



## Specialty Nursing Group Meeting Sep 29<sup>th</sup>, 2015 – Overview of Discussion

Name of Group	Member Reporting	Highlight of this Year	Upcoming Events	A Challenge	An Opportunity
BC Clinical Informatics Association	Leanne Currie	1 <sup>st</sup> Clinical Informatics Forum at VGH (June 26) – 30 people face to face, 10 people by Web Ex	2 <sup>nd</sup> Clinical Informatics Forum (Nov 27) at St Paul's through InspireNet Official name registration happening soon	Forming a formal society – informatics includes all different types of professionals, not nursing informatics but “clinical informatics”. Has been a challenge to come up with a name that encompasses the broadness of people interested in the area. Systems work is slowly being implemented - CST (Lower Mainland and Fraser Health, Island Health) Cautiously growing, have more members than they can meet the needs of because the needs are so diverse	Trying to figure out direct affiliation with the National Group – Canadian Nursing Informatics Association and also Canadian Association of Computers in HealthCare On InspireNet there is an informatics group, roughly 200 members Formed local face to face group that will merge with the provincial group Coming up with bylaws and Board of Directors to become a formal society
BC History of Nursing Society	Kathy Murphy	Just celebrated 25 years of existence with High Tea at Hycroft. Greetings from a number of individuals, recognition of Joan Andrews, former Manager of the CRNBC Library, presentation of Honorary Membership to Sheila Rankin Zerr, presentation of “Nursing in the Battlefields” by Glennis Zilm in costume.	Hosting the Canadian Association of Nursing Conference in June 16 <sup>th</sup> -18 <sup>th</sup> 2016	Volunteers	To receive a number of artifacts from the CRNBC that were given to the RNABC over the years
Aboriginal Health Nursing	Laurie Dokis	Webinar on Cultural Competencies was very successful.	ARNBC position statement on Aboriginal Leadership will be posted to Community of Practice site.	Engagement with nurses – both aboriginal and non-aboriginal who are working with aboriginal peoples	



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		Refreshing the Community of Practice site, developing Facebook page	Survey of members Facebook page launch		
Western Canada Rheumatology Nurses Society	Gwen Ellert	Aug 2015 – Recognized by American RNS Sep 2015 – recognized by BC Rheumatologists	Meeting of the group executive to discuss legal status as a society	Initial set up of a society – banking, Roberts rules of order, shared experience, education Time – everyone is excited BUT... Rheumatology nurses integrating into the private practice clinic is unique	Review of by-laws Review of Scope of Practice and Standards of Practice Documents from American RNS
Forensic Nursing Service – Fraser Health <i>(5 Forensic Nursing Services in BC – no official group)</i>	Susan Short, Kirstin Simpson	Expanding our services beyond sexual assault to include domestic violence, human trafficking, child (0-12) abuse and assault, neglect and maltreatment Regionalizing contact – consultation line for Fraser Health hospitals to access about patient care	We have affiliation with the Forensic Nurses Society of Canada and the International Association of Forensic Nurses	Challenge if being poorly defined “what does forensic mean?” Also a challenge identifying our forensic service in patient care	Sheila Early, immediate past president of International Association of Forensic Nurses was asked to collaborate with WHO in updating standards in healthcare and managing/treating pts who have experienced violence and trauma for WHO’s Violence Action Plan
BC Rep for Canadian Federation of Mental Health Nurses (CFMHN)	Marlee Groening	Collaboration between CASN and CFMHN in the development of Core Competencies in mental health nursing for undergraduate BSN programs across Canada Competencies will be presented at this year’s conference	CFMHN Conference in Niagara Falls Oct 21-23, 2015	Recruitment of mental health nurses Nurses come from practice and education and leadership so there are many different lenses for the creation of competencies Collaboration between RPN’s and RN’s (currently there is a schism)	Next initiative will be the development of teaching resources for nurse educators in mental health. RNAO has been involved as well
BC Chapter of the Canadian Association of	Vini Bains	Spring 2015 – CNA certification workshop to encourage a study group for anyone taking	With the change in the CNA certification exam format, we are examining how to restructure an event to promote CNA exam	Geographically spread out chapter and the challenges to serve critical care nurses outside the lower mainland	



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Critical Care Nurses		the CNCC (C) Adult ICU or CNCC (P) certification exam	Still planning stages but looking at another event spring of 2016 with the aim of connecting with more ICU nurses around lower mainland and outside the lower mainland		
Social Determinants for Health Community of Practice	Shari LaLiberte	Environmental scan of professional nursing and interdisciplinary associations and how they are supporting their members to address social determinants of health Online survey to measure interest in social determinants of health – interest was high New group – meeting last 1.5yrs, 45 members on listserv	Web launch Hopefully a workshop on exploring nurses role as narrators of social suffering to support our role in advocacy Would like to support the introduction of social determinants of health focused placements for nursing students	Lack of time Focus of group – different people have different opinions Group can thread through lots of other groups How do we get groups doing similar work to share with us and network? How to expand awareness of social determinants of health?	Applying for grant through ARNBC. Getting funds to host a narrative story-telling workshop.
BC Contraceptive Management Community of Practice	Hannah Varto	Being on the ARNBC website Updating resources such as our CM Practice FAQs Membership continues to grow Ability to have go-to-meetings and teleconferences		All volunteer work is done on “side of desk”, lots of ideas and enthusiasm but hard to find time Minor web glitches Plan to update and create self-training module for nurses to use ECP DST and dispense ECP without an order, this will need dedicated person and project funding	



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Administrative Leadership (Nurse managers, supervisors, entrepreneurs)	Ken McDonald	Needs survey Brief education and networking approximately once a month		Time, volunteerism Norming with lack of historical clarity about what is administrative practice – difficult to establish identify Developing some critical mass of interest/participation	
Occupational Health Nurses Association BC	Eva Clegg	Annual Conference/AGM in April 2015. There were 15 in attendance representing more employers than last year. For the first time since 2011, BC was able to sponsor one Board member to attend the national occupational nurse's conference held in Edmonton. ARNBC helped us create a survey to measure interest in ONSA. Over 45 have participated; they value ONSA for job advertisements, education and OH-related events. ONSA was encouraged to use our web page and other social media to advertise.	Our goal is another conference in the Fall of 2016.	How to increase our membership, create interest in younger nurses and those new to Occupational health. Also to put into practise the recommendations of the survey. CNA exam restructuring (CNA would like more people to write the exam to cover their costs to produce it)	
Neuroscience Nurses of British Columbia (NNBC), the BC Chapter of the	Trudy Robertson	The 46th Annual General Meeting & Scientific Sessions in St John's Newfoundland held in June 2015. Highlights:	Royal Columbian Hospital hosted the inaugural brain Tumour Foundation symposium on Friday September 25 <sup>th</sup> , 2105. This event was well attended and attendees came from a variety of health	Our CNA certification exam in the specialty of neuroscience nursing is in jeopardy. The numbers of writers is low and the exam is due to be renewed next year (September 2016), and is a costly process for CNA. We	One of members from Toronto is on the Board of Directors for the World Federation of Neuroscience Nurses (WFNN). Dawn Tymianski is well known internationally as an expert neuroscience nurse and as a co-





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Canadian Association of Neuroscience Nurse (CANN)		<p>Continued refinement to the design of our website</p> <p>Financial stewardship – reducing costs, increasing membership</p> <p>New editor of our journal Canadian Journal of Neuroscience Nursing (CJNN) – Mina Singh</p> <p>Revisions to our Standards of practice</p> <p>A new “Spirit of CANN Award” recognizing the legacy of Pauline Weldon, a neuroscience nurse specializing in multiple sclerosis, who passed this year. This award is intended to honor direct care nurses whose spirit and passion for neuroscience nursing and volunteerism sometimes go unrecognized.</p>	<p>care sectors and multiple health authorities. There were powerful stories of patients and families experiences with non-malignant brain tumour survivors.</p> <p>Our Annual General Meeting (AGM) will be held on Thursday October 1<sup>st</sup>, 2015 at Royal Columbian Hospital where we will set our yearly goals and fundraising activities.</p> <p>The 47<sup>th</sup> Annual General Meeting &amp; Scientific Sessions will be held in London Ontario in June 2016 so planning is underway for this annual event. The theme is “Keep calm &amp; neuro on”</p>	<p>need 100 more writers each year to cover the costs of the exam. Historically, we have approximately 50 new writers. Our national group is currently compiling provincial picture of certification supports, promotion, etc. which will inform a proposal of alternative strategies to submit to CNA. Re-certification numbers continue to be low.</p> <p>Membership numbers are declining in recent years. It is noted we have almost twice the number of certified nurses than we have CANN members. We are interested in understanding why nurses are not becoming members. Recruitment is ongoing.</p> <p>CNA certification exam – become costly to CNA to support certification exams for groups with less than 100 registrants. Need roughly 100 people to make it financially worthwhile to maintain certification exam – group is going to be making a proposal to CNA about other strategies if the exam is limited or reduced (possibility of combining with rehab specialty)</p>	<p>author of our Canadian neuroscience nurses text book: <i>Navigating Neuroscience Nursing: A Canadian Perspective</i></p>



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Gerontological Nurses Association of BC	Maneet Samra	Kelowna Chapter hosted provincial conference this past April (~100 people attended). Theme was Seniors Advocacy Isobel Mackenzie spoke as did Dr. Barb Mildon. Great feedback on the conference and additional members were generated.	Provincial conferences are hosted by chapters, but at this point a chapter is not in a position to take on that role, mainly due to other challenges. Planning for upcoming conference (April, 2016) with a Community Partnerships theme. BC president, Kim Martin, in collaboration with the executive have offered to host the conference in lower mainland.	Recruitment and retention of members. Handover of leadership of chapters. Some chapters struggle with recruitment of chapter executives. One chapter (founding chapter of GNABC) is particularly struggling with keeping up mainly due to lack of interest. GNABC has 10 chapters across the province, with over 200 members (and growing)	GNABC took over processing our association's memberships (new and renewals) over a year ago, instead of using the national business office. The transition to a provincially modified process has proceeded very well and has resulted in timely updated membership lists and funds to the chapters. We continue to award an annual education award at the provincial conference. Check out our website – <a href="http://www.GNABC.com">www.GNABC.com</a>

### General Questions/Comments – Challenges faced by cross disciplinary groups

1. The challenge of nurses who have other expert knowledge. For example, a person can be a nurse who is a manager or are they a manager who has a nursing degree?
2. If you're a nurse as well as a manager, you know what it means to touch a patient, the nursing experience is hugely relevant and very valuable to administrative tasks such as budgeting, supporting staff etc.
3. Nurses as leaders, when nurses are in these roles the outcomes are better for nurses in terms of retention.
4. Evidence base typically takes principles from outside of nursing and applies them to healthcare. Evidence about the different ways in which nurses lead is lacking.
5. But does who created the evidence base matter? If it's a military principle and it's being implemented well by the nurse manager who can understand the realities of the situation the nurse is facing, then the understanding is made better because the person is a nurse.
6. How is the knowledge base applied? Is it the same knowledge base applied differently or is it a different knowledge base?
7. Challenge is in convincing non clinical folks that clinical work is married to what the non-clinical is doing. Example, IM/IT. Systems designed not by nurses but for nurses. Where is the input from the nurse leaders on the IT side?



## Visioning Activity: Specialty Nursing Groups and Communities of Practice in 2020

In 2020 decision makers and the public in BC will have a greater understanding of why specialty nursing is important and why it matters to the system and to the patient.

- Defining what a specialty is in BC is important- may help health authorities to understand them more and support them. Also, a broader understanding of what a specialty is could help with aligning specialties with schools of nursing
- Currently some specialties are recognized and others are not which can make things tricky – more clarity around this decision making process is needed
- Some decision makers/policy makers push the idea of the generalist nurse, “a nurse, is a nurse, is a nurse”, which minimizes and does not recognize the important role that specialists play
- Need to articulate and emphasize the impact on and benefits to patients of specialist care
- ARNBC could provide information and resources to promote and clarify the roles of a specialties
- ARNBC could nurture media relationships and messages to get nurses into the headlines in positive and new ways with a focus on skills, expertise and knowledge (less focus on “virtue script”)

In 2020, ARNBC will be a leader in supporting and promoting knowledge translation amongst specialty groups and potential new members.

- ARNBC could be a leader in knowledge translation e.g. support specialty groups to do some self-paced e-learning modules that could be developed to build the base of specialists
- ARNBC can support specialty groups in playing a role in career planning, peer mentorship etc. to give young nurses a chance to connect with these groups early on as they plan out their career trajectories.
- ARNBC can work with specialty groups to help answer questions related to:
  - How to become a specialist and the length of time it takes to become a specialist?
  - When a nurse can join a specialty group e.g. does a nurse have to be a specialist to join the group? Or can you join the group before becoming a specialist?
- ARNBC can play a role in supporting junior nurses to become specialists
- ARNBC can continue to provide support for emerging groups to meet via teleconference, webinar or in person

In 2020 there will be a productive relationship between schools of nursing and the specialty groups.

- Relationship would serve to promote the realities of and awesomeness of the specialties.
- ARNBC could work with schools of nursing to advocate for a greater emphasis on specialties to be reflected in curriculum/practicums



In 2020 there will be an established specialty symposium/conference for specialty nursing groups in BC.

- Chance for specialties to share their latest and greatest
- Opportunity to focus on cross disciplinary strengths
- Promote excellence and innovation
- Networking opportunity

In 2020 ARNBC will support specialty groups in the skills needed to form and maintain a successful group.

- ARNBC will work with specialty groups to develop, disseminate and link to resources and learning opportunities related to:
  - Fundraising/promotion
  - Legal and financial advise
  - Membership recruitment and retention
  - Advocacy
  - Organizing meetings/conferences

### Other:

**Best Practices in Promoting Professionalism** - ARNBC is currently doing some work related to promoting professionalism. Please send Barb a note ([breece@arnbc.ca](mailto:breece@arnbc.ca)) if you know of any initiatives that promote professionalism or of any best practices related to professionalism.

**Canadian Network of Nursing Specialties** - All nurses were urged by Jocelyn Reimer-Kent to join this network, hosted by CNA. For more information visit [www.cna-aic.ca/en/professional-development/canadian-network-of-nursing-specialties](http://www.cna-aic.ca/en/professional-development/canadian-network-of-nursing-specialties)

**Support for not for profits** – Vantage Point, an organization that provides learning and professional development opportunities for leaders in the not-for-profit sector, was mentioned as one potential resource for groups looking for learning opportunities. For more information visit [www.thevantagepoint.ca](http://www.thevantagepoint.ca)