

February 20, 2013

Denotes action item.

Attendees:

- Stephanie Edwards, Canadian Association of Neuroscience Nurses
- Maylene Fong, Community Health Nurses of Canada
- Rosemary Graham, BCNPA
- Marlee Groening, BC rep on the Board of the Federation of Mental Health Nurses
- Eileen Maloney-White, Occupational Nurses Specialty Association of BC
- Stan Marchuk, BCNPA
- Shawn Mason, BC Chapter of Canadian Association of Critical Care Nurses
- Rosella McCarthy, BC Chapter of Canadian Association of Critical Care Nurses & Clinical Nurse Specialists Association of BC
- Kathy Murphy, BC History of Nursing Society
- Jocelyn Reimer-Kent, Canadian Network of Nursing Specialities and CNA Board Member
- Julie Fraser, ARNBC
- Barb Reece, ARNBC
- Paddy Rodney, ARNBC
- Nora Whyte, ARNBC
- Alix Arndt, ARNBC

Group check-in and updates:

- Maylene (Community Health Nurses of Canada) noted a couple of conferences coming up this year. The Community Health Nurses Conference coming up in Kelowna in June, and the Canadian Obesity Network conference to be held in May in Vancouver.
- Stephanie (Canadian Association of Neuroscience Nurses) noted that the Neuroscience Nurses do have monthly meetings and an annual conference coming up in June in Montreal. She also noted that the group is looking to be recognized as a specialty.
- Shawn (BC Chapter of Canadian Association of Critical Care Nurses) mentioned that her group is “coming down” from a conference they held last October but are currently planning some upcoming educational sessions.
- Eileen (Occupational Nurses Specialty Association of BC) noted that her group had become a specialty within the last year and that a conference is coming up for April. Their main area of focus is a membership drive and their biggest challenge is that as a group they tend to work independently, making it difficult to come together.
- Rosella (BC Chapter of Canadian Association of Critical Care Nurses & Clinical Nurse Specialists Association of BC) noted that her group does have an annual forum coming up at the end of May and that they are working on an initiative with CNA regarding the position of clinical nurse specialists.
- Kathy (BC History of Nursing Society) mentioned two large donations that her group received. One will result in a bursary to be awarded this November to a doctoral student. As well the Canadian Association of the History of Nursing will have their conference in Victoria this June. The B.C. group will be presenting and doing a fashion show.
- Barb (Monkeytree/ARNBC) is working with ARNBC again having helped to lead the Consultation process last year. She will be doing some engagement work with nursing leads and helping to build the network of nursing groups.
- Marlee (BC rep on the Board of the Federation of Mental Health Nurses) noted that their conference is coming up in October in Kelowna. Some of the key initiatives they are discussing are around substance use, harm reduction and family.
- Jocelyn (Canadian Network of Nursing Specialities and CNA Board Member) is the National President of the Canadian Council of Cardiovascular Nurses and has just been elected to the CNA Board. She is attending the meeting in her CNA capacity.
- Rosemary and Stan (BCNPA, President and President-Elect respectively), noted that the BCNPA is forging ahead with creating collaborative relationships with stakeholders, nursing groups and others involved in primary health care. Their key priority has

been increasing the awareness of NPs and increasing the awareness of the role of the NP in primary care (something that has not necessarily been clear). A variety of position statements have been produced focused around primary care. Their AGM is coming up in May and they have been reviewing clinical practice guidelines.

- Paddy is a member of the ARNBC Board and is part of a group ramping up engagement and is hoping to get more ideas about how to connect diverse networks.
- Nora, Project Manager for ARNBC.
- Julie, President-Elect for ARNBC.

Linkages with Canadian Nurses Association and the Canadian Network of Nursing Specialties:

- Jocelyn provided background in terms of her role with CNA. Highlights include:
 - Much to learn about how various national groups are connected to CNA.
 - Barb Mildon is a great champion of the specialty group. In her inaugural speech as President of CNA last June she highlighted her desire to have every nurse belong to a specialty group.
 - Recently recognized as a specialty group are the Legal Nurse Consultants.
 - At present there are 18 or 19 certified specialties and 43 nationally recognized specialty groups affiliated with CNA.
 - Day on Parliament Hill last fall brought to the discussion key issues that CNA would like to see government focus on. The goal is to ensure that Canada ranks among the top five in the world on such key health areas as primary care, mental health etc.

Group Dialogue:

- So what can CNA do to support the specialty groups?
 - One key is to explore with CNA how it might be possible to ensure that a certified nurse is a member of a specialty group.
 - There is the desire to continue to explore this, but there are internal changes at CNA. At present some organizational and bylaw issues have their primary focus but there is a desire to focus more on the specialty groups.
- The reality is that membership in groups is at issue. Financial health depends on members. So how do you get members to join?
- Key here is students. Jocelyn mentioned her recent experience representing CNA at the national conference of the Canadian Nursing Students' Association. Students are hungry for engagement and they are thrilled with how many organizations and groups they could belong to.
- Also important for nurses to recognize that they can belong to numerous groups. Example, as a cardio nurse there is much to learn from palliative/hospice nurses. The benefits of tapping into other groups needs to be made clearer.
- CNA can help provide the linkage on common issues. The majority of nursing groups would find something that they could tie themselves to CNA with, for example advocacy and social determinants of health.
- CNA is the tie that can bind the groups.
- There is a disconnect in that CNA represents the federal jurisdiction and health is a provincial matter. There is a lack of consistency from province to province. This is something to consider. A national pharmacare plan and home care plan have yet to be realized. Nurses have a great opportunity to impact these plans but they need to speak together.
- A key way to create linkages is nationally recognized clinical practice guidelines. CNA has been working with the Council of the Federation around trying to come up with how to support health care across the country. Clinical practice guidelines were part of the discussion. Work is being done, but it is a bit unclear where the work 'is' in the provinces and territories.
- There is a caution in that nurses can become over-specialized. There may not be the education and resources to back up the certification. Is there a long-term plan to address this? Opportunity to look to the U.S. to see how this might be addressed.
- Difficult to bring messaging come from a national body to the individual nurse. With communities of practice, for example, you can have conversations with like-minded people. The professional associations bring the resources to the level of individual nurses and groups of nurses through communities of practice. Policy is influenced from the ground up.

- What is the impact of technology and how associations connect?
 - Technology is great, but the impact of the personal touch still resonates.
 - Social media is a piece of it but don't underestimate the power of influence networks.
- Networks help to support the understanding of how people can connect to the stories.
- Change agency happens through networking not the certification process.
- Nurses must also feel supported by their employer. What happens in the health care setting can impact how you practice.
- We all have less time in our daily lives than we used to and political pressures are present.
- Understanding how people are connected to the bigger picture is important.
- Make the policy immediately relevant to the front lines. Front line folks have to be stuck in the immediacy of why something matters.
- Org charts help to show a clear visual of how the networks are connected. Note, CNA has had to be careful in terms of the org charts because of changes with the new federal not for profit act.
- Other jurisdictions don't pull together on a broad level the way 'we' do. Something that can be an example to other jurisdictions and it raises the profile of the networks.
- Nurses have challenges around utilizing the networks that are there, they tend to recreate the wheel, struggle over issues when really the solution is simple.
- Focus on students. They are the key.
- Regular network teleconferences for the Canadian Network of Nursing Specialties are convened by CNA quarterly. Barb Mildon will be participating in at the next teleconference (which is set for the 26th of February) to discuss the Network's relationship with CNA for the future.

Strengthening the role of the clinical nurse specialists:

- Last fall CNA started an advisory group that was to look at strengthening the role of the Clinical Nurse Specialist.
- CNA was pleased to have three representatives from B.C .out of the 21 participants in the roundtable discussion. From B.C.:
 - Marcia Carr, Clinical Nurse Specialist, Medicine Program Fraser Health & Clinical Nurse Specialist Association of British Columbia
 - Tilly Schalkwyk, Clinical Nurse Specialist, Providence Health Care
 - Victoria Smye, Associate Professor, UBC School of Nursing
- As follow-up to the roundtable discussion, CNA is planning a consultation with the participants (including advisory group) about the draft CNS vision statement concepts and communication strategy. These comments will be used to further revise the draft CNS vision statement. Based on results from this consultation, CNA will conduct another consultation with various stakeholders to solicit their input and/or support for:
 - the concept of a vision statement of the CNS role
 - the draft vision statement
 - dissemination of the final vision statement
- CNA is currently finalizing the report of the roundtable discussion held in December and the background paper is being edited and translated. We anticipate that it will be published in the spring.

Expanding the network:

- At the table in future would love to see the following groups:
 - Nurse leaders
 - Nursing students
 - Aboriginal nurses
 - Nephrology nurses

- Neuroscience nurses
 - Practice nurses (RNs working in physicians' offices)
 - Nurse educators
 - Outpost nurses
 - First Nations and Inuit Health (Health Canada)nurses
 - Prison/corrections/forensic nurses
- Use social media to spread the word about the groups. Event information for example can be disseminated to large groups of people quickly. Don't hesitate to email admin@arnbc.ca with items you would like sent out via social media.
 - **General agreement that it would be helpful to build website pages. The pages would link to existing websites. Any blurbs written would be written in consultation with group leaders.**
 - In future, consider workshops on both social media and advocacy.
 - **The ARNBC Engagement Committee has understood that nurses want to be heard at an individual level. The goal is to engage with people at this level, grassroots. To learn from them and to discuss broader policy issues. The key is how we get information back to and from these groups. This is the challenge. Paddy encourages anyone with ideas to email her about this. Email can be sent to admin@arnbc.ca and will be filtered to Paddy.**
 - Nurse formed networks are important to look at. Nurses are well connected to a variety of networks, from their friends to their specialties etc. Discussion about how to engage nurses over the moral distress that is felt as a result of not being able to provide patient-centred care. There are opportunities to talk to not only nurses, but other HCPs about this too. Opportunity exists to tackle this huge issue of patient centred care initially from a nursing perspective.

Provincial elections 2013 – Discussion of campaign strategies:

- To prepare for the upcoming elections, ARNBC is creating a web page that will allow nurses to tap into the resources and background materials as posted on the site.
- Key issues, briefing notes, calendar, breaking news and toolkits will be provided.
- Content around key specific issues is also being prepared. These issues include primary care, rural health, and population health/wellness and environment
- ARNBC will ask for help on certain themes that might include writing blogs for example.
- The page will be posted in the coming few weeks for all to see.
- Any questions or comments on the page please email admin@arnbc.ca.

Final Thoughts:

- Need to shift the focus from the provider to the patient.
- These conversations show us the relevance of nursing associations and the need to connect to the specialty network.
- These meetings are good building blocks for the bigger work to come.
- There is always quite a bit to learn, good opportunity to be able to attend to start hearing about the broader work being done.
- It's good for newer associations to be able to link with ARNBC. Resources are stretched thin and there is no need to reinvent the messaging wheel. It's helpful to have the ARNBC to link with in terms of experience and resources.
- Always good to see how the networks overlap and how we can take away the idea that we need to involve students more heavily in future meetings. This is a big take-away!