

Resolutions & Position
Statements
of the Canadian Nursing
Students' Association

2013



CNSA | AEIC



Resolutions & Position Statements

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Canadian Nursing Students' Association
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Resolutions

Peer Mentoring Support Programs for Nursing Students

Approved: January 2013

Approved by: CNSA National Assembly

BE IT RESOLVED That CNSA encourage all official delegates and associate delegates to advocate for peer mentoring support programs in nursing education.

BE IT FURTHER RESOLVED That the CNSA advocate for their delegates and members to work with the student representatives of their school's decision making committees (e.g. Undergraduate Studies Committees) to advocate for peer mentoring support programs in all nursing programs across Canada.

Submitted by:

Olivia Brown

Elbonita Kozhani

Chantal Hurley



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The Standardized, Transparent and Objective Evaluation of Psychomotor Skills

Approved: January 2013

Approved by: CNSA National Assembly

BE IT RESOLVED That CNSA liaise with CASN to explore the use of objective structured clinical examinations as the standardized testing approach for teaching nursing psychomotor skills across Canada;

BE IT FURTHER RESOLVED That CNSA discuss this issue with delegates to explore the current state of psychomotor skill evaluation in nursing education programs across Canada.

Submitted by:

Deanne Drover

Kathryn Guy

Minji Kim

Stephanie Marshall

Donald Shepherd

Courtney Sparkes



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Creating Student Awareness of the NCLEX-RN® Examination

Approved: January 2013

Approved by: CNSA National Assembly

BE IT RESOLVED That the CNSA should be an informational resource for all official and associate delegates regarding the NCLEX-RN® exam so that delegates may in turn become resources for their respective student bodies;

BE IT FURTHER RESOLVED That the CNSA members create awareness among nursing students regarding conferences and educational sessions being held by external associations, such as the CCRNR and National Council of State Boards of Nursing, regarding the NCLEX-RN® exam;

BE IT FURTHER RESOLVED That the CNSA advocate for the presence of its delegates at external talks being held in relation to the adoption and implementation of the NCLEX-RN® exam with CASN, CNA, and CCRNR;

BE IT FURTHER RESOLVED That during the next national CNSA conference, an education session be held for the purpose of educating delegates about the NCLEX-RN® exam.

Submitted by:

Victoria Eveleigh

Sarah Marsden

Rebecca Puddester



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A Resolution to Support Jordan's Principle

Approved: January 2013

Approved by: CNSA National Assembly

BE IT RESOLVED That it is the concern of the Canadian Nursing Students' Association that all levels government meet the health care and service needs of Canada's children equally.

BE IT FURTHER RESOLVED That the Canadian Nursing Students' Association sign on to support the federal, provincial and territorial adoption and implementation of Jordan's Principle.

Submitted by:

Lauren Guthro, CNSA Diversity Officer 2012-13



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Political Activism Competency in Nursing Education

Approved: January 2013

Approved by: CNSA National Assembly

BE IT RESOLVED That the CNSA National Assembly support this position statement on political activism competencies in nursing curriculum;

BE IT FURTHER RESOLVED That the CNSA advocate to nursing schools and other nursing education stakeholders regarding the importance of including political education in their curricula;

BE IT FURTHER RESOLVED that the CNSA support workshops that enhance political activism competencies amongst nursing students;

BE IT FURTHER RESOLVED that the CNSA promote opportunities for nursing students to increase their involvement in political action and policy development;

BE IT FURTHER RESOLVED that the CNSA support and encourage nursing students to adopt leadership roles as political and policy advocates in their local, regional, and national communities, and within their communities of practice.

Submitted by:

Karolina Gielarowiec BSc, Nursing Student

Robyn Micaela Hardy-Moffat BFA, Nursing Student

Erin Telegdi Hon.BA, Nursing Student

Lawrence S. Bloomberg Faculty of Nursing



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**Rise Up and Eliminate Barriers: Striving to Enhance Cultural Competence in
Caring for the LGBTTIQQ2SA Community**

Approved: January 2013

Approved by: CNSA National Assembly

BE IT RESOLVED That the CNSA asserts the consistent use of gender-neutral language by nursing students in their health assessments and all other relevant communications with all clients and members of the health care team so as to be inclusive;

BE IT FURTHER RESOLVED That the CNSA encourage nursing students to reflect upon their own beliefs and attitudes towards the LGBTTIQQ2SA populations to ensure they are able to provide safe and culturally competent care;

BE IT FURTHER RESOLVED the CNSA upholds that nursing students strive to practice culturally competent care for the LGBTTIQQ2SA community through the active engagement of relevant activities such as taking initiative in seeking positive space training, identifying self as an ally, and participating in nursing interest groups.

Submitted by:

Vikky Leung, BSc University of Toronto, BScN (student) Ryerson University
Rebecca Sharmila Willis, BScN (student) York University



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Mandatory End of Life Education for Nursing Students

Approved: January 2013

Approved by: CNSA National Assembly

BE IT RESOLVED That the Canadian Nursing Students' Association, through their involvement in curriculum decisions, planning and review, advocate for yearly education and training of end of life care, palliative care principles, and signs of active dying for nursing students across Canada.

Submitted by:

Benjamin Soer, Nursing Student

Lawrence S. Bloomberg Faculty of Nursing, University of Toronto



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Position Statements

Position Statement on Incorporating LGBTTIQQ2SA Education into Nursing Curriculum in Canada

Approved: January 2013

Approved by: CNSA National Assembly

Background

The LGBTTIQQ2SA (Lesbian, Gay, Bisexual, Transsexual, Transgender, Intersex, Queer, Questioning, 2-Spirited and Allies) consists of a wide range of genders, sexes, races, ethnic groups and individuals, however, for the purposes of this position statement they will be referred to as the LGBT population. There are specific vocabulary, terms, facts and training related to LGBT people that are not taught in the nursing curriculum and therefore make it difficult for nursing students to provide compassionate, holistic, patient-centered care to members of this population.

While the LGBT population has been identified as a vulnerable population, minimal measures are being taken to specifically address their vulnerability (Daley & MacDonnell, 2011). The stigmatization, oppression, and discrimination experienced by this population contribute to a higher rate of substance use and abuse and other health issues (McKay, 2011). LGBT people may seem to represent a relatively low percentage of the population (5-10%), however, in Ontario alone it is estimated that up to 1.25 million may anticipate or face barriers to access health services (Daley & MacDonnell, 2011). LGBT youth are four times more likely to attempt suicide, and three times more likely to have experienced dating violence and rape than their perspective heterosexual peers (Pies, 2011). It is estimated that approximately 57% of transgender people are rejected by their families, 41% have attempted suicide, and 19% reported experiencing homelessness due to their gender identity (Pies, 2011).

The Canadian Nursing Students' Association (CNSA)'s Position

As the Canadian Nursing Students' Association (CNSA) is the national voice of student nurses in Canada, and one of its underlying principles is to influence and advance innovation in the nursing curriculum, the CNSA believes it is vital for education pertaining to the LGBT population be integrated into the curriculum across the nation. As nursing students are responsible for providing appropriate nursing care to all clients, it is imperative that the specific needs of this population be met (CNSA, 2005). As future professionals in the healthcare setting, advocating for the nursing profession and ensuring quality healthcare for all Canadians is a fundamental part of caring for different minority groups seen within this country.

Although there are currently low numbers of homophobia among nursing students, there are a larger number of students who show ambivalent and heterosexist attitudes towards



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LGBT people (Lim & Bernstein, 2012). By proper education and training specific to this population, nursing students can be better equipped to create an environment in which the client feels safe to release any personal information pertaining to their healthcare needs, without feel of judgment. Proper education and training will promote sexual orientation and gender identity awareness and allow nursing students to provide culturally competent care by showing openness, using inclusive language, and normalizing disclosure of sexual orientation and gender identity. The large number of nurses present in the health care system, and by virtue of their scope of practice, put them in a position to bridge gaps in health inequalities and provide culturally sensitive care specific to the LGBT community (McKay, 2011). Educating nursing students of inclusive language and knowledge of the unique issues experienced by the LGBT population, will help correct the insensitive and unformed cared they are currently experiencing (Lim & Bernstein, 2012).

Canadian Stakeholder Involvement

The Canadian Nursing Students' Association (CNSA) believes in actively engaging stakeholders, including but not limited to nursing schools and nursing organizations, in developing new areas of nursing curriculum and practice opportunities to prepare nursing students to provide safe, competent, ethical care for the LGBT community.

Nursing Curriculum

As nursing students are required in learning and caring for minority groups, CNSA accept this as their formal position on incorporating LGBTTIQQ2SA Education into Nursing Curriculum throughout Canada. Regional Directors will support nursing students in promoting this change in their nursing curriculum, and/or program. CNSA will suggest and coordinate educational activities to help promote awareness and bridge this gap in healthcare inequality.

Submitted By:

Nicholas Alves, Centennial College
Emilie Hay, McMaster University

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Position Statement on Changes to the Canadian Entry to Practice Examination

Approved: January 2013

Approved by: CNSA National Assembly

Whereas the Canadian Registered Nurses Examination (CRNE) has been the standard examination to test entry to practice competencies in Canada for over forty years (CNA, 2012);

Whereas the CRNE has always been uniquely Canadian-developed, involving Registered Nurses, nursing leaders, employers, and other relevant Canadian stakeholders in all aspects of the design and development (CNA, 2012);

Whereas ten Canadian provincial regulatory bodies have formulated a contract with the National Council of State Boards of Nursing (NCSBN), the current administrator of the American NCLEX-RN Examination, to develop a North American Entry to Practice Exam;

The Position of the Canadian Nursing Students' Association (CNSA)

As the national voice of Nursing Students in Canada, the Canadian Nursing Students' Association (CNSA) is concerned for the best interests of all current and future Canadian nursing students. CNSA is committed to ensuring that the needs of nursing students are met, and that their best interests are at the forefront of future developments. As consumers of Entry to Practice (ETP) Examinations, nursing students must be considered a primary stakeholder in decisions related to ETP exam development. As the decision to forge a partnership with NCSBN to administer the NCLEX-RN examination as the licensing exam in Canada has been finalized, a major change will be occurring in Canadian nursing education and licensure over the coming years. CNSA believes that it is vital that the best interests of nursing students are considered with priority, and that CNSA, as the official representative of Canadian nursing students, is recognized as an active stakeholder in the development process of the revised NCLEX-RN examination.

CNSA believes that in order to meet the unique needs of Canadian nursing students, and ensure that this population is not disadvantaged in terms of obtaining licensure to become a Registered Nurse in Canada, the following priorities must be met.

Canadian Involvement

As the current exam is entirely developed by Canadian nurses and Canadian exam developers, CNSA supports the equal inclusion and active participation of Canadian Registered Nurses in all aspects of future exam planning, development, design, and evaluation.

Canadian Values

The Canadian health care system and practice environment is significantly different than it is in the United States. Areas such as the unique bilingual nature of the exam, the



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Canadian focus on Community and Primary Health Care, and the focus on preventative as opposed to reactive health care must be reflected within this examination. Most importantly, CNSA supports an exam that reflects the Canadian values of a publically funded and delivered healthcare system that allows for equal access for all Canadians.

Canadian Stakeholder Involvement

As nursing students are the primary consumers of ETP exams, CNSA must be seen as a key stakeholder. A vital aspect of exam development will be the engagement and consultation with stakeholders, including but not limited to, Canadian students, educators, and RNs

Canadian Resource Development and the Commitment to Success

As our current curriculums, examinations, and course work are presently designed to ensure success on the CRNE, students recognize the potential for decreased success due to incongruences between curriculums, resources, and the future ETP exam. CNSA believes that a key aspect of this change will include changes to curricula, available resources, and preparation for the ETP exam to ensure that future students are granted an equal opportunity to excel.

Submitted by:

Ad Hoc Advocacy Committee of the CNSA Board of Directors 2012-13

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**Position Statement: Promote Harm Reduction and Primary Health Care Access
through Supervised Injection Sites**

Approved: January 2013

Approved by: CNSA National Assembly

BE IT RESOLVED that the CNSA accepts this position statement promoting harm reduction and primary health care access through supervised injection sites.

BE IT RESOLVED that the CNSA, as the voice of the new generation of nurses, adopt this position statement and promote it within their chapter schools. Through education focused on the socioeconomic benefits of harm reduction and supervised injection sites, community organizations can be supported to make the changes necessary to implement more supervised injection sites in areas of need across Canada. Support must be garnered from professors, nurses, schools and students in order to prioritize this public health measure.

Background

Many individuals have difficulty accessing primary health care due to their use of intravenous drugs. Structural supports grounded in best evidence and a harm reduction philosophy, including needle exchange programs, supervised injection facilities, low barrier HIV and HCV testing, nurse-delivered safer injection education, street outreach, peer-led outreach, and methadone maintenance therapy should be established by healthcare institutions to promote the health of those who use drugs (Fast et al., 2008).

Unsafe injection of illegal substances such as heroin and crack cocaine is associated with blood-borne pathogens such as HIV and hepatitis C (HCV), injection-related infections, endocarditis and death due to overdose. Those addicted to such drugs are vulnerable to poor health and will benefit from the health and social support that nurses provide. According to Small, D. (2012), it is not the controlled substances injected into the bloodstream that cause Hepatitis C or HIV/AIDS. Rather, the use of unsanitary equipment, techniques and procedures for injection permits the transmission of those infections, illnesses or diseases from one individual to another. This is the foundation of supervised injection as an intervention. The point of intervention focuses on reducing the harms associated with drug use without forcing abstinence as a precondition for receiving healthcare (Small, 2012).

Evidence

According to Lightfoot, B et al. (2009), Insite, a supervised injection facility in Vancouver, British Columbia, is an evidence-based response to the ongoing health and social crisis in the city's Downtown Eastside. It has been shown that Insite's services increase treatment referrals, mitigate the spread and impact of blood-borne diseases and prevent overdose deaths (Lightfoot, B et al., 2009). Insite offers a space for nurses to interact with intravenous drug users (IDUs) and establish therapeutic relationships with them



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while offering education around safer injection techniques and other health promotion topics. Insite has been studied since 2003 and the evidence is overwhelming positive.

According to Pauly (2008), the primary focus of Insite is to build trusting relationships with people who have experienced severe trauma and abuse and who are struggling to survive in horrendous living conditions. Nurses offer education around safer injection practices, provide wound care, administer STI testing and develop caring relationships with participants. Nurses provide a non-judgmental focus while treating participants with respect and understanding working towards assisting them with anything they may need. Attached to Insite, is Onsite, which offers a convenient location to detox, which is also an important part of the project as participants can start to take steps towards possible recovery or just respite from their lifestyle.

The Downtown Eastside had an epidemic of HIV and there are other areas across Canada that are also beginning to see such epidemics. For example, the Public Health Agency of Canada (2009), found that Saskatchewan has experienced a substantial increase in new HIV diagnoses in the IDU category. Insite has been studied for ten years and all studies support supervised injection sites as best evidence of care not only for the participants using the site, but also as a public health measure. Nursing students must support the development of supervised injection sites across Canada particularly in areas that are experiencing a higher rate of IDU HIV rates.

Nursing students already support harm reduction efforts and therefore we must work to promote strong public health interventions to reduce harm in our communities. Supervised injection sites fit this mandate by strengthening the health of those most disadvantaged. They aim to meet participants where they are at and offer them choices in their own health care.

The Canadian Nurses Association (2008), states, “nurses do not discriminate on the basis of a person’s race, ethnicity, culture, political and spiritual beliefs, social or marital status, gender, sexual orientation, age, health status, place of origin, lifestyle, mental or physical ability or socio-economic status or any other attribute.” It is our duty to provide accessible care to everyone in our society no matter what type of lifestyle they are living.

The Position of the Canadian Nursing Students' Association (CNSA)

The Canadian Nursing Students' Association strongly supports the need for more supervised injection sites across Canada as a public health measure and will promote this intervention in nursing venues across the country.

The Canadian Nursing Students' Association commits to supporting community groups who are working towards opening supervised injection sites.

Submitted by:
Jodi Meacher



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Position Statement of the Canadian Nursing Students' Association (CNSA) on Changes to Health Care Coverage for Refugees

Approved: January 2013

Approved by: CNSA National Assembly

Position Statement of the Canadian Nursing Students' Association

The Canadian Nursing Students' Association (CNSA) is united in stating its firm opposition to the recent federal cuts to the Interim Federal Health Program (IFHP). As current and future health professionals, we are deeply concerned that the cuts will adversely affect the health of some of the most vulnerable members of our society. By denying certain refugees access to medications and primary health care, the cuts will worsen already troubling health inequities, undermine public health objectives, and lead to increased public expenditures and unnecessary suffering as a result of untreated conditions. Together with members of the broader health care community, the CNSA calls on the federal government to immediately rescind the cuts and to restore equitable and humane health coverage for all those seeking refuge in our country.

Rationale

On April 25, 2012, federal Citizenship, Immigration and Multiculturalism Minister, Jason Kenney, announced sweeping cuts to the Interim Federal Health Program (IFHP). Since 1957, the IFHP has provided temporary health care coverage to refugees in Canada who do not qualify for territorial or provincial health care plans. Prior to the cuts, it offered basic coverage that was similar to what is available to Canadians under provincial and territorial plans. It also provided limited supplemental benefits such as vision care, dental care and prescription drugs, which the majority of Canadians have access to under either public or private insurance plans. Effective June 30, 2012, this coverage was drastically cut.

What has been cut?

Under the new IFHP regime, coverage eligibility and scope now depends on the status of an individual's refugee claim and country of origin. Some refugee claimants will be eligible for only "urgent" and "essential" care, and medications only if needed to treat a condition that threatens public health or safety. An individual in this category, for example, could be treated for an acute heart condition but be unable to obtain the necessary prescriptions for that condition upon leaving hospital. Other refugees will only be eligible for even more restrictive coverage, limited to only care and medications needed to care for conditions that threaten public health or safety. Those individuals who fall into this category of coverage will receive no care for matters such as chronic diseases, pregnancies, and even heart attacks. Physicians across the country have already documented numerous cases of patients negatively impacted by the cuts, including a man experiencing chest pain and displaying potential signs of tuberculosis who was not eligible to receive a diagnostic chest x-ray; young children with multiple



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prior hospitalizations for asthma who were denied access to their inhalers; a man diagnosed with cancer who was denied chemotherapy; and a woman in her third trimester of pregnancy who developed potentially lethal pre-eclampsia but had no coverage for her condition. An overall theme of the changes is a strong shift away from primary preventive care, which experts warn will lead to worsening health outcomes for an already vulnerable group of refugees and refugee claimants, as well as potential risks to public health as dangerous conditions go undiagnosed.

Are the cuts necessary?

Minister Kenney has suggested that the cuts are necessary to ensure that refugees do not receive “gold-plated health care benefits that are better than those Canadian taxpayers receive”, to deter “bogus asylum seekers” from coming to Canada in order to abuse our health care system, and to reduce public expenditures. These suggestions are inaccurate, unfair, and only serve to perpetuate negative public perceptions of refugee claimants. First, as detailed above, the IFHP provided basic coverage prior to the cuts that was equivalent to what most Canadians have access to. Second, refugees escape to Canada to flee war, persecution, starvation, rape, and other atrocities, not to “abuse” health care. If anything, the challenge for health professionals has been to ensure that refugee and refugee claimant patients have access to health care services. Past experiences of trauma and violence, stigma, cultural and language barriers, and gaps in information can all act as obstacles to this access, and can prevent refugees and refugee claimants from obtaining the care that they may need. In fact, according to the Minister’s own data, the health costs of a refugee claimant currently amount to only 10% of the average per capita cost for Canadians. And third and finally, public health experts have warned that the IFHP cuts will lead to an *increase*, not decrease, in costs as expensive complications and hospitalizations result from an absence of primary care. As Dr. Mark Tyndall, head of infectious diseases at Ottawa Hospital, put it: “There is not a health economist in the world who would tell you that restricting primary and preventive care is a cost-saver.”

How are health care professionals responding?

Given all of the foregoing, it is not surprising that health professionals across the country have been quick to voice their opposition to the IFHP cuts. Marches and demonstrations have been organized, government ministers have been questioned at press conferences and public events, petitions and newspaper articles have been written, and creative public information campaigns have been initiated. Numerous professional bodies have formally called on the federal government to reverse or rescind the cuts, including the Canadian Nurses Association, the Canadian Federation of Nurses Union, the Registered Nurses Association of Ontario, Doctors for Refugee Health Care, the College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada, the Canadian Association of Optometrists, the Canadian Association of Social Workers, the Canadian Dental Association, the Canadian Medical Association, the Canadian Pharmacists Association, the Canadian Association of Community Health Centres, Canadian Doctors for Medicare, the Canadian Association of Midwives, the Canadian



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Psychiatric Association, the Canadian Paediatric Society, the Association of Medical Microbiology and Infectious Diseases Canada, Médecins du Monde, Public Physicians of Canada, Ontario's Medical Council of Medical Officers of Health, the Canadian Association of Occupational Therapists, the Canadian Association of Emergency Physicians, and others.

Relevance to the Canadian Nursing Students' Association

As current and future health care professionals, we as members of the Canadian Nursing Students' Association have an obligation to advocate for fair, equitable and just public health policies that best serve the public interest and to work to ensure that all members of our communities – particularly those who are the most vulnerable – have access to quality health care. An expression of firm opposition by the Canadian Nursing Students' Association to the IFHP cuts is an important step towards achieving both of these objectives.

About the Canadian Nursing Students' Association

The Canadian Nursing Students' Association (CNSA) is the national voice of Canadian nursing students. For over 40 years, it has represented the interests of nursing students to federal, provincial, and international governments and to other nursing and health care organizations. The CNSA is dedicated to acting in the public interest for Canadian nursing students, nurses, and nursing.

For further information, see <http://www.cnsa.ca/english>.

Submitted by:

Barbara Harvey

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