through a Memorandum of Understanding (MoU). These cross-border discussions have been instrumental in shaping our strategic direction in Ontario, offering perspectives that inform our advocacy efforts and professional advancements.

Across Canada, provinces are progressing at different rates in recognizing and expanding the role of CNSs. Notably, Québec has already secured title protection for CNSs in infection control and is currently exploring ways to broaden this designation. These developments underscore the growing recognition of the CNS and the need for continued advocacy to ensure that CNSs are fully integrated into healthcare systems,

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

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driving innovation and improving patient outcomes.

In the past 20 years, we have submitted three (3) resolutions:

(login to [www.myrnao.ca](http://www.myrnao.ca) then click: <https://chapters-igs.rnao.ca/node/4628> )

- In 2005: Title protection
- In 2010: CNS and Complex Care.
- In 2018: CNS and Staff Mix.

This year, we are submitting a new resolution that will be presented at the provincial RNAO AGM on May 30<sup>th</sup>, 2025. See more details supporting our resolution in the following pages.

- “Clinical Nurse Specialists expanded formulary prescribing authority.”

Sincerely,

Paul-André Gauthier, CNS, PhD (nursing)  
President - CNS-ON.

### ***Did you know ?***

CNSs have provided specialized care and expertise in Ontario and Canada for **over 60 years**, significantly contributing to improved patient outcomes and timely access to specialized care.

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## **The Value of Clinical Nurse Specialists in Prescribing: Enhancing Patient Care and Reducing Healthcare Costs**

Clinical Nurse Specialists (CNS) play a pivotal role in modern healthcare, blending advanced clinical expertise with leadership, education, and advocacy to improve patient and client outcomes. As highly skilled practitioners working in specialized environments, CNSs are uniquely positioned to enhance care delivery by providing timely, evidence-based interventions. One significant advancement in their scope of practice is the ability to prescribe medications and treatments—an authority that not only improves access to care but also enhances efficiency within the healthcare system.

By integrating prescribing into their role, CNSs can streamline treatment plans, reduce delays in care, and contribute to better patient outcomes, particularly in complex and high-acuity settings. Furthermore, their ability to prescribe within their specialized areas fosters interdisciplinary collaboration and ensures that patients and clients receive the most appropriate and timely interventions. Beyond clinical benefits, this expanded role also offers significant cost-saving advantages for healthcare institutions, optimizing resource allocation and reducing unnecessary hospitalizations.

This article explores the advantages of CNS prescribing, emphasizing its impact on patient / client care, healthcare system efficiency, and overall cost-effectiveness. By recognizing and expanding the prescribing authority of CNSs, healthcare systems can leverage their expertise to address gaps in care, improve patient / client satisfaction, and drive innovation in specialized practice settings.

Allowing Clinical Nurse Specialists (CNSs) to prescribe medications and treatments provides several advantages and benefits to patients, clients, and healthcare organizations.

Here are some key points: ...

### ***Did you know ?***

CNSs in **over 40 states** in the U.S. have prescribing authority and title protection, demonstrating improved care delivery in hospital and community settings.

## **FOR PATIENTS / CLIENTS**

### **Improved Access to Care**

- CNSs can address patient/ client needs more promptly by prescribing necessary medications or treatments within their specialties without delays caused by waiting for physician approval.
- In underserved or rural areas, CNS prescribing can significantly improve access to essential healthcare services and specialized care.

### **Continuity of Care**

- CNSs have a deep understanding of their patients'/ clients' health conditions, enabling them to provide seamless and personalized care.
- CNSs are specialists and skilled in identifying early warning signs of complications in their area of expertise (e.g., infection prevention, diabetes, mental health, cardiac care, wound management). Timely interventions minimize the need for expensive emergency care or extended hospital stays.
- CNSs can quickly adjust treatment plans based on their direct interaction with patients/ clients.

### **Comprehensive Care**

- CNSs are skilled in advanced assessment, diagnosis, and treatment, ensuring that patients/ clients receive holistic and evidence-based care.
- CNSs specializing in chronic disease management (e.g., diabetes, depression, anxiety, COPD, heart failure) provide tailored care plans that reduce hospital admissions and emergency visits. They educate patients/ clients on self-management techniques, preventing costly disease exacerbations.
- CNSs excel in educating patients/ clients about their conditions, medications, and treatments, leading to better adherence and improved outcomes.

## **FOR HEALTHCARE ORGANIZATIONS**

### **Efficiency and Cost-Effectiveness**

- CNSs excel in managing complex cases and ensuring patients/ clients receive appropriate care before discharge and reducing hospital readmissions, or avoiding hospitalization completely. CNSs use interventions, such as detailed discharge planning, patient/ client education, and follow-up coordination, to significantly lower the risk of preventable readmissions. This not only improves patient/ client outcomes but also reduces the hospitals visits and costs.
- CNS prescribing with an expanded formulary within their specialty reduces the need for multiple healthcare appointments, cutting costs and improving resource allocation.
- CNSs can streamline care processes by implementing evidence-based practices and clinical guidelines, and optimizing care delivery. For example, they can lead quality improvement projects that eliminate inefficiencies, reduce unnecessary tests or procedures, and enhance patient/ client flow, directly saving time and resources.

### **Enhanced Team Collaboration**

- CNSs can effectively collaborate with other healthcare providers by taking on prescribing responsibilities, reducing the workload on physicians and allowing for better division of labor, as CNSs are instrumental in delivering timely and effective care to patients/ clients.
- CNSs play a crucial role in staff training, mentoring, and professional development. By enhancing the competency of nursing staff and reducing burnout, CNSs contribute to higher job satisfaction and lower turnover rates. This helps hospitals avoid high costs associated with recruiting and training new personnel.

## Filling Gaps in Care

- In areas with a shortage of physicians, CNSs with expanded formulary prescriptive authority can bridge gaps, ensuring patients/ clients receive timely and necessary interventions.

## Conclusion

Prescriptive authority with expanded formulary for Clinical Nurse Specialists would enhance patient/ client care, optimize healthcare delivery, and support CNSs in maximizing their impact. With their advanced education and training and focus on evidence-based practice, CNSs are well-positioned to make informed and effective decisions about medication and treatment interventions.

CNSs are clinical leaders, educators, and advocates for evidence-based practice. Their expertise drives better patient/ client's outcomes, enhances staff efficiency, and reduces costs. Systems that effectively utilize CNSs not only improve care quality but also achieve significant financial benefits, making CNSs invaluable assets in today's healthcare landscape.

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

## References: CNS and Nurses prescribing Rx

- ( References at the end of the Newsletter on page 21 )

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## What is the Education I Need to Become a Clinical Nurse Specialist?

The 'Pan-Canadian Core Competencies for the Clinical Nurse Specialist' were published by the Canadian Nurses Association in 2014 (CNA, 2014). Knowing the competencies required of a Clinical Nurse Specialist (CNS) guides the choice of educational programs as well as the courses that are essential to meet the competencies. Some programs will meet all the requirements to meet the competencies, many will not. You will need to be thorough in your examination of the curriculum before applying.

The competencies are:

- 1. Clinical care competencies** – “The CNS is an independent practitioner within his or her role or identified scope of practice who uses advanced clinical judgments to assess, intervene and evaluate the clients he or she serves. The CNS uses advanced and expert knowledge, skills and abilities to develop, coordinate and evaluate a collaborative plan of care for highly complex and unpredictable clinical situations with the focus on optimizing health and quality of life for the client. The CNS provides direct and indirect care on the basis of his or her specialty knowledge, practice context and specialty area.” (p. 5)
- 2. Systems leadership competencies** – “The CNS is a nursing leader. Systems leadership includes the ability to manage change and influence clinical practice and political processes both within and across systems, including advocating for and promoting the importance of access to care and advanced nursing services, to clients, nurses, other health professionals, the public, legislators and policymakers (CNA, 2008).” (p. 6)
- 3. Advancement of nursing practice competencies** – “The CNS leads and fosters the professional development of RNs and nursing practice to maximize the scope and depth of practice leading to optimal client outcomes.” (p. 7)

**4. Evaluation and research competencies** – “As a knowledge translator, the CNS searches for, critiques, interprets, synthesizes, uses and disseminates evidence in clinical practice and for quality improvement and client safety initiatives. Development and evaluation of programs and services at various levels are often driving factors behind the CNS practice. The CNS acts either as an investigator or as a collaborator with other members of the health-care team or community to identify, conduct and support research that enhances or benefits nursing practice (CNA, 2008).” (p. 8)

To meet the first and third of these competencies, the graduate or doctoral program needs to have clinical courses and practica in the nursing specialty of interest. A course in comprehensive assessment with evaluation of competence in doing a comprehensive patient/client assessment. By comprehensive, I mean it includes assessing physical, mental/emotional, social health and functioning. Clinical courses and practica to support clinical practice in the specialty area will be available as well. These courses will support the student to build knowledge and skills to work with complex and outlying cases to support clinical work with patients/clients. Given the full 50% of the competencies focus on clinical practice, it should be clear that the work of a CNS is grounded in ongoing practice with patients/clients. Courses should include nursing theories relevant for clinical practice as well as readings exposing the student to the rich body of knowledge and research on nursing interventions. The educational preparation needs to fully prepare the student to be an excellent clinician at the beginner level after graduation.

Meeting the second competency will require course content on systems and organizational theories supported by research. Understanding the healthcare environment and the larger political system in which it is embedded will be needed to meet this competency. Content preparing the student to advocate in small committees and systemically is a practicum focused on political action and advocacy can strengthen this area.

Meeting the fourth competency requires a full slate of research courses including qualitative and quantitative methods, mixed methods, and methods that pull together the evidence. Knowledge and skills acquired are necessary if the CNS is to interpret the research and translate findings for nurses in the clinical setting. These skills will also be essential for conducting clinical and interventionist research as a CNS. Ideally the nurse will complete a thesis as evidence of skill in conducting research. A thesis will produce publishable work and contribute to body of nursing knowledge.

It should be clear that preparing a nurse to become a CNS requires a robust graduate program. This will prepare you and others to make a significant contribution to health care and nursing practice.

**Elsabeth Jensen**, RN, BA, PhD (Nursing)  
Director of Research and Education

Canadian Nurses Association, (2014). Pan-Canadian Core

Competencies for the Clinical Nurse Specialist. Ottawa: Canadian Nurses Association.

[https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca-863c-5ebf0a138d5e/UploadedImages/documents/Clinical\\_Nurse\\_Specialists\\_Convention\\_Handout\\_e.pdf](https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca-863c-5ebf0a138d5e/UploadedImages/documents/Clinical_Nurse_Specialists_Convention_Handout_e.pdf) &

<https://www.cna-aicc.ca/en/nursing/advanced-nursing-practice/clinical-nurse-specialists/clinical-nurse-specialist-resources>

## The Importance of Mentorship for New CNSs

The advanced skill of mentoring is essential to Clinical Nurse Specialist (CNS) practice (Goudreau, 2016). Mentoring is a process and relationship that occurs between a mentor and mentee where knowledge and skills are exchanged to assist the mentee (novice learner) develop clinical expertise in the practice area (Goudreau, 2016). For example, CNSs mentors (CNSs with expertise (wisdom, competence, knowledge, and skills)) may engage in relationships to share their expertise with nursing staff and novice CNSs (Bucey, 2021; Goudreau, 2016). Mentorship from an expert CNS provides role modelling (Bucey, 2021), improves the transition of a novice CNS into the clinical setting, and may increase the time that novice CNSs spend caring directly for patients (Jokiniemi et al., 2023).

In 2002, as a novice CNS, I was privileged to be placed with, share an office with, and be mentored by an expert CNS in Geriatric Mental Health, Nancy Bol. This formal mentorship was facilitated by the Program Director of Geriatric Psychiatry. It was an exciting yet overwhelming opportunity. I was sharing an office and talking with a CNS who was well-known in the nursing community for her expertise in clinical nursing practice with older persons with mental health problems. Although I had knowledge about the role (functions) and competencies of the CNS, older persons and mental health nursing, I had little knowledge and expertise about the “knowledge and skills” I needed and “the context in which the role is practiced” (Fulton, 2016, p. 6). Over the course of 18 months, I learned about and experienced how to be a CNS in the community and how this knowledge would translate into being a CNS in a hospital setting.

As a formal mentoring relationship with the purpose of facilitating my development as a CNS, a learning plan with timelines was established. In the beginning, we met frequently to determine the best resources and methods to meet my learning plan outcomes. Specifically, to develop the specialized clinical knowledge about advanced physical assessment and medication recommendations, knowledge about the practice setting, and networks required to be an expert CNS in geriatric mental health and support older persons, their families, and community caregivers. I was able to shadow my mentor’s in-hospital practice and consultation CNS activities, included in and engaged in the CNSs activities, and observed how she interacted and collaborated with the interdisciplinary team, organization, and the larger community team. In addition to role-modelling, I gained knowledge about what she had learned in her clinical practice and how I would be able to use this knowledge in the community position. Later, our discussions focused on reviewing and debriefing about specific questions that arose (i.e., consultation notes, skills, evidence-based practices, education/presentations). The characteristics of the mentoring relationship I experienced were similar to those identified in a systematic review by Vlerick et al. (2024). In addition, like Vlerick et al. (2024) described, I experienced effectiveness of mentoring in a variety of areas including job satisfaction, improvement in clinical skills and practice expertise, satisfaction with the relationship, and improvement in my confidence. The process, benefits, and outcomes of our mentoring relationship were shared at the Iota Omicron Chapter, Sigma Theta Tau Induction Ceremony.

Strong administrative support is necessary to develop of CNSs (Jokiniemi et al., 2023) and was central to the mentoring relationship Nancy and I formed. As we move forward to protect the CNS title, it will be necessary to have the support of administration to engage our expert CNSs as mentors to

support the development of novice CNSs. The support of administration is important to increase the visibility of nursing expertise and value of clinical expertise held by CNSs. Further, research about CNS mentoring programs is needed to increase support and understanding about the value to CNS practice (Vlerick et al., 2024) and to share our clinical practice lessons (Bucey, 2021; Goudreau, 2016).

## References:

**Robin Coatsworth Puspoky, RN, PhD**  
Workplace Liaison (ENO)

Bucey, R. A. (2021). Pearls of wisdom for the novice clinical nurse specialist. *Clinical Nurse Specialist*, March/April, 98-100.

Fulton, J. S. (2016). Evolution of the clinical nurse specialist role and practice in the United States. In J. S. Fulton, B. L. Lyon, & K. A. Goudreau (Eds.), *Foundations of clinical nurse specialist practice* (pp. 1-15). Springer.

Goudreau, K. A. (2016). Mentoring. In J. S. Fulton, B. L. Lyon, & K. A. Goudreau (Eds.), *Foundations of clinical nurse specialist practice* (pp. 277-285). Springer.

Jokiniemi, K., Karkkainen, A., Korhonen, K., Pekkarienen, T., & Pietila, A-M. (2023). Outcomes and challenges of successful clinical nurse specialist role implementation: Participatory action research. *Nursing Open*, 10, 704-713.

Vlerick, I., Kinnaer, L-M., Delbaere, B., Coolbrandt, A., Decoenen, E., Thomas, L., Vanderlinde, R., & VanHecke, A. (2024). Characteristics and effectiveness of mentoring programmes for specialized and advanced practice nurses: A systematic review. *Journal of Advanced Nurses*, 80, 2690-2714.

### **Webinar:**

**“ Colleague to Colleague ”**

*Mark your calendar (see your email)*

*Wednesday, April 30<sup>th</sup>, 2025*

*at 20:00*

**KEEP AN EYE ON  
YOU EMAIL**

## **The Effectiveness of Virtual Wound Care Follow up for Postpartum Caesarean Section by Clinical Nurse Specialists**

Virtual wound care follow-ups have become an effective method to ensure proper healing and individual support, and this has been especially novel for postpartum patients after a cesarean section (C-section) (Tesser et al., 2022). Telehealth enables healthcare providers to monitor incision sites, assess healing progress, and offer timely interventions without requiring in-person visits (Blytt et al., 2024). For tertiary care centres who receive patient populations from near and far, the accessibility and equitable care provision is highly valued. The inconsistency and lack of experience that patients encounter during their follow up with the primary care provider or obstetrician can be alleviated with the Clinical Nurse Specialist (CNS) support in providing advanced wound care and timely follow up through a virtual format.

### Benefits of Virtual Wound Care Follow-Ups:

- Convenience: Individuals can receive care without the need to travel, which is especially beneficial during the immediate postpartum period and with newborn infant(s) care to consider.
- Timely Interventions: Healthcare providers can promptly address any signs of infection or complications through virtual assessments.
- Resource Efficiency: Virtual consultations can optimize healthcare resources by reducing the need for physical appointments or readmissions to the hospital or acute care settings.

### Best Practices for Virtual Wound Care (Mitchell et al., 2021):

1. Patient Education: Ensure individuals understand how to care for their incision, recognize signs of infection, and know when to seek medical attention. CNSs possess the in-depth understanding of effective knowledge translation.
2. Use of Technology: Utilize secure electronic tools to visually assess the wound and discuss concerns with the patient (e.g., video conference, photograph images via confidential email).
3. Regular Monitoring: Schedule follow-up appointments virtually or in-person to monitor healing progress and address any emerging issues with CNS expertise in assessment and care planning.
4. Documentation: Maintain detailed records of virtual consultations, including images of the wound if appropriate and consented to by the patient.
5. Interdisciplinary Collaboration: Coordinate with other healthcare providers including obstetricians, infectious disease, radiology/ultrasound, primary care physicians and home care services to ensure comprehensive and continuity of care.

### Evidence Supporting Virtual Wound Care:

Studies have shown that telehealth interventions can improve wound healing outcomes (Tesser et al., 2022). For instance, expert advice delivered to non-wound care clinicians via telehealth has been associated with improved healing rates and reduced amputation rates in patients with chronic wounds (Mitchell et al., 2021). CNSs can help to bridge this gap to clinicians unfamiliar with post-operative obstetrical wound care and therefore provide better quality care to patients.

While specific studies focusing solely on post-cesarean wound care via telehealth are limited, the general principles and benefits of virtual wound management are applicable. Implementing virtual follow-ups can enhance patient satisfaction, provide timely interventions, and support efficient use of healthcare resources (Blytt et al., 2024).

For healthcare providers looking to implement virtual wound care practices, resources such as the Wound Healing after C-Section course offer valuable insights into evidence-based practices (Surghub, 2024).

In summary, virtual wound care follow-ups after a C-section with CNSs present a viable option to support patient recovery, offering convenience and effective monitoring to ensure optimal healing outcomes, and should be considered in perinatal hospital settings.

### References

- Blytt, K. M., Kolltveit, B. C. H., Graue, M., *et al.* (2024). The implementation of telemedicine in wound care: a qualitative study of nurses' and patients' experiences. *BMC Health Serv Res*, 24, 1146. <https://doi.org/10.1186/s12913-024-11620-w>
- Mitchell, L., Song, E. H., Hamm, T., Harris, K., Bowles, R., Evans, K., & Robinson, S. A. (2021). Telehealth in wound care—Evidence and best practices. *WoundReference*. <https://woundreference.com/app/topic?id=telehealth-in-wound-care---evidence-and-best-practices#references>

**Emily Fung, RN, MN, PNC(C)**  
Director of Membership & Services.



Surghub. (2024). *Wound healing after C-section*. Surghub, UN Global Surgery Learning Hub.

<https://www.surghub.org/course/wound-healing-c-section>

Tesser, R. L., Sharma, S., & Rhoads, M. (2022). Chronic wound telemedicine models before and during the COVID-19 pandemic. *Advances in Skin & Wound Care*, 35(2), 86-93.

<https://doi.org/10.1097/01.asw.0000829024.40052.06>

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## Your Vote is Your Voice

As nurses, we must understand the significance of our vote in enacting change in the healthcare system. We are trusted members of the Canadian population, and our vote is our voice that can influence the future of healthcare.

Our vote influences public health and policies for the betterment of patients, clients, families, and society. Nurses' voices positively impact all individuals we care for and the health care system by effecting changes that meet patients' and clients' needs where required. There have been changes in the profession and health care. Still, significant gaps exist in health transformation, licensure, workplace violence, mental health support for healthcare providers, and the opioid epidemic. The list provided is not exhaustive and is meant to highlight some areas for ongoing development. Consider the changes you would like to see and vote in accordance.

Nurses' voices remain silent when we do not exercise the right to vote. All nurses are encouraged to learn about voting in their area, cast their vote, and be heard during these elections. The upcoming Provincial and Federal elections are consequential.

Submitted by,

**Kadeen Briscoe RN, BScN MScN**

Director of Communication

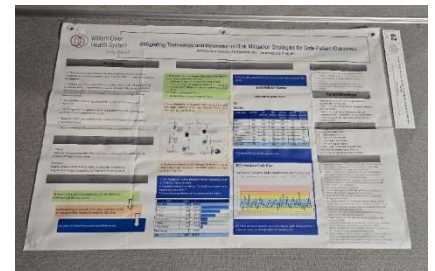
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## Report from the 13<sup>th</sup> conference of the International Council of Nurses (ICN) Nurse Practitioner/Advanced Practice Nurse Network (ICN NP/APNN) held from Sept. 9-12, 2024 in Aberdeen, Scotland.

The conference opened with a hearty welcome to all delegates. The conference, themed “Advanced practice nursing: An invaluable investment for global health,” brought together over 800 delegates from around the world.

My Abstract under the category - Advancement in digital health and technology for enhances APN practice - was accepted as Poster presentation. Titled: “**Integrating technology and innovation in risk mitigation strategies for safe patient outcomes.**”

Daniela Lehwaldt, Chair ICN NO/APN Network, welcomed everyone, emphasizing that delegates were from 45 countries participated. Total number of abstracts received was 1,657! A brief history of the Network was presented. The Network was founded in 2000 and has held 13 biennial conferences to date. It is represented by 131 countries and has a membership of over 4,000.



A systematic review report was presented where 5,840 articles were screened, literature from January 2011 to April 2023. One of the key implications emphasized - Highly consistent evidence that APNs, NPs and CNSs provide safe, efficient and effective care across settings, patient populations and acuity levels.

The first day also showcased numerous workshops about Advanced Practice Nursing in the context of leadership, certification, mental health, acute care, regulations, shared nursing care and advocacy.

David Stewart, Deputy Chief Nursing Officer at ICN, emphasized the crucial role of advanced practice nurses in achieving universal health coverage.

The opening ceremony presentation was by Anne Armstrong, Interim Chief Nursing Office for Scotland, Scottish Government. They have 790 Advance Nurse Practitioners Registered and are reviewing standardization of Title and Scope of practice across the highlands.

Kim Manley - Emeritus Professor and Expert reviewer, discussed the history of the development of Advance Practice Nursing across UK. Opinions were shared during the plenary discourse.

A key take home message is - We need to focus on shared capabilities augmented by the professional expertise of health and care professions by wrapping capabilities around our service users' journeys across the integrated care systems and address the gaps preventing quality and continuity through growing capabilities at the right levels within good governance systems.

Advance practice is an essential asset to achieve this aim. To attain this, we need greater profiling to help the public fully appreciate the potential it has to offer.

Howard Catton - ICN's CEO - shared a few statistics while addressing the delegates:

- Between 2015 and 2050 the proportion of the world's population over 60 years will nearly double from 12% to 22%.
- 970 million people, more than 10% of world's population are living with mental illness.
- Cancer, heart disease, and diabetes account for 41 million deaths a year.

The United Nations launched its Declaration on Universal Coverage in 2019. The ICN urges nurse to lobby our politicians to act so that people everywhere can have access to essential health services without financial hardship. In 2024, ICN published a New Primary Health Care Policy statement and Vision report which highlights investment in the nursing workforce and Patient- Centered care.

Dr. Amelia Latu Afuhaamango Tuipulotu - Chief Nursing Officer, World Health Organization - Facts shared related to career progression – In general taking the ACP path had provided increased job satisfaction, financial and other benefits as well as opportunities for career progression. It was noted that there may be limited opportunities to progress beyond the ACP.

The conference theme was thoroughly highlighted throughout the plenary sessions which lasted until the final day. This conference brought international delegates from clinical practice, research, education, health policy, leadership, and management together to explore and discuss the importance of cross-cultural understanding and global cooperation in advancing nursing.

Evening entertainment to conclude the conference was an introduction to the Hipflask Ceidldh Band to immerse oneself in the Celtic traditions.

ICN NP/APN 14<sup>th</sup> Network will be held in Nashville, Tennessee (USA) as site for 2026 Network Conference. Vanderbilt University School of Nursing (VUSN) will host the event, which will be held from 14-17 September 2026. The American Nurses Association and Vanderbilt University are proud collaborators for this event. Call for abstracts will open on June 16, 2025.

Fun Fact of Aberdeen’s connection with Toronto. At the arrival gate of Aberdeen Airport, A huge billboard greeted us with information about John Macleod. He was a Scottish biochemist who lived and went to the University of Aberdeen. Whilst Professor of Physiology at the University of Toronto in Canada, he played a vital role in the 1921 discovery of insulin. In 1923, Macleod and the fellow scientist Fredrick Banting were awarded a Noble prize for the discovery of insulin.

I look forward to sharing my Poster presentation in the near future at one of our scheduled education days.

As always, attending, meeting up with peers and trail blazers keeps the spark aflame as we advocate for the Clinical Nurse Specialist.



Figure 2  
*Rashmy Lobo at the  
Poster Presentation Lobby*



Figure 3: *Rashmy Lobo, M.Sc.N., RN,  
Dr. Rosemary T. Goodyear, Ed.D., APRN, FAANP Consultant Emeritus  
and Dr. Joyce Pulcini, PhD, RN, FNP-BC, FAAN, FAANP*

Respectfully submitted,

**Rashmy Lobo, RN, BSN, MSN, CNS**  
Director of Finance  
Past-President

You can find more information about the  
biography of Executive members  
on our website:

Login to [www.MyRNAO.ca](http://www.MyRNAO.ca) first, then

<https://chapters-igs.rnao.ca/node/2661>

## CNS-Ontario

Annual General Meeting  
(AGM)

Saturday,

June 7, 2025

10:00 AM on zoom.

**Website information:** (Login first to [www.MyRNAO.ca](http://www.MyRNAO.ca) )

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

If you have suggestions: send us an **email:**

[cnsontario1@gmail.com](mailto:cnsontario1@gmail.com)

Follow us on our **Facebook:**

[https://www.facebook.com/Clinical-Nurse-Specialists-Association-of-Ontario-Canada-113210988761198/?ref=py\\_c](https://www.facebook.com/Clinical-Nurse-Specialists-Association-of-Ontario-Canada-113210988761198/?ref=py_c)

## CNS Association of Canada

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

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

Email: [cnscanada1@gmail.com](mailto:cnscanada1@gmail.com)

Karelo link to become a member in 2025:

[https://www.karelo.com/enter\\_res.php?&BID=650&Ev=22249](https://www.karelo.com/enter_res.php?&BID=650&Ev=22249)

# CNS Association of Ontario 2024-2025 Executive members

<b>President (ENO) (2023-2025)</b>	Paul-André Gauthier
<b>Past President &amp; Director of Finance (ENO) (2023-2025)</b>	Rashmy Lobo
<b>Director of Policy, Practice, and Political Action (ENO) (2024-2026)</b>	Stacey Roles
<b>Director of Communications (ENO) / Secretary (2024-2026)</b>	Kadeen Briscoe
<b>Director of Membership &amp; Services (ENO) (2022-2026)</b>	Emily Fung
<b>Director of Research &amp; Education (ENO) (2023-2025)</b>	Elsabeth Jensen
<b>Social media (ENO) (2023-2025)</b>	Paul-André Gauthier
<b>Workplace Liaison (ENO) (2023-2025)</b>	Robin Coatsworth Puspoky
<b>Graduate Nursing Student Representative (ENO) (2025-xxx)</b>	Vacant



## CNS Association of Ontario Education Award 2025

Five (5) bursaries in the amount of **\$ 2,000 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, March 21<sup>st</sup>, 2025 before 1500 hours (3:00pm)

Submit to: **Clinical Nurse Specialist Association of Ontario**      **Subject:** CNS-ON educational award.  
**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 March 2025.**
- ❖ 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>, 2025, preferably before that date once it is completed.**



## CNS Association of Ontario CNS Student Award 2025

### **\* 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 16<sup>th</sup>, 2025 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 2025

The **20<sup>th</sup> 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, in June 2025. 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 2025** 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 16<sup>th</sup>, 2025 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 P5esident 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 2025) :

**Candidate's name:** \_\_\_\_\_

<b>Information on the Nominator:</b>
Submitted by : _____
Credentials : _____
Job title : _____
Tel. (day) : _____
Preferred e-mail address : _____

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<b>Address of the nominator :</b> _____ _____ _____
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**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 : _____

<b>Home address of the candidate :</b> _____ _____ _____
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<b>Work address of the candidate :</b> _____ _____
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**Deadline for submission:**  
• **Friday, May 16<sup>th</sup>, 2025 at 1500 hours (3:00pm)**  
Submit to:  
**Clinical Nurse Specialist Association of Ontario**      **Subject:** CNS-ON -- CNS of the Year Award.  
**CNSOntario1@gmail.com**

## **Nurse Psychotherapists, Insurance & Advocacy Efforts**

Approximately 60% of Canadians have access to private health insurance<sup>1</sup> and many Ontarians access mental health services such as psychotherapy through insurance reimbursement. Some practitioners of psychotherapy are covered by certain insurances while others are not. We believe it is important for all practitioners of psychotherapy to be able to support their clients in accessing their benefits. Nurse psychotherapists, along with other disciplines, support clients throughout Canada. In Ontario, where the controlled act of psychotherapy has been proclaimed, it is of utmost importance that clients are able to access their regulated psychotherapist regardless of the discipline or college that they practice within.

One of the challenges facing nurse psychotherapists is the misinformation and lack of education on behalf of insurers, employers and the general public about the different health care professionals licensed to practice psychotherapy. There is a lack of information about the unique abilities that each discipline can bring to the practice which enables them to safely practice psychotherapy. Furthermore, there is a need for a diverse interprofessional population of psychotherapy providers to meet the vast needs of the population.

Currently, there is disparity in access through insurance both by organizations but also by plan type. For example: insurance company A may only cover psychologists, nurses and social workers providing psychotherapy for all of their plans, while insurance company B may have some plans that cover psychologists, registered psychotherapists and then the same company may have other plans which cover all providers licensed to provide psychotherapy including nurses.

Over the last couple of years nursing associations have heard from insurance companies that nurse psychotherapists don't have clear guidance from their regulatory body inclusive of standards of practice for psychotherapy that other disciplines tend to have. Insurance companies have also indicated that there is no way to see which nurses have met their regulatory bodies requirement for ongoing learning in psychotherapy and have since asked for a roster to be created to identify those who do. Conversely, this question and roster is not being asked of other disciplines including registered social workers and registered psychotherapists. This is an opportune time for nurses, and especially Clinical Nurse Specialists (CNS), to advocate for the recognition of nurses who have the competence and ability to practice as nurse psychotherapists.

Recently, on the College of Nurses of Ontario (CNO) website, the Scope of Practice document has been amended to highlight the unique nature of the entry to practice capacity that all nurses have when becoming regulated in relation to the controlled act of psychotherapy. Specifically, the diverse preparation that generalist entry-to-practice nurses undergo, not only meets, but in many cases exceeds the practice requirements that exist in graduate learning levels for other professionals. This is because nurses must be able to “counsel” patients, connect and provide psychoeducation and overall mental health support in all interactions no matter the practice setting. For example, consider a nurse taking care of a patient who has just undergone a radical double mastectomy for advanced breast cancer. This patient has suffered from debilitating life long depression on top of the current potential trauma experienced from being diagnosed with stage 4 cancer and now, is dealing with being post-operative. The nurse must provide counselling and psychoeducation around how to manage her depression, fear and anxiety during this post-operative time. This nurse and those around her – likely – are not labelling

this interaction as counselling or psychoeducation. However, it is and does fit those definitions. Nurses are prepared to support this patient through the establishment of a therapeutic nurse-client relationship and basic emotional and counselling techniques taught in all undergraduate education.

The riskiest component of psychotherapy considered under the “controlled act” component “... is the component of psychotherapy considered to be the highest risk to the patient. It does not include all psychotherapy practices and is not defined by a technique”<sup>2</sup>. Furthermore, “... the controlled act is defined in the [Regulated Health Professions Act, 1991 \(RHPA\)](#) as: treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual’s serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual’s judgment, insight, behavior, communication or social functioning”<sup>2</sup>. The same example above could involve a nurse who has training in a therapeutic modality or intervention that can support this client through a serious impairment of their emotional regulation during this post-operative time, and, therefore, this nurse would then be performing the controlled act of psychotherapy.

Many people, including insurers, the public, and mental health professionals from a variety of disciplines, have a difficult time understanding the difference between the broader definition of psychotherapy and the controlled act of psychotherapy. However, it is important to note that despite the confusion regarding the definitions, nurses are prepared to meet the needs of the components of psychotherapy in their entry to practice learning. What some nurses acquire above the entry to practice requirement is a further enhanced ability to apply a therapeutic technique or modality to a serious disorder affecting thoughts, cognition, mood, emotional regulation, perception or memory. This may be in relation to a specific presentation or population of patient. Thus, the need for modality training to complement their nursing education and practice experience is a need during, or post-graduation. This is not unlike many of the other professionals practicing the controlled act of psychotherapy as many do not have specific modality training within their pre licensure requirements. This does not necessarily need to be at a graduate level but could be dependent on the nurse's individual learning needs. Further, a graduate level of education that includes specific practice enhancements for nursing practice is always a well-informed educational endeavor, and although it is not necessary to provide a psychotherapy intervention, would be helpful if wanting to provide supervision/mentorship to others or to become a nurse psychotherapist educator themselves. It is also a necessary step in becoming a CNS.

For over more than a decade, advocacy efforts by associations like RNAO, CFMHN, CNA, the Nurse Practitioner Association of Ontario (NPAO), OAMHP and the new Nurse Psychotherapy Association of Ontario (NPO) have enabled nurses to continue doing the important work of providing psychotherapy for their patients. This work, combined with the CNO’s clarification and updates to practice, have helped to meet many of the requirements of insurance companies to cover nurse psychotherapists for their patients.

These requirements include:

1. Guidance from the nursing regulatory body: There is now a clear statement from CNO about the regulatory authority to perform psychotherapy and the requirements that nurses need to meet and maintain in practice.

2. Standards of practice for nurse psychotherapy: The first published Standards of Practice for Nurse Psychotherapy (2022) are available on the NPO website after a combined effort from nurses at NPO and RNAO.
3. A registry available to identify nurse psychotherapists: Recently a registry has been created as a way to identify the nurses in Ontario who are psychotherapists. This registry requests nurses to submit their CNO license number and verification of active unencumbered status is then verified and includes a learning plan, as required by the CNO, outlining psychotherapy specific learning objectives and an attestation to competency meeting the reflective practice components of licensure.

Despite recent success, continued advocacy and education of the public, insurers and other healthcare providers is still required. Recently, Minister of Health Sylvia Jones and Minister Michael Parsa of Children, Community, and Social Services, through advocacy by the NPO and OAMHP, ensured that nurse psychotherapists are added and recognized in all government funded psychotherapy efforts. Further, in an email clarifying their position, the Ministry of Children, Community and Social Services made it clear that they have provided their offices with the direction that mental health practitioners who are governed by legislation, such as those registered with colleges which are regulated to perform psychotherapy and meet other program criteria, would be eligible to provide counselling services for their programs. Through ongoing advocacy efforts of nurse psychotherapists, their clients, and our collective associations, GreenShield has committed to amend their policies and ensure their company and service agents are all aware of the ability of nurse psychotherapists to provide counseling and psychotherapy services to clients throughout Ontario.

Despite this forward movement, we need to continue to advocate for legislation to be followed. We need to educate those who are misinformed of the competency of nurse psychotherapists and their ability to provide this much needed service to clients across Ontario and Canada without the hindrance of insurance barriers.

Respectfully submitted:

**Siobhan Bell**, DNP, MN, BScN, RN Psychotherapist  
President, Nurse Psychotherapy Association of Ontario  
<https://www.nursepsychotherapy.org>

**Stacey Roles**, RN MScN PhD Psychotherapist

**Stacey Roles**, RN, MScN, PhD  
Director of Policy, Practice, and  
Political Action

**Book:** The Nurses' Guide to Psychotherapy: A Reference Book for Nurses Providing Psychotherapy. <https://rolespsychotherapy.com/the-nurses-guide-to-psychotherapy/>

- 1- University of British Columbia (n.d.). Canadians spend more on private health insurance for smaller payouts. <https://spph.ubc.ca/canadians-spend-more-on-private-health-insurance-for-smaller-payouts/>
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