Med-Surg Connections

Canadian Association of Medical and Surgical Nurses Fall 2026

CAMSN camsn@medsurgnurse.ca
www.medsurgnurse.ca

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.

Message from CAMSN President Laura

Thank you to our team members!

September often brings with it a sense of renewal. Whether we are returning to familiar routines, beginning a new role, welcoming new colleagues, this season offers an opportunity to reflect, reset, and look ahead with renewed energy.

For medical and surgical nurses, this reminds us of the importance of the work we do. Although our workplaces and communities may differ from coast to coast, we share a commitment to providing safe, high-quality, evidence-informed care. This is why a national voice matters.

The Canadian Association of Medical and Surgical Nurses brings nurses together from across the country to connect, share knowledge and experiences, celebrate excellence, and strengthen the voice of medical and surgical nursing in Canada.

On behalf of the CAMSN Executive here's to a fresh season, renewed connections, and a strong national voice for medical and surgical nurses across Canada.

Executive Team Members

Rachel Stevens-Koerber
Secretary

Kathy Le
Treasurer

Sandra Lee
Board Director

Jenny Lee
Board Director

Kelsey Roosenmaaleen
External Communications Officer

Know someone who would be interested in becoming a CAMSN member?

CAMSN membership is free for Registered Nurses and Licensed Practical Nurses.
Student membership is also open to those currently enrolled in an educational nursing program.
To join, please email CAMSN@medsurgnurse.ca.

CNA Med Surg Exam

CNA certification for med-surg nursing demonstrates your dedication to the profession and speciality.

See the CNA certification page for more information.

Med/Surg Articles - Let's Talk About Pressure Injuries!

We all know that hospital-acquired pressure injuries (HAPIs) can contribute to increased patient pain, risk of infection, prolonged hospitalization, and increased healthcare costs. Wounds Canada (previously Canadian Association of Wound Care) found in a 2024 study that the prevalence of pressure injuries across healthcare settings was 26%, and about 70% of these wounds were considered preventable. But what can we do about this?

In a 30-bed medical-surgical unit in Houston, Texas, Adjei and colleagues implemented a multifaceted approach for patients at risk of HAPIs including education (topics: stages of pressure injuries, risk factors, prevention, and positioning), identification of high-risk patients, and implementing turn teams. Turn teams had a turn schedule during the shift to reposition patients. Patients and family were also actively engaged in this process. HAPI rates decreased from 14.2% to 0% over 11 months!

How do you find HAPI rates in your practice settings? And do you think this type of quality improvement project would be feasible in your area?

References

- Adjei, N. B., Dantzler, K., & Fletcher, S. (2026). Turn team implementation to prevent pressure injuries on a medical-surgical unit. *Medsurg Nursing, 35*(2), 63-67. doi:https://doi.org/10.62116/MSJ.2026.35.2.63
- Wounds Canada. (2025). BPR briefs: Pressure injuries. https://www.woundscanada.ca/doclink/bpr-brief-07-pressure-injuries-1951r3e-final/eyJ0eXAiOiJKV1QiLCJhbGciOiJIUzI1NiJ9.eyJzdWIiOiJicHltYnJpZWYtMDctcHJlc3N1cmUtaW5qdXJpZXMtMTk1MXIzZS1maW5hbCIsImlhdCI6MTc1ODI4NTYzMCwiZXhwIjoxNzU4MzcyMDMwfQ.vdGbGxLXRPsnVYsmbG6MSMKYDW6cYR_WHv6kAoAbVJ8

CAMSN Logo Re-design

Help re-design the CAMSN logo! We are calling on all creatives to submit a logo to CAMSN@medsurgnurse.ca.

Deadline for submissions: November 30, 2026

Submissions will be sent out to members to vote on after November 30, 2026.
The winner will be announced soon after!

Clinical Reflections

Medical Assistance in Dying (MAiD) – Conversations should be welcomed on Medical-Surgical Units regardless of eligibility

Submitted by Rachel Stevens-Koerber, RN

**Name has been changed for confidentiality.*

Fiona was 79, an active older adult who regularly attended aquafit and yoga, when she presented to the emergency department with pain, nausea, fever and constipation. She was diagnosed with peritonitis following a ruptured diverticulum, and required emergency surgery with bowel resection and colostomy.

When I cared for Fiona on the medical-surgical unit, she was postoperative day 8. Handover emphasized pain management as the primary focus. She was prescribed scheduled hydromorphone 1 mg subcutaneous q3h . When her pain was controlled, she was independent. When it was not, she would report 10/10 stabbing pain that was difficult to recover from.

Her recovery was complicated by an ileus requiring TPN. Nursing care included monitoring her incision, managing her PICC line, and providing full support with ostomy care. She was disengaged from ostomy teaching. Fiona had a history of osteoarthritis, anxiety, and depression. She had also lost her spouse within the past year. Her daughter, who lived over 200km away, spoke with her daily over phone and supported of all of Fiona's expressed wishes.

Throughout the shift, Fiona's emotional stated fluctuated rapidly, from elation, performing exercises while talking rapidly and excitedly, to apparent despair when pain control was delayed—Fiona would cry out voicing uncontrolled 10/10 pain.

During this admission, Fiona expressed interest in MAiD, but this was not explored further. My biggest confusion while caring for Fiona was balancing her recent voiced wishes for MAiD and life-preserving measures post-op. Given her history of anxiety and depression, her recent loss of a spouse (risk of grief), and recent body changing surgery (risk of body dysmorphia), there were multiple contributing psychosocial factors to consider.

MAiD is undergoing changes which are currently in review (Health Canada, 2025). Mental illness as a sole determining factor for MAiD, which was green lit for 2024, was postponed until March 17, 2027. Current eligibility is for adults with grievous and irremediable conditions including mental illness but must have other qualifying physical conditions. MAiD must be requested voluntarily and provided with informed consent. The adult must have a serious illness/disease/disability. They must experience unbearable physical/mental suffering from the illness/disease/disability that cannot be relieved.

It isn't my role as a medical-surgical nurse to verify whether the patient qualifies for MAiD, however Fiona likely did not qualify. As per the Canadian Nurses' Code of Ethics (2025), we are supposed to respect client preferences and choices through compassionate and ethical conduct. Regardless of eligibility, she still deserved an in-depth conversation as to why. She needed to be on board with her plan of care – having patient buy-in is essential for success. A patient requesting a change in goals of care or expressing a desire to die may require a vastly different approach than a patient focused solely on postoperative recovery.

Fiona's care highlighted the need for interdisciplinary support. Recommendations would include a comprehensive mental health assessment, ongoing pain management optimization, and emotional support to encourage mobility and engagement in ostomy teaching. An open and accepting conversation about MAiD, with inclusion of Fiona's daughter, would drastically impact the quality of the care moving forward.

References

- Canadian Nurses Association. (2025). Guiding principle 1.3: Nurses respect clients' preferences and choices through compassionate and ethical conduct. http://www.cna-aiic.ca
- Health Canada. (2025). Medical assistance in dying: Overview. Government of Canada. https://www.canada.ca

Have an idea for the next newsletter? Email us at camsn@medsurgnurse.ca🙂