



Strengthening the role of the Clinical Nurse Specialist in Canada

Pan-Canadian Roundtable Discussion
Summary Report

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On December 12, 2012, the Canadian Nurses Association (CNA) convened a full-day roundtable discussion to develop a vision statement for the CNS role. This summary report of the roundtable discussion builds on previous and current CNS experiences and numerous pan-Canadian efforts. These include: *Advanced Nursing Practice: A National Framework*, CNA’s *Clinical Nurse Specialist Position Statement*, a briefing note on the clinical nurse specialist and a background document prepared specifically for this discussion.

INTRODUCTION

The clinical nurse specialist (CNS) role first appeared in Canada about 40 years ago. A CNS is a registered nurse (RN) with a master's or doctoral nursing degree as well as advanced knowledge and clinical nursing specialty expertise. "CNSs are leaders in the development of clinical guidelines and protocols, and promote the use of evidence, provide expert support . . . consultation [and education], and facilitate system change" (Canadian Nurses Association [CNA], 2009).

To date, clinical nurse specialists have been used in varying degrees by different health-care jurisdictions, though often not under CNS titles and role descriptions. In part, this varied use of the CNS role stems from confusion about what it entails. Yet, there is significant evidence that clinical nurse specialists contribute to the health of Canadians.

OBJECTIVES

CNA conceptualized and developed the objectives and format for the full-day pan-Canadian roundtable agenda (Appendix A) with guidance from an advisory committee. The key objectives for the day were as follows:

1. Develop the foundations of a national vision statement for the clinical nurse specialist role in Canada.
2. Develop a communication strategy to disseminate key messages related to the vision statement.
3. Identify the next steps toward strengthening the CNS role in Canada.

The roundtable discussion was facilitated by an experienced consultant. The day was organized as a series of small group and plenary discussions. Participants were assigned to three small groups with diverse perspectives. Members of the advisory committee were also situated evenly in the groups.

Participants received the following materials as pre-reading materials:

- Agenda
- Background document
- CNS Briefing Note (McMaster University)

PARTICIPANTS

Twenty-one individuals from virtually all regions of Canada participated in the roundtable discussion. These individuals represented those currently working as CNSs, educators of CNSs, employers of CNSs, policy decision makers, nursing associations and colleges, and researchers involved in the study of the CNS role in Canada (see Appendix B).

SUMMARY OF DISCUSSION ON VALUES

Participants noted that CNSs have clinical expertise in a defined area or areas of health care and particularly focused on complex care in these areas. The characteristics that are important to the CNS role include clinical leadership, change agent and evidence-informed practice. This role has various spheres of influence at the individual, aggregate, community, organizational and health system levels.

It is most important that the CNS role be clearly linked to its impact on individual, organizational and system level outcomes with a particular focus on patient safety. The role needs to demonstrate that it has an independent contribution to these outcomes as well as collective contribution through interprofessional team leadership and capacity development.

The participants also called for one guiding model for the CNS role with a set of common principles that support the articulation and implementation of the CNS role in Canada. A national brand can also help to communicate the vision for the CNS role, improve role clarity, and support its uptake in diverse health care settings. National competencies and a certification process would also support role clarity and consistency across Canadian jurisdictions and practice settings.

SUMMARY OF DISCUSSION ON VISION STATEMENT

A vision statement template was provided to participants, containing questions to guide the discussions on developing a vision statement(s) for the CNS role in Canada. The essentials were described in the following way. Vision statements:

- present aspirations, inspirational hope and goals or images for the future;
- are not limited by current circumstances or barriers;
- describe big, bold commitments and expectations of the future state;
- clarify direction, purpose and expectations; and
- are clear and easy to understand.

The following summary organizes the vision statement concepts developed by the roundtable participants under four headings (edited for grammar and readability only):

1. What does the CNS role look like in the future?

- An RN with advanced education who is able to lead nursing practice
- An RN with graduate nursing education who leads innovation in nursing practice and patient care across health-system change within a specialty population
- An RN with graduate level nursing education who leads innovation in nursing practice, patient care across the continuum of health care with direct impact on patient safety and health outcomes.
- A CNS relies on clinical credibility and has clinical expertise in
 - a specific clinical domain or area;
 - system development/change; and
 - quality improvement.
- A CNS will provide an enhanced level of expertise for clients with complex health-care needs.
- CNSs are experts in leading evidence-based practice, evidence-informed practice and professional practice at all levels (either of one or within various domains in the health-care system).
- CNSs have population-/disease-/setting-specific clinical expertise and practices.
- A CNS demonstrates national CNS competencies in their daily practice.
- A CNS articulates practice at point of care and at the policy table.
- A CNS is an interprofessional and evidence-based leader.

2. *How will the CNS role be used or implemented in the future?*

- There will be a year-over-year growth in the numbers of CNSs in Canada.
- CNSs will be embedded in every health setting in Canada.
- CNSs will have flexibility in their domains of practice (clinical, educational, research, leadership, scholarship) to meet the needs of the population served.
- CNSs will be integrated nationally and recognized as experts in leading evidence-based practice at all levels (individual, community, system).
- The full scope of the CNS role will be implemented.
- CNSs will be involved in organizational strategic thinking.
- CNSs will develop strong interprofessional partnerships and collaboration with academic health centres and other research environments.
- CNSs will advance, expand and further develop nursing practice.

3. *What supports are needed for the CNS role to have optimal impact in the future?*

- Guiding principles for implementing the CNS role.
- Increased awareness about the value of the CNS role (adds to efficiency, system transformation and effective models of care).
- CNS competencies that are understood nationally.
- CNS role domains unconstrained by collective agreements or organizational policies.
- CNSs with protected roles/essential services.
- CNS role will be championed by nurse leaders.
- Financial commitments provincially and nationally to support CNS-related research and to have the CNS role in the system.

4. *What impact will the CNS role have in the future?*

- CNSs will be effectively involved in system transformation.
- CNSs will improve health outcomes and influence systems change.
- The CNS role will result in clinical innovation and efficiency.
- The CNS will provide an enhanced level of expertise for clients requiring complex care.
- The CNS will lead change that results in measurable outcomes and system efficiencies/effectiveness (quality aspects).
- The value of CNS in Canada will be demonstrated through quality improvement, evaluation, patient-outcome indicators (e.g., decreased falls in long-term care settings).
- There will be a robust body of evidence that supports the impact of the CNS role on nursing and health system outcomes.

NEXT STEPS

1. These vision statement concepts from roundtable participants will be collated into a draft vision statement.
2. CNA will send an online survey to the roundtable participants to solicit their input on
 - a. the draft vision statement; and
 - b. the communication/dissemination strategy for the vision statement.
3. The draft vision statement will be revised based on feedback from the participants.
4. CNA will send an online survey to various stakeholders to invite their input and/or support for
 - a. the concept of a vision statement of the CNS role;
 - b. the draft vision statement; and
 - c. dissemination of the final vision statement.

REFERENCES

Canadian Nurses Association. (2009). *Clinical nurse specialist* [Position Statement]. Retrieved from http://www2.cna-aiic.ca/CNA/documents/pdf/publications/PS104_Clinical_Nurse_Specialist_e.pdf.

Canadian Nurses Association. (2010). *Canadian nurse practitioner: Core competency framework*. Ottawa: Author.

Canadian Nurses Association. (2012). *Strengthening the role of the clinical nurse specialist in Canada*. Unpublished background document.

McMaster University. (n.d.). *The clinical nurse specialist: getting a good return on healthcare investment* [Policy Brief]. Hamilton: Author.

APPENDIX A: AGENDA OF THE PAN-CANADIAN ROUNDTABLE DISCUSSION

STRENGTHENING THE CLINICAL NURSE SPECIALIST ROLE IN CANADA PAN-CANADIAN ROUNDTABLE DISCUSSION

Time	Subject	Speaker
8:30 – 8:40 a.m.	Greetings from the Canadian Nurses Association	Rachel Bard
8:40 – 8:45 a.m.	Set the stage: objectives and outcomes of the discussion forum	Josette Roussel
8:45 – 9:05 a.m.	Introductions	All
9:05 – 9:25 a.m.	SWOT analysis of issues/trends regarding the CNS role	Tazim Virani
9:25 – 10:15 a.m.	Ensure common understanding of the CNS role and agree on values	All
10:15 – 10:40 a.m.	Health Break	
10:40 a.m. – 12:00 p.m.	Dream/discuss future state Agree on key components of the vision	All
12:00 – 12:45 p.m.	LUNCH	
12:45 – 2:00 p.m.	Develop a vision statement	All
2:00 – 2:20 p.m.	Health Break	
2:20 – 3:30 p.m.	Develop communication/dissemination plan	All
3:30 – 4:00 p.m.	Discuss next steps	All
4:00 – 4:30 p.m.	Wrap-up	Josette Roussel

APPENDIX B: PARTICIPANTS AT THE PAN CANADIAN ROUNDTABLE DISCUSSION

Beverley McIsaac
Nursing Consultant
Regulatory Services, Advanced Practice
Association of Regulated Nurses of
Newfoundland and Labrador

Kimberley Lamarche
President
Canadian Association of
Advanced Practice Nurses

Josette Roussel
Nurse Advisor, Professional Practice
Canadian Nurses Association

Norma Freeman
Nurse Advisor, Professional Practice
Canadian Nurses Association

Rachel Bard
Chief Executive Officer
Canadian Nurses Association

Joan Hamilton
Clinical Nurse Specialist
Capital Health QEII Cancer Care Program

Katherine Chubbs
Vice-President and Chief Nursing Officer
Eastern Health, Newfoundland and Labrador

Joanne Profetto-McGrath
Professor and Vice Dean
Faculty of Nursing, University of Alberta

Josephine Muxlow
Clinical Nurse Specialist, Adult Mental Health
FNIHB, Health Canada

Marcia Carr
President
CNS Fraser Health Medicine Program
Clinical Nurse Specialist
Association of British Columbia

Kim Chapman
Clinical Nurse Specialist, Oncology
Fredericton and Upper River Valley
Horizon Health Network

Dawn Torpe
Director, Nursing Professional Practice
Horizon Health Network

Cathy Walls
Chief of Nursing
IWK Health Centre, Nova Scotia

Jane Chambers-Evans
Nursing Practice Consultant and Clinical Ethicist
McGill University Health Centre

Nancy Carter
Assistant Professor
Canadian Centre for Advanced Practice
Nursing Research
McMaster University

Tilly Schalkwyk
Clinical Nurse Specialist
Providence Health Care

Donna Cooke
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Clinical Nurse Specialist, Cardiac Sciences
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