


You had a say

In early 2005, NENA conducted a poll of its members regarding the potential reporting of gunshot wounds (GSW) to police by emergency department staff. Since several provincial governments were considering possible legislation, NENA sought timely input from NENA members on this important and controversial issue. Twenty-one per cent of NENA members took advantage of the opportunity to participate in this poll (an excellent percentage poll response). Of the NENA members who responded, 96.5% were in support of mandatory GSW reporting, and only 3.5% were opposed. After formulating the member responses, the NENA Board of Directors sent a letter to all provincial and federal health ministers as well as to all health care stakeholders across Canada. An excerpt from that letter follows:

“The majority of NENA poll respondents believe that we are not only responsible for our individual patients, but that, as emergency nurses, we also have a responsibility to all other patients, visitors, colleagues, our communities and society as a whole. It should be recognized that the role of the emergency nurse would be solely to inform law enforcement agencies. The conclusion of the NENA poll indicates that public safety must be the priority in this serious issue.”

The NENA board of directors thanks the NENA membership for their participation in this NENA poll. Watch future issues of **Outlook** for other membership polls. With active member participation, NENA can truly be the voice of Canada’s emergency nurses. 

Janice L. Spivey
NENA President

The Scarborough Hospital



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President's message

As I write my first article as your NENA president, I find myself thinking of how proud I am to be an emergency nurse in Canada. Emergency nursing is my passion, as well as my chosen profession.

Emergency nursing is for those nurses seeking a true personal and professional challenge. Emergency nursing is for nurses who are excited by being a participant in the continuum of emergency patient care and education from wellness to treatment and to prevention of illness and injury.

Emergency nurses are the sentries at the gates to healthcare, thus holding the very keys to patient recovery and survival. We are the eyes to see, the ears to hear, the noses to smell, the voice to inquire, the brains to think, the hands to touch, the nerves to question, the hearts to openly care, the guts to feel, and the legs to run, and oh how we do run!

We provide safe and comprehensive care in a wide variety of Canadian emergency settings, while serving as tireless advocates for the provision of a high standard of emergency nursing care. While many areas of our country experience unique challenges, every Canadian emergency department, though different, is in so many ways the same. As Canada's emergency nurses, we all face huge dilemmas every shift. Province to province, the issues of overcrowding, ambulance diversion, wait times, re-triage and the nursing shortage are shared.

Emergency nurses have fought long and hard to see emergency nursing officially recognized as a specialty. The public trusts us as members of a highly valued and respected profession. Emergency nurses owe the same duties to themselves and others, including the responsibility to maintain competence, to continue personal and professional growth and to work towards the advancement of their profession.

NENA is "your" Canadian national professional organization, offering camaraderie, lifelong friendships, tremendous networking opportunities as

well as wonderful educational events. Your entire NENA board of directors is firmly committed to equality and fairness to all members, from every province across Canada. The strength and voice of Canada's emergency nurses comes from their unity under the NENA banner.

NENA has created many wonderful documents. From the Orientation and Triage Education Templates to the Standards of Practice and Core Competencies for Emergency Nurses, to the many assorted and timely position statements, NENA is

in touch with the needs of its members. I urge all NENA members to familiarize yourselves with these helpful documents and to let them assist you in your daily practice.

I encourage you each to take advantage of the TNCC, ENPC and CATN courses, made available throughout Canada by the National Course Administration Committee (NCAC). CTAS and PEDS



NENA Inc., 2003-2004 year-end report

INCOME	Actual	Budget	Variance
Fundraising	\$2,620.64	\$6,500.00	(\$3,879.36)
Events	\$1,554.59	\$0.00	\$1,554.59
Document Sales	\$1,008.00	\$6,500.00	(\$5,492.00)
Book Rebates	\$58.05	\$0.00	\$58.05
Grants	\$1,587.00	\$3,000.00	(\$1,413.00)
Indirect Fees: ENPC	\$25,020.00	\$19,800.00	\$5,220.00
Indirect Fees: TNCC	\$61,055.00	\$42,480.00	\$18,575.00
Indirect Fees: CATN	\$690.00	\$1,800.00	(\$1,110.00)
Interest Income	\$686.20	\$750.00	(\$63.80)
Member Fees	\$23,780.00	\$26,960.00	(\$3,180.00)
Advertising	\$10,098.06	\$2,000.00	\$8,098.06
Misc. Income	\$7,396.10	\$5,500.00	\$1,896.10
TOTAL INCOME:	\$132,933.00	\$108,790.00	\$24,143.00

EXPENSES	Actual	Budget	Variance
Awards	\$54.25	\$0.00	(\$54.25)
Advertising	\$0.00	\$1,500.00	\$1,500.00
Bank Charges	\$384.19	\$150.00	(\$234.19)
Board Meetings	\$35,986.74	\$22,000.00	(\$13,986.74)
Bursaries	\$2,750.00	\$4,750.00	\$2,000.00
Professional Fees	\$214.00	\$250.00	\$36.00
Committee Mtgs.	\$23,060.95	\$29,200.00	\$6,139.05
Gifts	\$174.24	\$200.00	\$25.76
Interest Paid	\$0.00	\$0.00	\$0.00
Legal	\$0.00	\$150.00	\$150.00
Office Expense	\$16,905.70	\$9,050.00	(\$7,855.70)
Programs	\$4,210.20	\$4,000.00	(\$210.20)
Promotions	\$1,038.94	\$4,330.00	\$3,291.06
Public Relations	\$10,721.86	\$12,650.00	\$1,928.14
Reimbursements: ENPC	\$7,890.00	\$6,600.00	(\$1,290.00)
Reimbursements: TNCC	\$20,220.00	\$14,160.00	(\$6,060.00)
Reimbursements: CATN	\$470.00	\$600.00	\$130.00
Misc.	\$2,073.06	\$0.00	(\$2,073.06)
TOTAL EXPENSES:	\$126,154.13	\$109,590.00	(\$16,564.13)
INCOME/LOSS POSITION:		\$6,778.87	

CTAS courses are also increasing in availability, ever raising the bar of emergency nursing preparedness across Canada.


From its redevelopment to its ongoing updates, your NENA website has grown in use, accessibility and acknowledgement. This professional website is truly befitting the National Emergency Nurses Affiliation. This site will become even more interactive for NENA members, since the results of the two recent website polls reflected the membership's desire to truly "have a say".

The 2006 NENA national emergency nursing conference will be held in Ottawa and hosted in turn by Ontario. I

encourage all NENA members to seriously consider participating in what promises to be both an educational and fun event. Plan to join your friends and colleagues from across Canada. Show your NENA pride!

Is it not time for every member to get active or to become more active, in NENA? Let your provincial directors and your NENA board of directors hear what you need. Share with them how you want to participate and join them as we accomplish great things together!

As your NENA president, I take my role and responsibilities very seriously. My task is huge as I follow a series of

amazing and highly respected past presidents. I am honoured to be able to serve the NENA membership in this manner. My goal is to help to further the wonderful works done thus far by NENA, while promoting exposure and membership across Canada. I promise to work tirelessly for Canada's emergency nurses, shoulder to shoulder with an amazing group of dedicated professionals, your NENA board of directors. Together with your help, NENA can stand tall and speak both loudly and proudly. 


Janice L. Spivey RN ENC(C) CEN

NENA Inc., 2004-2005 year-to-date budget report

INCOME	Actual	Budget	Variance
Fundraising	\$11,244.20	\$4,000.00	\$7,244.20
Grants	\$0/00	\$0.00	\$0.00
Indirect Fees: ENPC	\$17,890.00	\$21,300.00	(\$3,410.00)
Indirect Fees: TNCC	\$47,950.00	\$50,700.00	(\$2,750.00)
Indirect Fees: CATN	\$600.00	\$1,200.00	(\$600.00)
Interest Income	\$306.78	\$300.00	\$6.78
Member Fees	\$28,100.00	\$30,140.00	(\$2,040.00)
Advertising	\$2,840.00	\$3,000.00	(\$160.00)
Misc. Income	\$4,105.30	\$5,500.00	(\$1,394.70)
TOTAL INCOME:	\$113,036.28	\$116,140.00	(\$3,103.72)

EXPENSES	Actual	Budget	Variance
Awards	\$0.00	\$0.00	\$0.00
Advertising	\$0.00	\$500.00	\$500.00
Bank Charges	\$358.66	\$200.00	(\$158.66)
Board Meetings	\$11,447.47	\$22,000.00	\$10,552.53
Bursaries	\$0.00	\$5,250.00	\$5,250.00
Professional Fees	\$0.00	\$240.00	\$240.00
Committee Mtgs.	\$31,989.20	\$24,500.00	(\$7,489.20)
Gifts	\$100.00	\$200.00	\$100.00
Interest Paid	\$0.00	\$0.00	\$0.00
Legal	\$30.00	\$150.00	\$120.00
Office Expense	\$9,337.97	\$12,050.00	\$2,712.03
Programs	\$75.00	\$7,000.00	\$6,925.00
Promotions	\$0.00	\$1,080.00	\$1,080.00
Public Relations	\$16,637.10	\$13,000.00	(\$3,637.10)
Reimbursements: ENPC	\$5,000.00	\$6,900.00	\$1,900.00
Reimbursements: TNCC	\$14,500.00	\$16,700.00	\$2,200.00
Reimbursements: CATN	\$200.00	\$400.00	\$200.00
Misc.	\$750.00	\$0.00	(\$750.00)
TOTAL EXPENSES:	\$90,425.40	\$110,170.00	\$19,744.60
INCOME/LOSS POSITION:		\$22,610.88	

From the spring board meeting

- Work continues on the action plan developed at the fall board meeting to address some of the issues identified by NENA members.
- The chair of the National Course Administration Committee (NCAC) will sit as an ex-officio member for the three days of the board meeting. With the NCAC chair at the table, issues concerning administering and disseminating the courses will be beneficial.
- The National Working Group (NWG) for CTAS continues to meet yearly and NENA's issues are brought to the table for discussion.
- NENA's views were shared at a meeting with CNA and a response was prepared for the First Minister's Conference on "Timely access to health services".
- A position statement on "The role of the nurse practitioner" was accepted for distribution.
- Revisions were made to the triage position statement with a focus on reassessment.
- Letters were sent to health leaders on "caring for the patient in the waiting room".
- A poll conducted on the website about mandatory reporting of gunshot wounds was positive and a letter was drafted by the Political Action Group for distribution. 

From the editor

Emergency nurses – everyday heroes – each and every day.

This is the theme for Emergency Nurses Week and, yet, it seems like an understatement in the aftermath of Hurricane Katrina. The stories that have come out of the Gulf Coast about the insurmountable obstacles that have faced emergency personnel and health care providers, not only during the storm, but also in the hours and days after the storm, are enough to curl your hair (as my mother would say). Even watching the news broadcasts cannot really impart the horror that they must have faced as the power went, the flooding started and people began to die. I can't even imagine what they must have been thinking or feeling. I know that our thoughts and prayers are with them as they continue to struggle to provide necessary and much-needed care while worrying about their own families.


Emergency nurses are everyday heroes. They get up, they get dressed and they go to work in all kinds of weather – good and

bad. There is no telling how well or badly the shift may go. It may be busy or it may be quiet. There may be inpatient beds or there may not. There may be intensive care beds or it may be a shift that the intensive care patients either stay in your department or they are transferred out (if you are lucky!). It may be a shift that there is a full complement of staff or you may be short with no hope of getting anyone else to work. However, the unpredictability is part of the charm that attracted many of us to the ED along with the challenge of sick and injured patients. Right?

Each day, though, we care for patients and families who have limited resources, no family physician and who believe that if they come to the emergency department, we will somehow fix their problems. It is tough and challenging work. There is no doubt about that. The rewards may seem to be far and few, but there are lots of rewards, big and small. We do make the difference every day when we save a life, when we help

someone to die with dignity, when we help families deal with their pain and loss, when we see a child smile at us even after a painful procedure, when we give the elderly lady a warm blanket, or a popsicle to a small child. There are lots of examples of how we do make a difference each and every day.

And even when we are not at work, we are members of communities. We get called by friends, our families and neighbours who ask our advice, who need our help or a shoulder on which to cry. Nursing is a part of who we are as people. We don't leave it behind when we leave the department at the end of the shift.

Remember that there are things outside of your control, but there are many that are within your influence to change or to make better. So take pride in your work as an emergency nurse. Celebrate your week. 

Valerie Eden,
RN, BN, ENC(C), MDE

Outlook

Book review

A nurse's story: Life, death and in between in an intensive care unit


Author: Tilda Shalof

Published by McClelland & Stewart, 2004; 352 pages, ISBN: 0-7710-8086-7

I will say straight up – I loved this book. Here is a book written about nursing by a nurse. The author is Tilda Shalof who is an ICU nurse working in Toronto. She has been a nurse for more than 20 years and most of her career has been spent working in intensive care. It is a collection of stories that chronicles her journey as a nurse during those 20 years: from a brand new nurse who had to learn all the necessary competencies and skills to provide physical care, and who wondered if she would ever be able to give the kind of care that she wanted, to the seasoned veteran who struggled with ethical and moral issues concerning her patients. The stories are authentic, sometimes humorous, sometimes sad

and always thought-provoking. The author takes us into the shift-by-shift work of nursing. She shares stories about patients for whom she has cared and about the staff with whom she works – both nursing and medical. The stories may be about patients in the intensive care, but the lessons she learned are easily translated to any area of nursing. I am sure that you will see yourselves as well as your patients in the stories that she relates.

I had the privilege of hearing the writer, Ms. Shalof, speak at a leadership conference in Halifax. She spoke about how she believes that she exposed some of the secrets of nursing. I suppose that she has, too. We talk about our patients, but only with each other. We mostly keep our professional lives separate from our families and friends. They are innocently unaware of much that we see and do. The author is proud to be a nurse. She believes that she still learns valuable life lessons from her patients.

I spent one weekend reading this book. I couldn't put it down. I guarantee – you won't either! 

Reviewed by Valerie Eden
RN, BN, ENC(C), MDE

Awards of Excellence

Do you have an idol? Someone who helped you through that long day, evening, or night shift in ER? Well, NENA wants to hear about them! NENA is looking for nominations for Awards of Excellence in emergency nursing. There is no limit to the number of awards that are awarded in four categories: Emergency Nursing Practice, Emergency Nursing Research, Emergency Nursing Administration, and Emergency Nursing Education. See the application form on page 11.

Memories of Partnerships 2005

Partnerships 2005 – Emergency Nursing working with CARE (clinical, administration, research and education), held May 13-15, 2005 in Kelowna, B.C.



Bridging Gaps in Elder Care. Speakers: Brent Hobbs and Gloria Mohr.



Above, Clay Gilrie, president of ENGBC and chair of the conference planning committee speaking to conference participants, and below, Caroline McGarry-Ross and friend – winner of the Outlook contest.



Anne Cessford, past president of NENA and Janice Spivey, president-elect of NENA.



The contingent from Atlantic Health Services Corporation Emergency Department, Saint John, NB.



Cate Knowlton of Nova Scotia shows off her hula hoop skills at the beach party.


NENA's 25th Anniversary

In 1979, ENAO was approached by Nova Scotia, British Columbia, Manitoba and Alberta about forming a national association. In 1980, members attended the first national CAEP conference in Vancouver and the first interest meeting regarding the establishment of a national emergency nursing group was held.

In 1981, a second national meeting was held with representation from British Columbia, Alberta, Saskatchewan, Manitoba, Northwest Territories and Ontario. The group met to further develop the plans for a national emergency nurses group. By September 1981, a philosophy and objectives were developed and the name NENA was chosen. The membership fee was \$2.00 or \$5.00 depending on provincial needs.

On May 2-3, 1982, a conference was held in Regina, Saskatchewan. It was here that the first executive of NENA was acclaimed into existence. Provincial indirect fees to NENA were \$2.00.

There have been significant accomplishments for NENA and for emergency nurses over these past 25 years. Some of these accomplishments include: publication of Standards of Nursing Practice in 1986 that led to acceptance of emergency nursing as a specialty nursing group within CNA. In 1989, the first position statements were developed and published. In 1992, NENA negotiated with ENA to distribute TNCC in Canada. To date, 1,288 courses have been taught with 19,320 nurses trained in TNCC. In 1994, the first certification exam in emergency nursing was held. There were 366 emergency nurses who applied to write that first examination. To date, there are 1,300 nurses certified in emergency nursing. In 2000, NENA collaborated with CAEP on the joint

statement on overcrowding. In 2001, core competencies were developed and made available to all members. In 2003, NENA determined that it was time to move to a national conference each year from having a national conference every two years. It has been an eventful first 25 years! NENA continues to evolve and grow and to remain responsive to the needs of Canadian emergency nurses. We have lots of which to be proud! 



NENA's 25th Anniversary cake.

Outlook

Guidelines for submission

Editorial Policy

1. **Outlook** welcomes the submission of clinical and research articles, case studies, and book reviews relating to the field of emergency nursing.
2. Statements or opinions expressed in the articles and communications are those of the authors and not necessarily those of the editor, publisher or NENA. The foregoing disclaim any responsibility or liability for such material and do not guarantee, warrant or endorse a product or service advertised in this publication, neither do they guarantee any claim made by the manufacturer of such product or service.
3. Authors are encouraged to have their articles read by others for style and content before submission.

Preparation of Manuscripts

1. The original copy of manuscripts and supporting material should be submitted to the **NENA Outlook** editor. The author should retain one complete copy.
2. Manuscripts must be typed, double-spaced (including references), on 8 1/2" x 11" paper with adequate margins. Manuscripts longer than one page must be submitted in a disk format in Word Perfect or Word. Submissions are accepted via e-mail to the communication officer.
3. Author's name(s) and province of origin must be included.
4. Clinical articles should be limited to six pages.

5. Direct quotations, tables and illustrations that have appeared in copyrighted material must be accompanied by written permission for their use from the copyright owner, and original author and complete source information cited.

6. Photographs of identifiable persons, whether patients or staff, must be accompanied by signed releases, such as the following: "I hereby give (author's name) authorization to use the photograph of (subject's name) in the **NENA Outlook**."

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Deadline dates:
February 20 and August 16