

# President's message



With spring comes a sense of renewal (after the mud dries up). Also with spring comes the national conference in Banff, Alberta. (I am excited to be going back to the province in which, as a military dependant, I spent a significant portion of my school years.)


In reflection, I had the wonderful opportunity to attend a conference in Salt

Lake City, Utah, last fall with ENA. During this conference, there was a motivational speaker whose message stuck with me (and I hope remains). Steve Rizzo spoke of "Atti-tools of Success"—his message was one of choice, using humour and the power of your own thoughts. Essentially, you have a choice about how you respond to things; use humour to decrease negative thoughts.

Speakers such as this make an impact on attendees. The impact can be short lived or become part of you—that choice is yours. I hope in attending the national

conference you will find a speaker who enlightens you personally or professionally and you can make it part of your practice.

Please remember to send comments to me related to the strategic direction in the last **Outlook** (or anything NENA-related) at [president@nena.ca](mailto:president@nena.ca).

Take care and I hope spring brings you and yours happiness and a sense of renewal. 

**Tanya Penney, RN, BScN, ENC(C)  
NENA President**

## From the editor




I cannot believe that my two-year term as the Communication Officer is almost over. It has flown by and been an amazing experience. I am continually amazed at the depth of commitment, experience and knowledge of the people dedicated to being the voice of the NENA membership. I have been honoured to work with these people, and look forward to

continued relationships in the future. I would like to thank the many contributors to **Outlook** and the section editors over the past two years. It is due to you that this journal is as successful as it is. I will forever be indebted to you! Please do not stop sending in your articles for publishing.

I do have to say though, it saddens me that a country as large as ours, with as many emergency nurses that we have, does not have more NENA members. It is the membership of a national association such as this, that allows a louder, unified voice and power to influence

positive change for emergency nurses everywhere in Canada, both at the provincial and national levels. I challenge each and every one of you reading this journal now (and hence current members) to recruit another nurse to join NENA so that we can "flex our collective muscle."

I wish the best of luck to the incoming Communication Officer. I know he/she will thoroughly enjoy this position and the many experiences it presents! 

**Sincerely,  
Colleen Brayman**

### outlook

#### Conference watch

##### **NENA National Conference 2008**

May 8–10, 2008 at Banff Park Lodge, Banff, Alberta.

Website for more information: [www.nena.ca](http://www.nena.ca),

Conference Chairperson: Carole Rush at [carole.rush@calgaryhealthregion.ca](mailto:carole.rush@calgaryhealthregion.ca)

##### **NENA National Conference 2009**

April 23–25, 2009 at the Delta Winnipeg, Winnipeg, Manitoba.

Website for more information: [www.nena.ca](http://www.nena.ca),

Conference Chairperson: Irene Osinchuk at [iosinchuk@hsc.mb.ca](mailto:iosinchuk@hsc.mb.ca)

# Highlights of the Board of Directors' Meeting, November 8–11, 2007, Toronto, Ontario

The board of directors met November 8–11 at the Ramada Hotel in Toronto, Ontario, and following is a brief summary of discussion and decisions.

- NENA's Strategic Plan was updated with new goals and objectives defined.
- At the NENA forum there was discussion and sharing of the issues that

emergency nurses find themselves dealing with on a day-to-day basis and how we could put this into a strategic plan for NENA.


## Board meeting observer policy

NENA Policies & Procedures 5 . 6 . 0

NENA board of directors' meetings are open to NENA members on a pre-arranged basis.

The objectives of open board of directors' meetings are to enhance the board's accountability to those who have an interest in the affiliation's affairs and to facilitate member understanding of the board's governance of the emergency nursing specialty.

### Observer policy

- Those wishing to observe a NENA board of directors' meeting will contact the NENA president with their wish to do so at least 30 days prior to the board meeting, when possible.
- Number of observers allowed will be at the discretion of the board.
- If the request is less than 30 days in advance of a NENA board of directors' meeting, it will be at the discretion of the NENA executive whether permission will be granted.
- All observers shall be identified at the beginning of the meeting.
- A review of observer expectations will be outlined at the start of the meeting and is as follows:
  - Observers, prior to the start of the meeting, must agree to confidentiality of matters discussed.
  - Observers will not be allowed to attend in-camera sessions.
  - All observers will have non-voting status.
  - Observers may not enter into the discussion of the business of the board.
  - The observer may comment in writing to their official representative while the meeting is in progress.
  - Observers cannot be elected to chair a standing committee.
  - Observers will be placed in a row behind the table where the meeting is held, depending on the number of observers present.
  - NENA, Inc. will not be responsible for any expenses incurred by the observer attending a NENA board of directors' meeting (i.e., meals, accommodation, travel, etc.).
  - If any observer becomes disruptive, they will leave the BOD meeting immediately on the request of the president. 

Common themes seemed to prevail from province to province. Those being:

- Over-crowding
- Retention and recruitment
- Training and decrease in attendance at NENA courses due to the inability of hospitals to replace staff who would attend
- Promotion of the specialty of emergency nursing
- Rural nurses and deferral of level five patients and lack of resources
- Non-registered nurses giving care in the ED
- Educational preparation of new grads/ED nurses

Actions that came from these issues and the strategic plan involve:

- Establishing liaisons with the Canadian Association of Student Nurses
- Letters sent to the Federal Minister of Health and to Provincial Ministers of Health, informing them of the value of emergency nurses and that NENA provides four nationally recognized courses and requests their endorsement and financial support for the emergency nurses in their provinces and across Canada
- A position statement be made on collaborative relationships (ready for fall BOD meeting).

Conference 2007 held in May in Newfoundland had 184 registrants and was financially profitable.

Conference 2008, "No Mountain Too High", will be held at the Banff Park

Lodge, Banff, Alberta, May 8–10 2008. Pre-conference educational sessions include:

- May 6–7, 2008, Geriatric Emergency Network Initiative (GENI)
- May 7, 2008, CTAS Combined Adult/Pediatric Course, Train the Trainer.

Conference 2009 will be held April 30 to May 2, 2009, in Winnipeg.

Conference 2010 will be held in New Brunswick.

A new roster was developed for hosting the national conferences:

- 2009 MANITOBA
- 2010 NEW BRUNSWICK
- 2011 SASKATCHEWAN
- 2012 NOVA SCOTIA
- 2013 BRITISH COLUMBIA
- 2014 PEI
- 2015 ONTARIO

- 2016 NEWFOUNDLAND
- 2017 ALBERTA
- 2018 MANITOBA
- 2019 NEW BRUNSWICK
- 2020 SASKATCHEWAN
- 2021 NOVA SCOTIA
- 2022 BRITISH COLUMBIA


The following documents were updated and passed by the board during the meeting.

- Standards
- Orientation Package
- Core Competencies
- Conference Binder
- Policy and Procedure Manual
- Position Statements were divided up amongst the BOD and each BOD member is responsible to update each of their position statements and find current references to be ready for approval at the spring BOD meeting.

- Position Statement around the issue of a new grad in the ED, and what would be the minimal criteria we should expect from a new grad will be developed and brought to the spring BOD meeting for approval.

Positions up for election will be Communication Officer and President-Elect.

The BOD received a letter of resignation from the Industry Representative, as, due to re-structuring within Hoffman La Roche, they would no longer be responsible for emergency departments and, therefore, resigned. Discussion about the role of this position will be held at the spring meeting.

Next BOD meeting will be held in Banff, Alberta, May 5–7, 2008 (prior to conference). 



From left to right: Top row: Leslie Olsen, Janet Calnan, Jerry Bell, Stephanie Carlson, Cathy Fewer and Haidee Goldie. Bottom row: Sharron Lyons, Janice Spivey, Tanya Penney, Catherine McCormick and Colleen Brayman.

Mark your calendar and save the date!

# Global Changes... Emerging Times...

NENA National Emergency Nursing Conference

Delta Winnipeg, Winnipeg, Manitoba

April 23-25, 2009



Conference announcements: [www.nena.ca](http://www.nena.ca)

Abstract Submissions: [nena2009@mts.net](mailto:nena2009@mts.net)

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&

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# Global Changes... Emerging Times...



NENA National Emergency Nursing Conference,  
Delta Winnipeg, Winnipeg, Manitoba

**April 23–25, 2009**



## Call for abstracts

### **We live in a time of globalization and constant change.**

The Emergency Department Nurses Association (EDNA) of Manitoba, along with The National Emergency Nurses' Affiliation (NENA), invites all interested to submit abstracts for oral and poster presentations at the upcoming NENA conference in Winnipeg, Manitoba, April 23–25, 2009.

Conference presentations will be organized into four tracks: clinical practice, leadership, education and emerging issues.

All abstracts will be peer reviewed. The primary presenter for each accepted oral presentation will be awarded free registration for the conference day on which they present.

Abstracts must be received by September 30, 2008. Those individuals whose abstracts are selected for presentation will be notified by October 31, 2008.

### **Abstracts will only be accepted electronically in Microsoft Word.**

Please ensure that your submission includes:

- A cover page identifying the name(s) of the presenter(s), professional credentials, current position, e-mail address for correspondence and contact phone number
- A maximum 500-word summary of the presentation, which includes title, learning objectives and implications for emergency nursing practice

*Please direct abstracts and/or questions to [nen2009@mts.net](mailto:nen2009@mts.net)*

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## NENA member shares with international colleagues

In October 2007, the “2nd International Congress of Emergency Nursing” or the “2nd Congreso Internacional de Enfermería en Urgencias” occurred in Chihuahua, Mexico, sponsored by the Mexican Association of Emergency Nursing or the Asociación Mexicana de Enfermería en Urgencias. As a long-serving Canadian Emergency Nurse and NENA member, I was invited by the Mexican Emergency Nursing President, Mr. Gerardo Jasso, to give three presentations during this conference.

On my arrival at Chihuahua airport, I was welcomed by conference representatives as well as a translator. While there is much English spoken in Mexico, a university translation student was provided as a personal translator for each international speaker for the duration of his or her stay.

On the eve of our arrival, all international speakers were driven to Chihuahua’s private hospital, CIMA (Centro Internacional De Medicina), where we were to be honoured guests at a special ceremony. In front of friends, families, colleagues and dignitaries, eight Chihuahua emergency nurses were presented with their specialty certificates in emergency nursing. Following a lavish reception, the international congress speakers were given a tour of the hospital.

Conference day one was hot, sunny, and very comprehensive. International speakers from the U.S., Canada, Spain, Mexico, Palestine and Peru presented about emergency vascular access, triage, domestic violence, hospital evacuation in a disaster, nursing roles in humanitarian missions, pediatric trauma, obstetrical emergencies, and the introduction of emergency nursing certification in European countries. My presentation, “Severe Thermal Trauma”, included mechanisms of thermal trauma, principles of Advanced Burn Life Support, fluid resuscitation protocols, categories of burns, burn shock, unique burns, associated injuries and circumstances for burn centre referral.

Day one concluded with the evening congress opening ceremonies. While many city and hospital dignitaries were in attendance, the governor of Chihuahua Province welcomed the 300 congress attendees. He also expressed his own appreciation to the international speakers while recognizing international Emergency Nurses Week.

Conference day two, while equally hot and sunny, was also filled with a variety of topics including presenters from Argentina, Brazil, Spain, Mexico, Peru, U.S., and Palestine. The attendees learned about gunshot injuries, difficult airways, multiple trauma assessments, toxicological emergencies, early sepsis management, air transport of critically ill patients, IV therapies, and ED sedation principles. International speakers from five countries participated in a panel review of emergency nursing as an international specialty. They were followed by a symposium where six speakers discussed the international differences in available pre-hospital care and patient transport options.

The media from across Mexico interviewed the international congress speakers at a late afternoon press conference. Their questions addressed role variations and scope of practice of emergency nurses around the world. Not surprisingly, the problems of ED overcrowding, the ongoing nursing shortages and violence in the ED all exist internationally. We each received a copy of the following day’s Chihuahua newspaper, “El Heraldo”, which included our pictures and interviews along with a story about the congress.

The long conference day concluded with all attendees witnessing an outdoor practice by the nurses of the Mexican naval armada from Acapulco.

These skilled nurses demonstrated ways in which their specialized training equips them to assist in the evacuations of persons and the transport of medical supplies in situations of both natural and man-made disasters.

The education, skill upgrading and international networking continued along with the wonderful weather through conference day three. Emergency nursing colleagues from the U.S., Mexico, Brazil, Spain, Colombia and I participated in a symposium on “Multicultural Emergency Nursing and the Immigration of ED Nurses”. Having obtained much background from the Canadian Institute for Health Information (CIHI), Statistics Canada, the Canadian Nurses Association (CNA), Immigration Canada and the National Emergency Nurses’ Affiliation (NENA), I shared information about Canada’s health care system, our need for nurses, and the Canadian requirements to practise nursing, as well as international locations of Canadian embassies.

Speakers from Peru, U.S., Colombia, Spain, Canada, Mexico, Brazil, Palestine and Argentina all shared their knowledge and unique experiences throughout the day. The broad scope of presentations covered shock trauma management, international nursing processes, elder



**Emergency nursing representatives from Spain, Mexico, USA, Colombia, Peru, Palestine, Argentina and Canada.**

and child abuse, ACLS and ATLS guidelines for ED nurses, interpretation of ABGs, nurse management of ED ventilators and hospital terrorism preparedness. We were also privileged to hear the "World Nursing Overview" from the International Council of Nurses (ICN) representative from Latin America.

As day three progressed, I participated in a panel symposium on "Organ Donation Protocols in the ED". I joined speakers from Mexico, Peru, Brazil, U.S. and Spain as we shared the similarities and differences in donation and transplantation, as

well as the varied roles of emergency nurses in this valuable process. Organ Donation and Transplantation Canada was very helpful with donation options, criteria and restrictions, as well in the provision of the Canadian 2006 statistics.


The closing ceremonies of the congress sent the 300 attendees home to their hospitals, communities and countries equipped with much varied and updated knowledge, new and practised skills, as well as the sharing and support of many new international friends in emergency nursing.

Everywhere, I witnessed dedicated emergency nurses providing high-quality patient care and caring in incredibly over-crowded and short-staffed conditions. I was indeed privileged to be given this personal insight into an ED reality, somewhat similar, yet so different from mine in Canada.

Having been invited as a speaker at this exciting international educational event while representing emergency nursing in Canada was both a personal and professional honour for me. I met many wonderful international emergency nurses, all strongly committed to learning and advancing in order to improve worldwide emergency patient care. I spent much time speaking with individual nurses who not only were grateful for the information I shared with them from Canada, but who also taught me so much about emergency nursing in other countries.

I returned home to Canada with many new friends in emergency nursing along with a reinforced awareness that it truly is a small world after all!

**Janice L. Spivey, RN, ENC(C), CEN  
NENA Past President**



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5 No urgente	El paciente debe ser tratado dentro de los primeros 120 minutos.

Triage sign from Chihuahua, Mexico waiting room.

Following the conference, I took advantage of an offer of a tour of the public hospital in Chihuahua. Taking pictures was encouraged from our arrival in the ED waiting room, to the triage desk complete with manual typewriters, through the separate pediatric section, past countless patients on stretchers lining the ED hallways, to the cramped 24-bed emergency waiting for admission ward.

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