



Canadian Nursing Students' Association  
Association des étudiant(e)s infirmier(ère)s du Canada

## **Resolution Statement #1**

Establishing a Voting Director Position for Indigenous Health Advocacy

**Approved by:** 2017 National Assembly, Canadian Nursing Students' Association

**Submitted:** December 2<sup>nd</sup>, 2016

**Submitted to:** Board of Directors

**Submitted by:** Danielle Bourque, University of Alberta

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### **Introduction and Background**

Indigenous populations within Canada are defined as First Nations, Inuit, or Métis peoples (The Aboriginal Affairs and Northern Development in Canada, 2014). Indigenous peoples continue to experience poor health outcomes, a disproportionate burden of disease, and health disparities that are rooted in health inequalities (National Collaborating Centre for Aboriginal Health, 2011). Within Canada and internationally, the colonization of Indigenous populations has been recognized as a key determinant of health and plays a fundamental role in the overall health of Indigenous peoples (Allen & Smylie, 2015). This cultural oppression, coupled with colonial action, has resulted in the loss of traditional practices, the loss of connection to the land, language, health, and the degradation of the Indigenous population as a whole (Aboriginal Nurses Association of Canada, 2009). The implementation of residential schools in Canada has been recognized as an act of cultural genocide with rippling multigenerational effects and resulted in deeply painful impacts on the physical, emotional, spiritual, and mental health of survivors, their families, and communities (Allan & Smylie, 2015). The legacy of colonialism continues to have a deep impact on Indigenous culture and people, and has a direct connection and incessant influence on the poor health status of Indigenous people today (Mowbray, 2007).

According to literature, a means to counter the colonization process that continues to play a role in the determinants of health for Indigenous Peoples has identified self-determination as a key concept (Allan & Smylie, 2015; ANAC, 2009; Mowbray, 2007). Indigenous self-determination is to be understood as a way to level the balance of power between indigenous peoples and the nation-states in which they live and interact (Mörkenstam, 2015). Self-determination does not describe one specific arrangement as it takes different forms in different contexts. In this context, the term self-determination refers to the representation of Indigenous people at all political levels (Mowbray, 2007).

In 2010, the Government of Canada redacted its opposition and fully endorsed the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), which speaks of the right of self-determination of Indigenous Peoples. In endorsing UNDRIP, Canada reaffirmed its commitment to build on its relationship with Indigenous peoples to improve the health and wellbeing of Indigenous populations based on respect and a desire to move forward in partnership (Indigenous and Northern Affairs Canada, 2012). Furthermore, the release of the Truth and Reconciliation Commission (TRC) report highlighted the inclusion of UNDRIP in nursing curricula in Call to Action number twenty-four (TRC, 2015). Therefore, there is an ethical obligation to support reconciliation and restorative justice, leading to the improved health



and right to self-determination of Aboriginal people, which is congruent with the Code of Ethics for Registered Nurses to promote equity and justice (ANAC, 2009; Canadian Nurses Association, 2008; TRC, 2015).

In 2015, CNSA passed a resolution statement establishing an ad-hoc Indigenous health advocacy committee. The purpose of this resolution was that “CNSA create a sustainable voice that represents and advocates for Aboriginal nursing students” (CNSA, 2015a). Creating an Indigenous Advocacy committee within CNSA was an excellent first step toward committing to action on advocating for the issues that are faced by Indigenous peoples. However, under our current structure the Indigenous Health Advocacy Chair has no voting rights and is not guaranteed attendance at board meetings, which potentially removes the indigenous voice from the table.

### **Links into CNSA’s Mandate and Current Position**

As of 2015, CNSA has taken a position to address Indigenous nursing and the inclusion of Indigenous health by incorporating cultural safety to support the health of Indigenous populations (CNSA, 2015b). In accordance with CNSA’s (2016) Strategic Plan 2016-2021, the establishment of a voting director position dedicated to Indigenous health advocacy would meet Objective A of being the primary resource for nursing students. Amending our existing documents to replace the Indigenous Health Advocacy Committee Chair position with a voting director position would promote Indigenous ways of knowing and ensure our organization is taking action on the recommendations from the Truth and Reconciliation Commission, specifically call to action number 24 which speaks to nursing schools implementing UNDRIP (TRC, 2015). By ensuring that our organization allows for the right to self determination, we can act as the primary resource for indigenous nursing students.

Furthermore, the amendment to include voting rights for this position is congruent with Objective B, to influence and advance innovation and social justice in the nursing curriculum and the nursing profession. By solidifying an Indigenous voting voice within CNSA, the organization and the students CNSA represents can begin to recognize and address the unique health status of Indigenous populations in Canada and advocate for broader change within the healthcare system. Moreover, CNSA can further rectify historical and continuing injustices faced by indigenous people through appropriate representation and restorative justice. Creating a voting position on the CNSA Board of Directors would not only help progress and innovate nursing curriculum, but also create a stronger and more sustainable voice for Indigenous People and Indigenous Nurses.

### **Rationale**

**WHEREAS**, CNSA’s objective is to be the primary resource for nursing students; and,

**WHEREAS**, Object C outcome 2 of CNSA’s strategic plan for 2016-2021 states that CNSA Board of Directors and its members are involved with stakeholders and their advancement in the nursing profession

**WHEREAS**, Research identifies that there are unique disparities among Indigenous populations,



and as a result there is an identified need to empower the self-determination of Indigenous Nurses and Indigenous Nursing Students; and

**WHEREAS**, The need for culturally safe practice, in the context of Indigenous Culture, needs to be directed by an Indigenous representative; and

**WHEREAS**, The Canadian Nurses Association (2014) has passed multiple motions and resolutions that identify Indigenous Health as a priority;

**WHEREAS**, The need for an Indigenous member being a voting member is imperative to promoting cultural safety; therefore

### **Resolution**

**BE IT RESOLVED** That CNSA amend 7.02 from the CNSA Bylaws to state “The board shall consist of 13 directors who shall each be associates of the Corporation, as follows:”

**BE IT FURTHER RESOLVED** That CNSA amend 7.02.1 from the CNSA Bylaws to state “seven persons elected by the chapter members to the positions of:”

**BE IT FURTHER RESOLVED** That CNSA amend 7.02.1 to now include “ (g) Director of Indigenous Health Advocacy”

**BE IT FURTHER RESOLVED** That CNSA amend the CNSA Rules and Regulations, Part 5: Power and Duties of the Board of Directors and Committee Chairs to state “The Board of Directors shall consist of 13 elected members and four appointed members and shall be comprised of: 1) seven persons elected by the national assembly to the position of:”

**BE IT FURTHER RESOLVED** That CNSA amend the CNSA Rules and Regulations, Part 5: Power and Duties of the Board of Directors and Committee Chairs to now include “ g. Director of Indigenous Health Advocacy”

**BE IT FURTHER RESOLVED** That CNSA amend the CNSA Rules and Regulations, Part 5: Power and Duties of the Board of directors to remove “ f. Indigenous Advocacy Committee chair”

**BE IT FURTHER RESOLVED** That CNSA amend the CNSA Rules and Regulations, Part 5: Power and Duties of the Board of Directors and Committee Chairs to Add “Director of Indigenous Health Advocacy shall: Serve as Chair of the Indigenous Advocacy Committee; Be Indigenous (aboriginal, Metis, Inuit, or First Nations). In the absence of an Indigenous candidate, a non-indigenous candidate will be eligible for the position of Director of Indigenous Health Advocacy; Act as the primary liaison between Canadian Indigenous Nurses Association (C.I.N.A) and CNSA; Maintain contact and build relationships with principal Indigenous Nursing stakeholders and student committees nationally and internationally; Liaise with all key national stakeholders that are committed to or represent Indigenous Health and Advocacy; Attend all C.I.N.A. meetings (if financially feasible); and prepare a report for each BOD and National Assembly meeting, and attend the National Assembly



**BE IT FURTHER RESOLVED** that CNSA amend the CNSA Rules and Regulations, Part 5: Power and Duties of the Board of directors to remove “Indigenous Advocacy committee chair” and following duties

### **Relation To Canadian Nursing School Curriculums**

The Truth and Reconciliation Commission recommends that all nursing and medical schools in Canada implement courses for students to learn about health issues that are relevant to Canada's Indigenous peoples (TRC, 2015). The Truth and Reconciliation Commission further states that a comprehensive Indigenous Health curriculum should include education about the history of residential schools in Canada, treaties and Indigenous rights, Indigenous practices and teaching, and the implementation of United Nations Declaration on the Rights of Indigenous Peoples (ibid). The TRC recommendations are important as CNSA advocates for the inclusion of Aboriginal Health in Canadian nursing curricula to enhance the cultural competence of nurses (CNSA, 2015b). Additionally, it would further support and enact the position CNSA took on cultural safety in the context of Indigenous Health as previously mentioned. Having an Indigenous voting voice on the CNSA Board of Directors would support the principles of this position statement by adopting the TRC recommendations, which advocates for Indigenous self-determination and inclusion of cultural safety in nursing curricula.

### **Conclusion**

By establishing an Indigenous voting position, CNSA will have a better stance as an organization to advocate for the calls of the Truth and Reconciliation commission to include Indigenous health issues in curriculum. This aligns with our previous position statement about cultural safety passed in 2015. The proposed resolution would address sustainability issues with the current committee chair position, such as the Indigenous representative being unable to vote or the potential for the representative to be unable to attend all board meetings. CNSA has committed to being the primary resource for nursing students and establishing a voting position for an Indigenous Health Advocacy Director would allow the organization to be the primary resource for Indigenous students.

### **References**

Aboriginal Nurses Association of Canada. (2009). Cultural competence and cultural

safety in First Nations, Inuit and Métis nursing education. Retrieved from <http://casn.ca/wp-content/uploads/2014/12/FINALReviewofLiterature.pdf>

Allan, B. & Smylie, J. (2015). First Peoples, second class treatment: The role of racism in the health and well-being of Indigenous peoples in Canada. Toronto, ON: the Wellesley Institute

Canadian Nurses Association. (2008). Code of Ethics for Registered Nurses. Ottawa, ON:

Author.

Canadian Nursing Students' Association (2015a). *Resolution Statement: Creating a*



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*Partnership for Aboriginal Health Promotion*. Retrieved from  
<http://cnsa.ca/wp-content/uploads/2016/01/NA-Resolution-Creating-a-Partnership-for-Aboriginal-Health-Promotion.pdf>

Canadian Nursing Students' Association (2015b). *Position Statement: Cultural Safety in the*

*Context of Aboriginal Health in Nursing Education*. Retrieved from <http://cnsa.ca/wp-content/uploads/2016/01/NA-Position-Statement-Cultural-Safety-in-the-Context-of-Aboriginal-Health-in-Nursing-Education.pdf>

Indigenous Affairs and Northern Development in Canada. (2012). ARCHIVED - Canada's

Statement of Support on the United Nations Declaration on the Rights of Indigenous Peoples. Retrieved from <https://www.aadnc-aandc.gc.ca/eng/1309374239861/1309374546142>

Indigenous Affairs and Northern Development in Canada. (2014). Who are Aboriginal peoples in

Canada. Retrieved from <http://www.aadncaandc.gc.ca/eng/1100100010002/1100100010021>

Mörkenstam, U. (2015). Recognition as if sovereigns? A procedural understanding of

indigenous self determination. *Citizenship Studies*, 19(6/7), 634-648.  
doi:10.1080/13621025.2015.1010486

Mowbray, M. (Ed.)(2007). *Social determinants and Indigenous health: The International*

*experience and its policy implications*. Geneva, Switzerland: World Health Organization Commission on Social Determinants of Health.

National Collaborating Centre for Aboriginal Health (2011). *An overview of Aboriginal*

*Health in Canada*. Retrieved from: [http://www.nccah.cnsa.ca/Publications/Lists/Publications/Attachments/101/abororiginal\\_health\\_web.pdf](http://www.nccah.cnsa.ca/Publications/Lists/Publications/Attachments/101/abororiginal_health_web.pdf)

Canadian Nursing Student Association. (2016). *Strategic Plan 2016-2021*. Retrieved from

<http://cnsa.ca/wp-content/uploads/2016/08/Strategic-Plan-2016-2021-EN-FR-05.05.2016.pdf>

Truth and Reconciliation Commission of Canada (2015). *Truth and Reconciliation*

*Commission of Canada: Calls to Action*. Retrieved from [http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls\\_to\\_Action\\_English2.pdf](http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf)



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## Resolution Statement #2

Key resources to ensure the ongoing provision of health services in French

**Approved by:** 2017 National Assembly, Canadian Nursing Students' Association

**Submitted:** December 2, 2016

**Submitted to:** Board of Directors

**Submitted by:** Peter Stinissen, Sault College

Caitlyn Patrick, Sault College

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Special thanks to: Josée Joliat, Université Laurentienne

### Issue

Canadian residents are privileged to live in a country with two official languages, namely French and English. This linguistic duality has resulted in the country becoming home to a diverse and inclusive population. According to the data obtained through Statistics Canada's 2011 census, nearly 7 million people claim to speak French at home (Statistics Canada, 2015). There are currently only seven universities in Canada (not counting Québec) which offer a nursing program with courses in French. Considering that the country boasts such a larger number of French-speaking people (7 million), this number is very low! According to a special report from the Office of the French Language Services Commissioner of Ontario, "Linguistic and cultural barriers have many negative effects on the quality of the services and the efficacy and efficiency of the health system... Linguistic and cultural barriers also reduce the probability of compliance with treatment and users' satisfaction with the care and services they receive." (page 7) For the wellbeing of Canada's Francophone patients, it is critical that our country's health system be able to offer quality healthcare services in French. Patients are not the only ones impacted; it has been found that the lack of French language services also touches the health system as a whole, its professionals and its varied establishments.

Immediately following the January 2015 introduction of the new NCLEX-RN entry-to-practice exam, Francophone students enrolled in the country's nursing programs expressed their dismay with the new tool, specifically citing the lack of preparatory material in French. The students' fears were founded, as illustrated when the 2015 results were published by the Canadian Council of Registered Nurse Regulators (CCRNRR): the average pass rate for Canadian students taking the exam for the first time was **69.7%**, a rate that dropped to 27.1% in the case of Francophone students, thereby constituting an unacceptable and unjustifiable variance. Based on numerous interviews of recent graduates, a research team led by Linda McGillis-Hall concluded that the very low passing rate among students who took the NCLEX-RN exam in French was due to **the poor quality of the exam's translation into French** as well as a **blatant lack of preparatory material** (Hall, Lalonde and Kashin, 2016).



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At this time, nursing students enrolled in French-language programs must either rely on resources that were not specifically developed for the NCLEX-RN exam or attempt to study using some of the numerous English resources available. To date, these students have mostly opted to turn to preparatory material in English. Studying in this manner, in a language that is neither their mother tongue nor the language of their nursing program, creates a great deal of confusion, exasperation, anxiety and stress among the students in question; it also requires a significantly greater effort (Radio-Canada, 2016).

### **CNSA's position**

In its strategic plan, the CNSA first claimed to want to ensure that "...accessible and relevant information and services are provided to our members." (CNSA, 2016) This will require that the organization improve access to adequate preparatory material by its Francophone members, as this group needs effective tools to complete their nursing studies and begin to practise. The CNSA then identified a second objective, namely to "...Influence and advance innovation and social justice in the nursing curriculum and the nursing profession" (CNSA, 2016). In this specific case, the lack of preparatory material in French reflects a violation of Francophone students' ability to access resources in their mother tongue, which happens to be one of Canada's two official languages. This motion is specifically aligned with the strategic plan's third objective, which concerns the development and strengthening of partnerships with CNSA stakeholders. The organization hopes to achieve this by collaborating with Francophone university programs, the CNFS (Consortium national de formation en santé) and provincial nursing orders that have been calling for additional resources in French since the NCLEX's roll out in 2013.

### **Study programs at Canada's schools of nursing**

As noted by Hall, Lalonde and Kashin (2016), a failure to act quickly will likely result in highly detrimental long-term impacts on the Francophone identity and culture in the health sector. It is almost certain that some students avoid following a French-language nursing program, given that many of the resources required to successfully pass the entry-to-practice exam are not available in that language. In a Radio-Canada broadcast that aired in 2016, a nursing school student insisted that she would never have entered a French-language program had she known that she would have to subsequently relearn all of the material - in English - to be able to pass the exam. There is thus a real risk that Francophones in the health sector will lose their linguistic identity (that of the often-forgotten minority in Canada) if they decide to practise solely in English.

At this time, there are no preparatory resources for the NCLEX-RN exam in French. To address and find a solution to this crucial matter, Laurentian University, University of Ottawa, Université de Moncton and Université de St-Boniface are all cooperating with the CNFS to develop preparatory modules for their students. According



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to the dean of the Laurentian University School of Nursing, there are at this time four modules completed (and available to students) and four more in the process of being prepared. The four finalized modules are the only resources available to help these students prepare for the newly introduced evaluation mechanism. These universities, moreover, were never informed that they would be responsible for developing their own preparatory material for the NCLEX exam (Hall, Lalonde and Kashin, 2016).

### **Rationale**

**Whereas** the CNSA's objective is to serve as the primary resource for nursing students;

**Whereas** the CNSA, as regards the national entry-to-practice exam, seeks to defend the interests of its Francophone members from outside Québec;

**Whereas** the main outcome of objective A of the CNSA's Strategic Plan 2016-2021 consists of ensuring that members can readily access relevant information and services;

**Whereas** no resources have been developed to enable Francophone students enrolled in nursing programs to prepare for the entry-to-practice NCLEX exam in French.

### **Resolution**

**It is resolved** that the CNSA support the development of quality preparatory material in French that will allow Francophone students completing an undergraduate nursing program outside Québec to successfully complete the NCLEX exam in their mother tongue.

**It is resolved** that the CNSA increase awareness of the lack of such material and that it partner with organizations and institutions in an effort to develop the necessary resources.

### **Conclusion**

In closing, it bears reiterating that the inequity between various groups of nursing students as regards the entry-to-practice exam is unacceptable; these particular students cannot adequately prepare themselves in the language of their choice, i.e., the language in which they completed their entire training. This is quite simply because there are no preparatory resources in French. To better defend the interests of a large percentage of its members while also acknowledging Canada's special demographics, this notice of motion calls upon the CNSA to join the other groups that are already lobbying for the development of such resources, which are indisputably necessary to ensure ongoing French-language learning in the nursing sector. Francophone students, in other words, must have the same opportunity as their peers to successfully complete the entry-to-practice NCLEX exam.





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### References

- Canadian Association of Schools of Nursing (CASN) (2016). *Accredited Canadian Nursing Education Programs*. Retrieved from:  
<http://www.casn.ca/accreditation/accredited-canadian-nursing-education-programs/>.
- Canadian Nursing Students' Association (2016). *Strategic plan*. Retrieved from:  
<http://cnsa.ca/wp-content/uploads/2016/08/Strategic-Plan-2016-2021-EN-FR-05.05.2016.pdf>
- Office of the French Language Services Commissioner of Ontario (2009). *Special Report on French Language Health Services Planning in Ontario, 2009*. Retrieved from:  
<http://csfontario.ca/en/articles/172>.
- Canadian Council of Registered Nurse Regulators (CCRN) (2016).  
NCLEX-RN 2015: Canadian Results. Retrieved from:  
<http://www.ccrnr.ca/assets/2015-ccrn-report-final-for-release-31-mar-2016.pdf>.
- Hall, L. M., Lalonde, M., et Kashin, J. (2016). People are failing! Something needs to be done: Canadian students' experience with the NCLEX-RN. *Nurse Education Today*, 46, pages 43-49. doi:10.1016/j.nedt.2016.08.022.
- Laperrière, S. (2016). Examen d'accès à la profession infirmière : des organismes dénoncent le faible taux de passage des francophones. *Radio-Canada*. Retrieved from: <http://ici.radio-canada.ca/nouvelle/807010/examen-profession-infirmiere-taux-passage-francophones-traduction>.
- Statistics Canada (2015). Caractéristiques linguistiques des Canadiens. Retrieved from:  
<http://www12.statcan.gc.ca/census-recensement/2011/as-sa/98-314-x/98-314-x2-011001-fra.cfm>.



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**Resolution Statement #3**  
Synergy of Professional Nursing Roles

**Approved by:** 2017 National Assembly, Canadian Nursing Students' Association

**Submitted:** December 2, 2016 - Revised December 23, 2016

**Submitted to:** CNSA Board of Directors - National Assembly

**Submitted by:** *Megan Bruce*, MacEwan University

Special Thanks: *Fred Entz*, Saskatchewan Polytechnic/University of Regina (SCScBN)

**Introduction and Background**

Historically, there have been many changes to the Canadian health care system and the nursing profession within that system. One of those changes is the shift towards replacing Registered Nurses (RN) with Registered Psychiatric Nurses (RPN) and Licensed Practical Nurses (LPN) (also called Registered Practical Nurses in the Province of Ontario)<sup>1</sup>(Duncan, Rodney, & Thorne, 2014). Aside from this, there is a paucity of research on whether or not RPNs are replacing RNs. Unfortunately; this staffing mix has resulted in multiple challenges. One of the most significant challenges has been the “lack of clarity in how nurses...can be supported to work together and value their different roles and contribution” (Duncan et al., 2014, p. 626). Ultimately, this confusion has led to a lack of cohesion among nurses, which has negatively impacted patient care and the working environment (Duncan et al., 2014). RNs, with some exceptions in Québec, receive their Baccalaureate education at a college or university. LPNs typically receive their Diploma education at a college, and RPNs can either receive their education through a diploma, degree program or technical school in western Canada. Nurses across Canada have struggled to achieve distinction between these different nursing roles (Limoges & Jagos, 2015).

In 2010, The World Health Organization (WHO) published a *Framework for Action on Interprofessional Education and Collaborative Practice* where “collaboration in education and practice [is recognized] as an innovative strategy that will play an important role in mitigating the global health workforce crisis” (WHO, 2010, p. 7). Though the WHO supports interprofessional education, there has been a lack of education to address the absence of role clarity among nurses (Limoges & Jagos, 2015).

Not only are practicing nurses struggling to understand the different roles of nurses, but according to Linoges and Jagos (2015), nursing students across Canada have expressed that because the education for RNs and LPNs are completely segregated, they feel as if they have little knowledge on how to effectively work together with other nurses that have a different educational background. Additionally, students sense the tensions among the various nursing roles in the workplace, public and media sources and as a result, have started to consider the apparent lack of cohesion as acceptable (Linoges & Jagos, 2015). Thus, nursing students need to

<sup>1</sup> To avoid confusion in this resolution, LPN will be used to represent Licensed Practical nurses and



Registered Practical Nurses, and RPN will represent Registered Psychiatric Nurses. be provided proper interprofessional education and opportunities to operate as change agents in restoring harmonious working relationships among nurses and promoting equality and equity in the workplace among the many different professions they work with (Linoges & Jagos, 2015).

According to the WHO (2010), in order to achieve the ultimate goal of interprofessional education, an advocate is needed to champion the movement towards the long-term goal of having a workforce that effectively participates in collaborative practice (WHO, 2010). WHO (2010) encouraged the application of interprofessional collaboration by "identifying and supporting interprofessional education and collaborative practice champions, ensuring appropriate collaborative practice-friendly policies are in place, and sharing the positive outcomes of successful collaborative programs" (p. 40). The Canadian Nurses Association (CNA) is one of the national nursing stakeholders who have championed the movement towards collaborative practice with their intention on creating a draft code of ethics (draft April 29, 2016) that will include and speak to both RN and LPN roles in practice.

### **Links to CNSA's Mandate and Current Position**

CNSA currently does not have a Position Statement on the issue regarding interprofessional education for RN, LPN, and RPN students. There is, however, a desire within the CNSA mandate to facilitate the recruiting of LPN and RPN members. CNSA has consistently been lacking in advocating for interprofessional education among RN, LPN, and RPN students. According to CNSA By-Law NO.1 section 4.01.4, CNSA membership is open to RN, LPN, and RPN students (2016). Though this is true, CNSA currently has a minimal amount of LPN and RPN student members and historically has primarily focused on advocating for RN students. In accordance with the CNSA (2016) *Strategic Plan 2016-2021*, ensuring RN, LPN and RPN students have equal representation and access to services will meet the objective of being the primary resource for Canadian nursing students<sup>2</sup>. CNSA can be one of the primary driving forces behind advocating and lobbying for appropriate Canadian nursing education stakeholders to increase implementation of interprofessional education in all nursing student curricula across Canada<sup>3</sup> (CNSA, 2016). Lastly, CNSA can create new partnerships by building relationships with LPN and RPN stakeholders across Canada to ensure further professional collaboration<sup>4</sup>(CNSA, 2016). This will facilitate a strong educational and practical foundation for future Canadian nurses to work well with different roles of the nursing profession and provide excellent patient care.

### **Rationale**

**Whereas** CNSA's strategic plan for 2016-2021 objective A is to be the primary resource for Canadian nursing students (2016); and

<sup>2</sup> Refer to 2016-2021 CNSA Strategic Plan Objective A: Outcome 1 and 2

<sup>3</sup> Refer to 2016-2021 CNSA Strategic Plan Objective B: Outcome 1

<sup>4</sup> Refer to 2016-2021 CNSA Strategic Plan Objective C: Outcome 1, 2, and 3



**Whereas**, CNSA's strategic plan for 2016-2021 objective B is to influence and advance innovation and social justice in the nursing curriculum and the nursing profession (2016); and

**Whereas**, CNSA's strategic plan for 2016-2021 objective C is strengthening linkages and creating new partnerships (2016); and

**Whereas**, CNSA stakeholders such as CNA have taken action towards collaborative practice by drafting a new Code of Ethics that includes both RNs and LPNs (draft April 29, 2016); and

**Whereas**, CNSA By-Law NO.1 section 4.01.4 states that RN, LPN, and RPN students can be members of CNSA; and

**Whereas**, the WHO identifies the need for a champion to lead the movement towards interprofessional education; therefore

### **Resolution**

**Be It Resolved**, That CNSA ensures equity and equality of RN, LPN, and RPN students within the association

**Be It Further Resolved**, That CNSA actively pursues the creation of new partnerships with LPN and RPN stakeholders across Canada

**Be It Further Resolved**, That CNSA advocates and lobbies for interprofessional education throughout RN, LPN, and RPN nursing student programs across Canada

### **Relation to Canadian Nursing School Curriculums**

According to the Canadian Association of Schools of Nursing (CASN) in their *National Nursing Education Framework for Baccalaureate* education under Domain 4: Communication and Collaboration, section 4.2 states that students should be well prepared on how to educate and communicate with all members of the interprofessional team (2015). In practice, nurses constantly work with other members of the health care team to ensure excellent patient care. It is important that all nursing students are educated on how to effectively and professionally communicate with all healthcare professionals. Domain 5: Professionalism, section 5.3 outlines the importance of nursing programs preparing their students to act as role models for the interprofessional nursing team (CASN, 2015). The nursing profession needs more nurses to be courageous in fostering collaborative practice. It is imperative that nursing students be inspired and challenged during their nursing education to facilitate and participate in advocacy for all segments of the nursing profession. Lastly, Domain 6: Leadership, section 6.3 states that students need to be educated on the ability to collaborate with, and act as a resource for LPNs and other



members of the interdisciplinary team (CASN, 2015). RNs acting as leaders in this area are essential to ensure progression of the nursing profession and to promote collaborative practice.

When comparing the education standards in place for RN, RPN and LPN regulators, they have similar outlooks on collaborative practice. The Registered Psychiatric Nurse Regulators of Canada (RPNRC), published the *Registered Psychiatric Nurse Entry-Level Competencies* (2014) that states RPN students need to be educated to accept leadership responsibility in coordinating collaborative practice within the healthcare team and must engage in professional communication with stakeholders (p. 15). Similarly, the Canadian Council of Practical Nurse Regulators (CCPNR) outlines the importance of educating LPNs to work collaboratively with other healthcare professionals to ensure achievement of care outcomes in their *Entry-to-Practice Competencies for Licensed Practical Nurses* (2013). This document outlines the importance of LPN students receiving support and guidance on how to work in cohesion with other healthcare members (CCPNR, 2013). It is easy to draw parallels between the competencies for both LPNs and RPNs when examined against the RN education framework.

## Conclusion

CNSA is the national voice for nursing students in Canada and therefore has the obligation to ensure there is equity and equality among RPN, LPN, and RN students. The resolution being proposed is for CNSA to be one of the driving forces or champions behind advocating for interprofessional education. It is important that all nursing students receive clarity on their own role as well as understand other nursing disciplines; thus, working with stakeholders across the country that represent these disciplines is of utmost importance. In addition, advocating for interprofessional education in all nursing curricula must be a key component of CNSA's approach to this issue. This will ensure that at graduation they are prepared to practice collaboratively and ultimately improve patient care.

## References

- Canadian Association of Schools of Nursing. (2015). *National Nursing Education Framework: Baccalaureate*. Retrieved from <http://www.casn.ca/wp-content/uploads/2014/12/FINAL-BACC-Framwork-FINAL-SB-Jan-2016.pdf>
- Canadian Council of Practical Nurse Regulators. (2013). *Entry-to-Practice Competencies for Licensed Practical Nurses*. Retrieved from <http://www.ccpnr.ca/wp-content/uploads/2013/09/IJLPN-ETPC-Final.pdf>
- Canadian Nursing Students' Association. (2016). *Canadian Nursing Students' Association By-Law NO.1*. Retrieved from <http://cnsa.ca/wp-content/uploads/2016/08/2016-Bylaws-CNSA.pdf>
- Canadian Nursing Students' Association. (2016). *Strategic Plan 2016-2021*. Retrieved from



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<http://cnsa.ca/wp-content/uploads/2016/08/Strategic-Plan-2016-2021-EN-FR-05.05.2016.pdf>

Code of Ethics for Registered Nurses and Licensed Practical Nurses (Draft April 29, 2016)

[https://cnaaieic.ca/en/~media/cna/files/temp/draft-code-of-ethics-for-registered-nurses-and-licensedpractical-nurses-for-consultation\\_e](https://cnaaieic.ca/en/~media/cna/files/temp/draft-code-of-ethics-for-registered-nurses-and-licensedpractical-nurses-for-consultation_e)

Duncan, S., Rodney, P. A., & Thorne, S. (2014). Forging a strong nursing future: Insights from the Canadian context. *Journal of Research in Nursing, 19*(7), 621-633.  
doi:10.1177/1744987114559063

Limoges, J., & Jagos, K. (2015). The influences of nursing education on the socialization and professional working relationships of Canadian practical and degree nursing students: A critical analysis. *Nurse Education Today, 35*(10), 1023-1027.  
doi:10.1016/j.nedt.2015.07.018

Registered Psychiatric Nurse Regulators of Canada. (2014). *Registered Psychiatric Nurse Entry-Level Competencies*. Retrieved from  
[http://www.rpnc.ca/sites/default/files/resources/pdfs/RPNRC\\_ENGLISH%20Compdoc%20\(Nov6-14\).pdf](http://www.rpnc.ca/sites/default/files/resources/pdfs/RPNRC_ENGLISH%20Compdoc%20(Nov6-14).pdf)

World Health Organization. (2010). *Framework for action on interprofessional education and collaborative practice*. Retrieved from  
[http://apps.who.int/iris/bitstream/10665/70185/1/WHO\\_HRH\\_HP\\_N\\_10.3\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/70185/1/WHO_HRH_HP_N_10.3_eng.pdf)



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## **Resolution Statement #4**

Incorporating LGBTTIIPQQ2SAA+ Education into Nursing Curriculum in Canada

**Approved by:** 2017 National Assembly, Canadian Nursing Students' Association

**Submitted:** December 2nd, 2016

**Submitted to:** Board of Directors

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### **Introduction and Background**

Despite advances in LGBTQ+ human rights in Canada, our education and healthcare systems still operate under cissexist and heterosexist structures, which lead to health disparities for the LGBTQ+ community (Daley & McConnell, 2011; Morrison & Dinkel, 2012). Disparities include higher rates of mood and anxiety disorders, suicidal ideation, preventable cancers, sexually transmitted infections (STIs), and substance use (Makadon et al., 2015; AAMC, 2014). For example, trans women of colour are more likely to be uninsured and denied care by healthcare providers, and are twice as likely to experience physical and sexual violence compared to cisgender women (AAMC, 2014).

Conservative estimates place the number LGBTQ+ Canadians at 1-10% of the population (Statistics Canada, 2015; Troute-Wood, 2015). However, the specific care needs of the LGBTQ+ community are not addressed consistently in nursing curriculums. According to a study by Obedin-Maliver et al. (2011), on average, only five hours of instruction were dedicated to LGBTQ+ content in medical education programs across the United States and Canada. Such limited instruction is insufficient considering the diverse and complex healthcare needs and lived experiences of members of the LGBTQ+ community, who often face healthcare providers who are unprepared to meet their needs (Compton & Whitehead, 2015). Thus, the lack of education on LGBTQ+ healthcare needs has a direct impact on patient care. It is imperative that nursing students receive preparation to care for equity-seeking groups. As frontline workers, nurses are in optimal positions to act not only as care providers, but also as patient advocates (Lim, Brown, & Jones, 2013).

<sup>1</sup> The LGBTIIPQQ2SAA+ (Lesbian, Gay, Bisexual, Transgender, Intersex, Intergender, Pansexual, Queer,



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Questioning, Two Spirit, Asexual and Aromantic) community is composed of a diverse group of individuals. While limiting, in this statement we refer to this population as the LGBTQ+ community and use a plus sign to indicate its expanding nature (Taylor, Jantzen, & Clow, 2013).

## **Mandate and Current Position of The Canadian Nursing Students' Association (CNSA)**

In January 2013, the CNSA National Assembly passed a position statement on incorporating LGBTIPQQ2SAA education into Canadian nursing curriculum (CNSA, 2013). Through this resolution statement, we seek to build on the priorities outlined in the 2013 position statement by providing current and future CNSA board members with a clearer sense of direction, as no action specific to this document has been taken since 2013. Engagement in the process of curriculum revision is in accordance with CNSA's (2016) *Strategic Plan 2016-2021*. In its strategic plan, CNSA (2016) prioritized active participation in advocacy processes regarding curriculum advancements and revision, with a focus on equity-seeking groups who experience health disparities. Moreover, in their strategic plan, CNSA pledged to utilize its board position on the Canadian Association of Schools of Nursing (CASN) to advocate for the development of curricula that addresses the specific needs of the LGBTQ+-identified individuals. Through collaboration with CASN, as well as postsecondary institutions across the country, CNSA would meet their governing objective to guide innovation in nursing curriculum.

Additionally, a clearly-defined partnership with provincial interest groups, such as the Rainbow Nursing Interest Group (RNIG) through the Registered Nurses Association of Ontario (RNAO), and community-specific non-profit organizations that are affiliated with the LGBTQ+ community, such as the 519 (in Toronto), the Pride Centre of Edmonton, and QMUNITY (in Vancouver) would meet CNSA's governing objective of strengthening linkages and creating new partnerships. As a group, RNIG facilitates the development and dissemination of evidence informed care and research, thereby supporting the further education of nursing students regarding the LGBTQ+ community (RNIG, n.d.). RNIG, through RNAO, also works to challenge the invisibility and silencing of the LGBTQ+ community through advocacy (RNIG, n.d.). Thus, a partnership with another advocacy group would fulfill CNSA's governing objective as the primary voice and resource for nursing students.

Along a similar vein, community-specific non-profit organizations, such as those mentioned above, are committed to improving the health of their diverse community members, as well as the development of community initiatives aimed at building collective strength (The 519, n.d.; The Pride Centre of Edmonton, n.d.; QMUNITY, n.d.). CNSA's advocacy for nursing students, including LGBTQ+ nursing students, will be better informed by local, context-specific community perspectives and experiences. Collaborating with local community organizations would represent a continued





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fulfillment, and subsequent expansion, of CNSA's governing objectives with regards to being the primary voice of nursing students and advancing innovation in nursing curriculum.

## **Rationale**

**Whereas,** The ongoing development of nursing school curricula to reflect the health-care needs of Canadian populations is essential for best practice.

**Whereas,** The health-care needs of LGBTQ+ people in Canada have been historically marginalized in the healthcare system and in nursing educational curricula.

**Whereas,** LGBTQ+ people experience higher rates of discrimination and violence within the healthcare system and from healthcare professionals.

**Whereas,** LGBTQ+ communities across Canada have specific and unique health-care needs requiring comprehensive evidence-based education.

## **Resolution**

**BE IT RESOLVED** *That,* CNSA urges the Canadian Association of Schools of Nursing (CASN) to prioritize incorporating the needs, experiences, and perspectives of LGBTQ+ people and communities into nursing school curricula.

**BE IT RESOLVED** *That,* CNSA support the efforts of nursing students across Canada to advocate for the inclusion of courses and materials specific to the health-care needs of LGBTQ+ people and communities.

**BE IT RESOLVED** *That,* CNSA's Diversity Committee prioritize advocating for nursing school curricula to meet the educational needs of nursing students related to LGBTQ+ health care, by working with various stakeholders of the LGBTQ+ population, including but not limited to the following: RNIG, the 519, the Pride Centre of Edmonton, and QMUNITY.

## **Relation to Canadian Nursing School Curriculums**

According to CASN (2015), it is pertinent for nursing programs to prepare their students so that they can demonstrate an ability to conduct holistic and comprehensive assessments of various patients with unique healthcare needs. In particular, students should have adequate knowledge of the relationship between primary health care and health disparities, the social determinants of health and the healthcare needs of equity seeking groups such as the LGBTQ+ population in Canada (CASN, 2015).

As stated by Lim, Brown and Jones (2013), undergraduate nursing programs lack the integration of LGBTQ+ related health content within their curricula, which results in knowledge gaps regarding the needs of this population. A lack of education in regards



to LGBTQ+ health can pose a barrier to accessible healthcare for this population as healthcare providers are not equipped with the training or knowledge that is necessary for the provision of culturally competent care that meets their needs (Lim et al., 2013). According to Colpitts and Gahagan (2016), the cisheteronormative lens of Canada's healthcare system serves to disadvantage the LGBTQ+ population as their health needs are assumed to be similar to those of individuals who are heterosexual and cisgender. Consequently, their specific needs are not met and are rendered invisible. Additionally, LGBTQ+ populations often experience discrimination and stigma within the healthcare system and from healthcare providers (Colpitts & Gahagan, 2016). Based on the research, it is evident that there is a need for the inclusion of LGBTQ+ health information within the educational curricula of nursing schools across Canada. The implementation of LGBTQ+ course material in undergraduate nursing programs can raise awareness of the vast health disparities that are experienced by this population, and subsequently, empower students to take a proactive role in promoting LGBTQ+ health and providing culturally sensitive care.

### **Conclusion**

As CNSA is the primary voice for nursing students, we feel that the LGBTQ+ population must be recognized as a vital part of our healthcare system which requires unique and specialized education in nursing programs across Canada. Partnerships with CASN, RNIG, and LGBTQ+ organizations would help to propel post-secondary institutions across the nation to challenge how their current curriculum is not meeting the needs of the LGBTQ+ community. This movement would assist in providing LGBTQ+ people with respect and equity in the healthcare system.

### **References**

The 519. (n.d.) *About the 519*. Retrieved from <http://www.the519.org/about>

Canadian Association of Schools of Nursing. (2015). National Nursing Education Framework. Retrieved from <http://www.casn.ca/wp-content/uploads/2014/12/FINAL-BACC-Framwork-FINAL-SB-Jan-2016.pdf>

Canadian Nursing Students' Association. (2013). *Resolutions & position*

*statements of the Canadian Nursing Students' Association, 2013.*

Retrieved from <http://cnsa.ca/wp-content/uploads/2016/01/2013-Resolutions-Position-Statements-.pdf>

Colpitts, E., & Gahagan, J. (2016). "I feel like I am surviving the health care

system": Understanding LGBTQ health in nova scotia, canada. *BMC Public Health, 16, 1-12.*



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doi:<http://dx.doi.org/10.1186/s12889-016-3675-8>

Compton, D. A., & Whitehead, M. B. (2015). Educating healthcare providers regarding

LGBT patients and health issues: The special case of physician assistants. *American Journal of Sexuality Education*, 10(1), pp. 101-118.

Daley, A. E., & MacDonnell, J. A. (2011). Gender, sexuality and the discursive

representation of access and equity in health services literature: implications for LGBT communities.

*International Journal for Equity in Health*, 10(1), pp. 40-49. doi:  
10.1186/1475-9276-10-40

Association of American Medical Colleges (AAMC) Advisory Committee on Sexual

Orientation, Gender Identity, And Sex Development. (2014). *Implementing curricular and institutional climate changes to improve health care for individuals who are LGBT, gender nonconforming, or born with DSD: A resource for medical educators*.

Washington, DC: Association of American Medical Colleges.

Keepnews, D. (2011). Editorial: LGBT health issues and nursing. *Policy, Politics, &*

*Nursing Practice*, 12(2), 71-72. doi:10.1177/1527154411425102

Lim, F. A., Brown, D. V., & Jones, H. (2013). Lesbian, gay, bisexual, and transgender

health: Fundamentals for nursing education. *The Journal of Nursing Education*, 52(4), 198-203. doi:10.3928/01484834-20130311-02

Makadon, H. J., & American College of Physicians. (2015). *The Fenway guide to*

*lesbian, gay, bisexual, and transgender health* (2nd ed.). Philadelphia: American College of Physicians.

Morrison, S., & Dinkel, S. (2012). Heterosexism and health care: A concept analysis.

*Nursing Forum*, 47(2), pp. 123-130. Doi: 0.1111/j.1744-6198.2011.00243.x

Obedin-Maliver, J., Goldsmith, E.S., Stewart, L., White, W., Tran, E., Brenman, S.,



Canadian Nursing Students' Association  
Association des étudiant(e)s infirmier(ère)s du Canada

Wells, M., Fetterman, D.M., Garcia, G., & Lunn, M.R. (2011). Lesbian, gay, bisexual, and transgender-related content in undergraduate medical education. *Journal of the American Medical Association*, 306, 971-977. doi:10.1001/jama.2011.1255

The Pride Centre of Edmonton. (n.d.) *Home*. Retrieved from <http://pridecentreofedmonton.org/index.html>

QMUNITY. (n.d.) *About*. Retrieved from <http://qmunity.ca/about/>

Rainbow Nursing Interest Group (n.d.). *Rainbow Nursing Interest Group: Mission and Goals*. Retrieved from <http://rnao.ca/connect/interest-groups/rmig>

Statistics Canada. (2015). Same-sex couples and sexual orientation...by the numbers.

Retrieved from [http://www.statcan.gc.ca/eng/dai/smr08/2015/smr08\\_203\\_2015](http://www.statcan.gc.ca/eng/dai/smr08/2015/smr08_203_2015)

Strong, K. L., & Folse, V. N. (2015). Assessing undergraduate nursing students'

knowledge, attitudes, and cultural competence in caring for lesbian, gay, bisexual, and transgender patients. *Journal of Nursing Education*, 54(1), 45-49. doi:<http://dx.doi.org/10.3928/01484834-20141224-07>

Taylor, E., Jantzen A., & Clow, B.N. (2013). *Rethinking LGBTQ health*. Halifax: Atlantic

Centre of Excellence for Women's Health. Retrieved from [http://books2.scholarsportal.info.ezproxy.lib.ryerson.ca/viewdoc.html?id=/ebooks/ebooks\\_1/gibson\\_chrc/2013-08-21/1/10726293#tabview=tab1](http://books2.scholarsportal.info.ezproxy.lib.ryerson.ca/viewdoc.html?id=/ebooks/ebooks_1/gibson_chrc/2013-08-21/1/10726293#tabview=tab1)

Troute-Wood, T. (2015, January). Honoring sexual orientation and gender identity.

Retrieved from <https://www.canadian-nurse.com/en/articles/issues/2015/january-2015/honoring-sexual-orientation-and-gender-identity>



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