

# Something to Celebrate at the Best of Times and the Worst of Times

Originally Published in *Nursing Leadership*, 18(4) : 1–2 December 2005

**I**n this issue we report on the creation of the new Canadian Academy of Health Sciences (CAHS), which came into being earlier this year. It is an interdisciplinary academy in keeping with Canada's increasing orientation towards interdisciplinary research, education and practice. Nursing is represented in the CAHS along with medicine, dentistry, pharmacy, the rehabilitation sciences and veterinary medicine. The question has been raised whether having the CAHS means we do not need a nursing academy or other type of organization to which nursing leaders could be nominated and that would represent the best of the country's nurses. My view is that we need both types of organizations. The creation of the CAHS is a wonderful opportunity to address some of Canada's and the world's most pressing health issues. Bringing together a panel of the country's best thinkers and scientists to lead analyses of the dimensions of these health issues from a multidisciplinary perspective, and to explore alternative solutions and their consequences, will provide our policy makers and

the public with information not previously available to them. In the United States, the equivalent organization is the Institute of Medicine (IOM), which, despite its name, is a multidisciplinary organization. The IOM has produced many outstanding analyses, including several that have focused on nursing, but the one that stands out for most people is *To Err Is Human* (IOM 2000), which shone the spotlight on errors in the healthcare system. The opportunity for equivalent analytic work in Canada is enormous.

Nursing should take advantage of this opportunity, bringing to the CAHS questions about nursing and other health issues that would benefit from a multidisciplinary perspective. There are many such issues – for example, appropriate scopes of practice to maximize health resources, and provision of health services in rural and remote – including isolated northern First Nations communities. Nurse members of CAHS should participate vigorously on the panels that conduct assessments, the term used for the in-depth analysis of issues. Other nurses who are not members of the academy will be recruited to participate in assessments because of their particular expertise.

It is unlikely, however, that the CAHS will be the appropriate resource for all nursing's questions and issues. There are many that we may wish to examine from a unidisciplinary perspective, and these are not appropriate for the CAHS. The American Academy of Nursing (AAN) pursues resources to fund graduate students and works closely with the National Institute of Nursing. Most of the 1,500 nurse leaders who are members of the AAN are not members of the Institute of Medicine, but there are some who are members of both. They hold conferences, sponsor the journal *Nursing Outlook* and address important issues highly relevant to nursing. Their focus is nursing scholarship, and their mission is to build nursing knowledge to benefit healthcare policy and practice. The outcomes work now underway in Ontario benefited enormously from work that was spearheaded by the AAN, including the development of a conceptual framework for nursing-sensitive patient outcomes and the sponsorship of an invitational workshop that produced some of the best thinking at the time about patient outcomes. The latter was interdisciplinary.

I believe Canada needs a nursing academy to complement the CAHS. I expect that the nursing academy would have a much larger nursing membership than the CAHS and would include our expert practitioners as well as scholars. There are many questions and issues in health that nursing needs to investigate from the unique perspective of the profession. There are other questions that are best pursued from an interdisciplinary perspective. Let's have both.