

# CAMSN Newsletter

The official newsletter for the Canadian  
Association of Medical & Surgical Nurses  
Winter 2019

## Table of Contents

Membership update – Page 2  
Feature CAMSN Member – Page 3  
Certification Program – Page 4  
Continuous Learning – Page 5  
Featured Education Topic – Page 7-10

Join the Canadian Association of Medical and  
Surgical Nurses group on Facebook!  
(Search: **CAMSN**)  
Visit CAMSN's official website:  
[www.medsurgnurse.ca](http://www.medsurgnurse.ca)

Join us this Spring at the CAMSN Conference in  
Montreal, QC May 25 & 26 2020!

Looking to the future: Nursing Knowledge,  
Innovation and Clinical Excellence

Call for poster abstracts now open!  
**Deadline to submit is March 1<sup>st</sup> 2020**

## **Our Vision**

To be the voice of medical and surgical nurses in Canada

## **Our Mission**

Medical and surgical nurses provide nursing care to adults experiencing complex variations in health. They utilize diverse clinical knowledge and skills to care for multiple acutely ill adults and their families. They are leaders at organizing, prioritizing and coordinating care as well as working with interdisciplinary teams. The practice of medical-surgical nursing requires application of evidence-based knowledge and best practice standards to provide quality, safe and ethical care to clients across the continuum of care. The CAMSN nurse advocates, supports and promotes the integral role of medical and surgical nurses to the health care system.

## **EXECUTIVE CONTACT INFORMATION:**

### **EXECUTIVE CONTACT INFORMATION: PRESIDENT**

**Annie Chevrier, RN, MSc (A), CMSN(C)**  
[annie.chevrier2@mcgill.ca](mailto:annie.chevrier2@mcgill.ca)

### **PAST PRESIDENT**

**Brenda Lane, RN, MN, DipAdEd,  
CMSN(C)**  
[brenda.lane@viu.ca](mailto:brenda.lane@viu.ca)

### **SECRETARY**

**Crystal Côté, RN, BN, CMSN(C), MSc  
(Admin)**  
[crystal.cote@mail.mcgill.ca](mailto:crystal.cote@mail.mcgill.ca)

### **TREASURER**

**Jasmine Lee Hill, RN, M.Sc.(N),  
CMSN(C)**  
[jasminelee.hill@muhc.mcgill.ca](mailto:jasminelee.hill@muhc.mcgill.ca)

### **COMMUNICATIONS**

**Laura Vogelsang, RN, PhD(c),  
CMSN(C)**  
[Laura.Vogelsang@lethbridgecollege.ca](mailto:Laura.Vogelsang@lethbridgecollege.ca)

### **2020 CONFERENCE CO- COORDINATOR**

**Nicole Pyl, RN, MScN, CMSN(C)**  
[npyl@toh.ca](mailto:npyl@toh.ca)

# Canadian Association of Medical and Surgical Nurses

## Registration Difficulties – Resolved!

It has come to our attention that some of our members have had trouble with registering as a CAMSN member using our online platform.

We have resolved this issue and are up and operational again. If you have ongoing registration difficulties please reach out to a CAMSN member for more information.



CANADIAN  
NURSES  
ASSOCIATION

## On December 1<sup>st</sup> 2019 CAMSN changed to an annual paid membership system

*Membership is open to both Registered Nurses and Practical Nurses across Canada.*

### Annual Membership Fees:

Regular Member (RN & PN) - \$50.00

Retired Member (RN & PN) with/without active license - \$35.00

Student Member (RN & PN) - \$35.00

Your membership will be valid for one year after purchasing. You will receive notifications when your membership is close to expiring and needs to be renewed.

To renew please use the following link:

<https://www.xcdsystem.com/camsn/store/index.cfm?ID=jTHox39>

## Top 10 Reasons to be a CAMSN

### Member:

1. Stay up-to-date with CAMSN activities
2. Receive quarterly newsletters
3. Connect with a community across Canada that shares a passion for medical-surgical nursing
4. Expand your knowledge and skills, share in best practices and remain current, connected and relevant
5. Access to CAMSN's Standards of Practice
6. Demonstrate your commitment to competence in your specialty area
7. Opportunities to be featured or have your work featured in CAMSN's quarterly newsletters
8. Discounted CAMSN conference registration fees
9. Access to archived newsletters and documentation from past conferences
10. Work collaboratively with the Canadian Nurses Association

Have you made a MyCNA Profile yet?  
Formerly NurseOne, MyCNA grants you access to CanadianNurse and other member discounts!  
Visit the CNA official website to register:  
<https://mycna.ca/en/login/srp-register>



**Q: What type of flowers does everybody have?**

**A: two-lips**

CAMSN



Canadian Association of Medical and Surgical Nurses

ACIIMC

Association Canadienne des Infirmières et Infirmiers en Médecine-Chirurgie

# CAMSN Feature Member

## Jenifer Tabamo

Jenifer Tabamo is a Clinical Nurse Specialist, an advanced practice nurse, who works with interdisciplinary teams at Vancouver General Hospital. She serves as a consultant and collaborator in improving patient care, advancing nursing practice and innovating system changes based on her expertise in Gerontology and Medical Nursing in Acute Care.

She has extensive clinical background in Acute Medicine, Critical Care, Gerontology and Dementia Care. She graduated from UBC with a Masters of Science in Nursing with specialized focus in Advanced Practice Nursing Clinical Nurse Specialist Role, Leadership and Education in 2015. She is certified in both Medical-Surgical and Gerontology Nursing specialties through the Canadian Nursing Association (CNA) certification and credentialing program since 2016. She is a mentor and facilitated study group reviews for combined Medical-Surgical and Gerontology certification for 3 years in Vancouver General Hospital, and across BC.

Through Jenifer's clinical works and person-centred care approaches, she is instrumental in supporting the journey of patients within the healthcare system. Through consultations, she performs systematic reviews and analysis of acute care patients with highly complex and often unpredictable needs. She provides clinical nursing expertise among teams in tailoring care plans that facilitate vulnerable adult and older adult patient's optimal journey through the healthcare system.

In response to an urgent call to action, and in collaboration with leaders, physicians, patient and family partners, Jenifer is key stakeholder in the 3-year development of a Specialized Dementia Care Unit in VGH Acute Care. She also implemented the evidence-based Canadian education curriculum on "Gentle Persuasive Approaches (GPA)" to facilitate application of best practices in dementia care in the hospital.

Jenifer has also pioneered the innovative online Learning Module entitled "Caring for Persons with Delirium," one tailored for health care professionals, and another for health care support workers. This was a year-long collaborative work with experts from VCH acute, community and long-term care, Professional Practice, Clinical Education and Learning Technology teams and was launched in May 2019. This education module aligns with up-to-date Clinical Guidelines, can be broadly used as education tool across contexts of practice and is accessible via online Learning Hub platform for provincial health care authorities.

In 2015, Jenifer and her team, in collaboration with BC Sepsis Network, led the development of inpatient sepsis tools tailored towards clinicians in facilitating early sepsis recognition, and standardized therapy, the first of its kind in BC. But with significant work that still needed to be done, she pledged to figure out how to reconnect the sepsis work with patients and families that have lived experience of sepsis during Change Day B.C. She submitted a successful proposal for Vancouver Coastal Health (VCH)/Providence Health Care (PHC) Knowledge Translation Challenge on "Sepsis Initiative: Partnering with patients and families in sepsis care" and started the journey of developing sepsis education tools. She engaged patients and families through semi-structured interviews, collaborated with school-aged children in simplifying and using plain language within sepsis patient education tools through fun workshops, and conducted staff focus groups to enhance bedside teaching in sepsis care. As a result, Jenifer spearheaded the new provincial Sepsis Pamphlet for patients and families and it was launched just in time for World Sepsis Day (WSD) last September 13, 2019!

Jenifer has always been sought after by clinical leaders in providing subject matter expertise in provincial programs such as the Clinical and System Transformation (CST) project. She has provided input in the design of Modified Early Warning System (MEWS) tool, Sepsis Protocol, Delirium Care and Falls Initiative. She is actively involved in CST's ongoing implementation across health authorities. She also participates in other quality improvement works such as "Releasing Time to Care," "Choosing Wisely" and "Reablement Initiative."

With important innovations and cutting-edge works, Jenifer facilitates critical dialogues with patients, families, and care staff, leads integration of evidence into practice and shapes the future of hospital care. She is honoured to be successfully named as one of 150 Nurses in Canada during Canada's 150th, and honoured to have received the "Innovation in Nursing" award from NNPBC in 2018.

**Thanks for being a CAMSN member Jenifer!**

CAMSN



Canadian Association of Medical and Surgical Nurses

ACIIMC

Association Canadienne des Infirmières et Infirmiers en Médecine-Chirurgie

# CNA Certification Program

CAMSN would like to congratulate the 31 recently successfully certified and re-certified members!

## What distinguishes CNA-certified nurses:

- ➔ Advanced clinical expertise with a commitment to lifelong learning
- ➔ Recognizes specialty knowledge, authenticated by exacting national standards
- ➔ Dedication to evidenced-based care and patient safety

Learn more at:

<https://nurseone.ca/en/certification/get-certified>

## What employers of certified nurses are saying about certification:

- ➔ Confirms an RN's enhanced competency and specialized knowledge
- ➔ Helps to recruit and retain the best nurses
- ➔ Fosters safe, high-quality care and raises the entire education culture

**The first exam in medical-surgical nursing for licensed/registered practical nurses will take place during the November 1-15 exam window. Please note the application period for the new exam will start on June 1**

### **SPRING 2020 Registration Dates:**

**January 9<sup>th</sup> - March 2<sup>nd</sup>** ➔ Application window to write exam

**May 1<sup>st</sup> - May 15<sup>th</sup>** ➔ Certification Exam Window

**Jan 10<sup>th</sup> - Nov 1<sup>st</sup>** ➔ Renew by Continuous Learning

Effective November 2019 the CNA has retired the gastroenterology, neuroscience, orthopaedic, perianesthesia and rehabilitation exams

**Once CNA Certified, your CMSN(C) credential is valid for a five-year term.**

**The Medical-Surgical Certification Exam encompasses competencies that are classified under twelve categories of content commonly seen by the medical-surgical nurse:**

Categories	Approximate weight
Neurological System	7-11%
Eye, Ear, Nose and Throat System	3-7%
Cardiovascular System	10-14%
Respiratory System	10-14%
Gastrointestinal System	6-10%
Genitourinary and Reproductive Systems	4-8%
Musculoskeletal and Integumentary Systems	5-9%
Immunological, Hematological and Endocrinological Systems	6-10%
Infectious Diseases	5-9%
Pain	9-13%
Mental Health	5-9%
Professional, Legal and Ethical Issues	5-9%

**Learn more at:** [https://cna-aiic.ca/-/media/nurseone/files/en/ms2015\\_blueprint\\_final\\_e.pdf?la=en&hash=60FF2647DECE0FF1CA095A062A6B349D12AEBF36](https://cna-aiic.ca/-/media/nurseone/files/en/ms2015_blueprint_final_e.pdf?la=en&hash=60FF2647DECE0FF1CA095A062A6B349D12AEBF36)

CAMSN



Canadian Association of Medical and Surgical Nurses

ACIIMC

Association Canadienne des Infirmières et Infirmiers en Médecine-Chirurgie

# Continuous Learning Opportunities



**Wounds Canada 2020 Conference:**

April 3-4

Calgary Convention Centre

<https://www.woundscanada.ca/>



UNIVERSITY OF CALGARY  
CUMMING SCHOOL OF MEDICINE

**Common Fractures and Dislocations**

January 17, 2020

Banff, AB

<https://cumming.ucalgary.ca/cme/courses/topics/rural-medicine>

Did you know that the CNA has a number of Professional Development opportunities, including Online-learning modules?

**CNA members:** log into MyCNA (formerly NurseONE) at

<https://nurseone.ca/en/login>

Check out <https://cna-aiic.ca/en/professional-development>



**Webinar Series**

Skin Health Foundations &  
Professional Practice

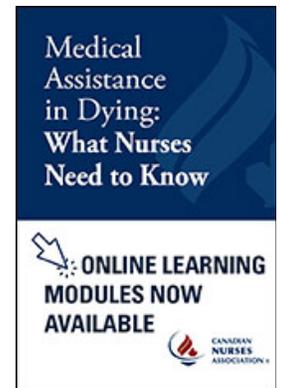
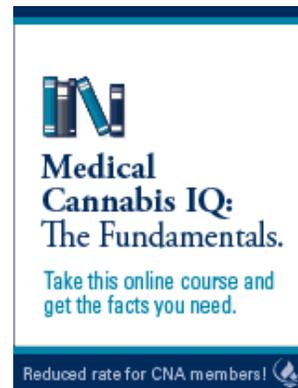
<http://nswoc.ca/webinar-series/>

On the lighter side

Q: What's a kidney's favorite instrument?

A: AN ORGAN

From all of us at CAMSN we wish you a safe and happy holiday season!



An investment in knowledge pays the best interest – Benjamin Franklin



**CNA Webinar Series: Progress in Practice**

The cost is free . . . the information, invaluable.

CAMSN



Canadian Association of Medical and Surgical Nurses

ACIIMC

Association Canadienne des Infirmières et Infirmiers en Médecine-Chirurgie

# Education Corner: An Ortho Nurse's experience with a Fibula Fracture

## Part One

*This is the first of two articles to describe a former orthopaedic nurse's personal experience with a leg fracture. Aspects of my experience were expected and followed the pathway as I knew it from teaching patients about broken bones. However, in these articles, I will share some personal experiences that were new or surprising to me, including helpful tips I learned about the healing process. While the focus will be on a leg fracture experience, perhaps there will be ideas that you can pass along to other orthopaedic patients, or to use yourself if you end up in a similar situation as I did.*

### The Initial Fracture and Life with a Cast

In my time as a Nurse and Nurse Educator, I have been lucky enough to avoid injury, both at work and at home. Then came the day that my foot gave out on that last stair, and 15 minutes later, my partner was arguing to me that, no, I wasn't going to take the puppy for a walk, I was going to emergency. Unfortunately, I have a high pain tolerance, so in that first hour, the doctor and I thought it was just a sprain, until the x-ray showed a broken fibula.

### The Injury

At the time of your original injury, assess your symptoms carefully. As nurses, we may dismiss it as 'nothing' or 'I'll just walk it off' (as I did!). Remember, a lack of pain doesn't mean a lack of injury. If you have a high pain tolerance, assess whether abnormal swelling appears, or if your limb just doesn't feel right. Trust your inner cautionary voice. It's better to get it checked with an x-ray if you have any doubt.

### Life with a Cast

Once you have your fracture diagnosis, and find yourself casted up (mine was a closed fracture, and did not require surgery), take a photo of the actual fracture on the x-ray. Visualize the physical location of the fracture inside your body, and then protect that casted area from bumps, active pets/children, and even your own lack of carefulness at times. It's harder than you might think to keep it protected. When you do inadvertently 'bump' your cast in the region of your injury, it can cause pain, and it may cause you anxiety as to whether you did any damage to the healing process. Use positive self-talk to decrease these anxious thoughts as best you can, and mention the incident to the surgeon at your next appointment. However, if you do considerably more than 'bump' your cast (eg. if you fell and landed on your cast), you may wish to get an x-ray to ensure the fracture hasn't shifted.

When you have itchiness under your cast, suppress the urge to slide objects under the cast to scratch the pesky area. Injury can occur this way, and objects can get stuck inside the cast putting undue pressure on specific areas of your limb. Instead, try using a blow dryer (on the cool setting) and direct the air flow inside the cast until you feel relief (Government of Alberta, 2019). Icing the itchy area may also alleviate the discomfort. Later, I'll talk more about how casts can drive you a little crazy.



# Education Corner: An Ortho Nurse's experience with a Fibula Fracture -Continued

## Part One

### Elevate and Ice

Elevation and icing is key to keeping the swelling down. Elevate at or slightly above heart level several times per day (Canadian Orthopaedic Foundation, 2019). This may look slightly different for each person, and should be based on comfort and effectiveness. Some people may only require one pillow under the affected limb; others may use the arm rest of the couch; others may purchase an elevated limb foam cushion online. What worked best for me was setting up several pillows into a triangle shape, so that my thigh rested on the gradual incline of the pillows, and the lower (injured) portion of my leg rested on the top of the mound. This structure worked well at night too - my leg was well-cushioned and couldn't easily slide off. I also made sure that the blankets were loosely draped, to prevent excess weight on my foot.

Icing should be done frequently to reduce the swelling (especially in the first few days following the injury). Ice or a cold pack should be placed on the cast for 10 to 20 minutes at a time. Try to do this every one to two hours for at least the first few days after the injury (while awake). Place a thin cloth between the ice and your cast (and place the ice in a sealed zip-lock bag) so you keep the cast dry (Government of Alberta, 2019).

### Assessments

Wiggle your toes often, and monitor for compartment syndrome. While it may be difficult to see much of your foot (as it is hidden by the cast), you should be able to see if your toes and the upper part of your foot is swollen (cast tightness and comfort is also a good indicator). In addition, the CWMS (colour, warmth, movement, sensation) limb assessment is very helpful (Nursing Times, 2003). If your cast is too tight, your cast clinic can cut a 'vent' in it (a narrow open strip, often down the length of the cast) to create a bit of additional space, but do continue to monitor the limb itself for compartment syndrome and report to health services if you are concerned.

### The Psychological Experience of the Injury It Takes a Community!

Get a community of people together to help you (especially if you have responsibilities such as pets, children, parents needing care, etc). Many 'real-life' responsibilities will be difficult for you to do while your mobility is limited. This can be emotionally hard and isolating, especially if you are an active, outdoorsy, 'live life to the fullest' kind of person. You can still do this, but your expectations will have to be adjusted.

Having to ask for rides really throws an independent person for a loop. My experience was that people were thrilled to help me – even when I felt I was asking too much. Perhaps you've helped a lot of people over the years – now is your time to receive support graciously. Store those heartfelt favours away, and repay them at a later time. When you are out-and-about, absorb it all – the freedom is a beautiful feeling, and so refreshing after being cooped up in the house!



# Education Corner: An Ortho Nurse's experience with a Fibula Fracture -Continued

## Part One

As orthopaedic nurses, we are familiar with the techniques required to get patients with fractures into the car, but I want to draw attention to comfortable positioning as a passenger as well (this may be unique to each individual). I found I was most comfortable with my seat as far back as possible, with the back reclined somewhat, and my casted limb elevated in front of me (some people may even prefer to sit in the back seat). My limb tended to swell when I was going for rides, so I often brought an ice pack with me, and I attempted different positions to alleviate the discomfort. In the next article, I will talk about the experience of finally getting back behind the wheel later in the recovery.

### Are Casts Crazy-making?

For me, the fibreglass cast was literally crazy-making, as if I had cast claustrophobia! Whether it was because of occasional swelling (and therefore, cast tightening), or just the inability to have 'access' to my own limb (eg. just to reassuringly touch it), the actual presence of the cast gave me great anxiety. This anxiety was often compounded in the middle of the night during times of insomnia. I tried explaining this to others, but found it hard to describe just what I was feeling. When I spoke with people who had experienced fractures, they said that the presence of the cast gave them feelings of reassurance (to know that the fracture was being protected from harm by the cast). I meditated about this to try to reframe my thinking, but was only successful some of the time (concepts such as vulnerability and resilience frequently entered my thoughts during these times). Fallon (2014) described a similar cast experience and used the word 'confinement' and an inability to stop the mind from centering on what can't be done (can't touch my foot, can't move my foot, can't see my foot, etc).

After two weeks of being in the anxiety-inducing fibreglass cast, my fracture had healed enough for me to ask the surgeon to replace it with an air-cast. The air-cast enabled me to open the Velcro straps, loosen the cast when needed, and to see/touch my foot from time to time. This solved all of my previous anxieties. It was from this point onwards that I was able to settle into the healing process from a healthy and peaceful mindset. As a former orthopaedic nurse, this experience caught me completely off-guard, and it gave me new insight into the patient experience. What kind of tools (psychological, and other) can you give patients experiencing this kind of distress, and how can you assess if patients are struggling with this?

### Contact Us!

Do you have an idea for our newsletter? Do you have a question for CAMSN, or an upcoming workshop you would like shared with fellow members?

We would love your feedback and we encourage our members to share their expertise!

Please contact **Laura Vogelsang, External Communications Coordinator** at [laura.vogelsang@lethbridgecollege.ca](mailto:laura.vogelsang@lethbridgecollege.ca)

CAMSN



Canadian Association of Medical and Surgical Nurses

ACIIMC

Association Canadienne des Infirmières et Infirmiers en Médecine-Chirurgie

# Education Corner: An Ortho Nurse's experience with a Fibula Fracture -Continued

## Part One

### Can you still contribute to the Household Tasks?

While some people might love having others do all the housework during their recovery time, some of you may feel bored by not being able to help out. What if you have a protective partner who won't let you do anything? If that's the case, we all know our loved one is acting from protectiveness, care, and worry, but it may be important for our own sanity and feelings of worth to contribute to the workload. Navigate these discussions carefully with your partner, and negotiate what you might be able to do safely (ie. sitting on the bed to fold laundry, kneeling on a chair to do dishes or clean sinks, etc). Once your partner sees that you are being cautious, and that you've set up a work station that is safe, you will likely have their blessing to proceed (and you'll feel thrilled to be 'active' again!).

#### Author:

Marti Harder, RN, MSN  
Bachelor of Science in Nursing Program, Faculty of Health  
and Human Services  
Vancouver Island University, Nanaimo, BC

*In the next article, I will talk about what helps a fracture to heal, how to maintain fitness, as well as how to mobilize and get back to work early through the use of a knee-*

#### References

- Canadian Orthopaedic Foundation. (2019). *Long bone fractures*. Retrieved from: <https://whenithurtstonove.org/about-orthopaedics/conditions-and-ailments/long-bone-fractures/>
- Fallon, A. (2014). Opinion: Cast claustrophobia: It's very real and it's very unpleasant. *The Journal.ie* (July 14). Retrieved from: <https://www.thejournal.ie/readme/cast-claustrophobia-anxiety-1570904-Jul2014/>
- Government of Alberta. (2019). *Wearing a fibreglass cast: Care instructions*. Retrieved from: <https://myhealth.alberta.ca/Health/aftercareinformation/pages/conditions.aspx?hwid=abq3948>
- Nursing Times. (2003). *Skills – Assessment of a limb in a cast*. Retrieved from: <https://www.nursingtimes.net/clinical-archive/public-health-clinical-archive/skills-assessment-of-a-limb-in-a-cast-05-08-2003/>

CAMSN



Canadian Association of Medical and Surgical Nurses

ACIIMC

Association Canadienne des Infirmières et Infirmiers en Médecine-Chirurgie