

President's message

Happy 2016 to everyone. Are you like me in thinking that, as you get older each year, time seems to go by just that much faster? Our fabulous CJEN Editor, Stephanie, sent a reminder to submit articles for the spring edition of CJEN, due by February 10. At the time, I thought that was a day far in the future, leaving me ample time to write this message. As I write this, it is already February and there is even a hint of spring in the air.

I hope that each one of you had an enjoyable holiday season, spent with friends and family during some well-deserved time off. Friends and family shared the time with us and all enjoyed.

And now we are back at work, doing what we do best—caring for our patients. I mentioned in an earlier article that my focus during my term as NENA President would be on patient-centred care. That is

why we are here, that is what we do best and that is what our patients most appreciate from us. All of our health care team co-workers are important, as are the diagnostic tests, medications, etc. But we are there, at the bedside, 24/7, 365 days per year (366 days this Leap Year), influencing patient care because we provide the most care to the patient.

So important in providing quality care to our patients is education and, as you will read in other articles in the journal, NENA is thrilled to have partnered with prn Education in the development of EPICC (Emergency Practice, Interventions and Care - Canada). You will learn more when you receive and plan to attend the NENA National Conference in Montréal this April. EPICC will debut as a pre-conference offering in both French and English. Do not miss this opportunity to be part of something great.

I encourage you also to read about NENA Board of Director opportunities. We are searching for key people to serve in several executive positions, including President Elect, Treasurer, Director of Membership and Promotions, and Director of Training and Education. Nomination forms and position job descriptions are available on our website at nena.ca or you may contact me directly at president@nena.ca for more information.

Thank you for your continued membership in and support of NENA. I hope to see many of you in Montréal this April. ☑



Respectfully submitted,
Sherry Uribe, MBA, BSc,
RN, ENC(C)
NENA President

Le mot de la présidente

Bonne année 2016 à tous! Êtes-vous de celles et ceux qui, comme moi, trouvent que le temps file de plus en plus vite chaque année? Il a quelque temps, Stephanie, notre formidable rédactrice du *Canadian Journal of Emergency Nursing* (CJEN) nous a rappelé que la date de tombée pour le numéro de printemps était le 10 février. J'ai alors cru que cela me laissait tout le temps nécessaire pour rédiger ce message. Au moment d'écrire ces lignes, nous sommes déjà en février; on peut même sentir le printemps à nos portes.

J'espère que vous avez tous passé une agréable période des Fêtes, entourés de vos amis et de vos proches pour ces vacances bien méritées.

Et voilà que nous sommes de retour au travail, à faire ce que nous faisons de mieux – nous occuper de nos patients. J'ai mentionné dans un article précédent que mon mandat en tant que présidente de la National Emergency Nurses Affiliation (NENA) serait axé sur les soins aux patients. C'est pour cela que nous sommes ici, pour prodiguer aux patients ce qu'ils

apprécient le plus de nous : nos excellents soins. Nos collègues du milieu de la santé sont tous importants, autant que les tests diagnostiques, les médicaments, etc. Nous sommes au chevet des patients 24 heures sur 24, 7 jours sur 7, 365 jours par année, ou plutôt 366 en cette année bissextile. Parce que nous intervenons aussi souvent auprès des patients, nous influons sur les soins qu'ils reçoivent.

La formation des infirmières et infirmiers est très importante pour la qualité des soins prodigués aux patients. En lisant les autres articles de la revue, vous constaterez que la NENA est emballée par son association avec prn Education pour l'offre de formation EPICC (Emergency Practice, Interventions and Care - Canada). Vous en apprendrez davantage à ce sujet lorsque vous recevrez l'information relative au congrès national de la NENA, qui se déroulera à Montréal en avril. Nous vous invitons à y assister. La formation EPICC sera présentée avant le début des conférences et sera offerte en français et en anglais. Ne ratez pas l'occasion de prendre part à cette activité ressourçante.

Je vous invite également à prendre connaissance des possibilités d'engagement au sein du conseil d'administration de la NENA. Nous sommes à la recherche de personnes clés pour occuper divers postes de direction, incluant celui de président désigné, de trésorier, de directeur des adhésions et des promotions et de directeur de la formation et de l'enseignement. Les formulaires de mise en candidature ainsi que la description des différents postes à pourvoir se trouvent sur notre site Web, à l'adresse nena.ca. Vous pouvez également me joindre directement à l'adresse suivante : president@nena.ca afin d'obtenir de plus amples renseignements.

Merci de votre adhésion continue ainsi que de votre soutien à la NENA. J'espère vous voir nombreux à Montréal en avril. ☑



Cordialement,
Sherry Uribe, B.Sc.,
M.B.A., inf.aut., ENC(C)
Présidente de la NENA

Editor's commentary

Much discussion about nursing revolves around the patient: patient safety, patient-centred care, patient participation, patient teaching, patient satisfaction. Nursing is about patients. This past week I was on the periphery of an event that reminded me that nursing is also about nurses.

We have two acute care hospitals in Regina with emergency departments at each hospital. Each department has a slightly different clientele and a very different culture. My job enables me to work closely with staff at both hospitals. I wouldn't say that one is better than the other, but they are certainly different. There is a good deal of interaction between staff of the two departments. Some nurses work part-time or casual at both hospitals and we enjoy joint nursing education activities and socialization.


A nurse from one of the departments became gravely ill. This touched us all very deeply, as we have been concerned

for him and for his sweetheart, who also works as an emergency nurse. He was seen by an emergency physician in the emergency department and whisked to an inpatient unit very quickly and then to the intensive care unit where he remained for several weeks with mechanical support.

Everyone from our executive director on down was involved somehow in tangible expressions of affection for both of our nurses. His manager stayed overnight at the hospital with family and managed somehow to carry on with her regular duties in emergency. When the email blast went out to meet at the hospital chapel to pray or "be there" for the family, the room filled and there was spill-out into the hall. Several staff maintained an intermittent vigil with the family and some offered care of their toddler, jockeying time around their work schedules. Staff from each department brought food to the family during his illness. Doctors provided food for staff and in

many other ways showed their shared concern. Nurses from the departments at both hospitals asked to contribute to a collection to help with immediate needs. Some of the men cleaned sidewalks at the home following snowfalls. This isn't a complete list, but it demonstrates the level of engagement by staff.

It is with profound sorrow I add that this nurse did not survive his illness. We were all touched by his short life and we will all miss him very much. When the word came, it felt like a death in the family. The tears came. The questions came. The grief continues.

Yes, I am proud to say that nursing is about patients, but I can say also and with absolute certitude that nursing is about nurses. Goodbye, Louelle, we miss you. 



Stephanie Carlson

NENA Awards, Bursaries and Grants available for 2016

Awards

Excellence in nursing and health care deserves recognition. By celebrating nurses' achievements in the four domains of practice, the understanding of nursing is expanded and a positive image is reinforced. The NENA Awards of Excellence Program enables nurses to honour colleagues for their outstanding contributions and for demonstrating excellence in relation to the Standards of Nursing Practice. Awards available:

- Award of Excellence in Emergency Nursing Administration
- Award of Excellence in Emergency Nursing Education
- Award of Excellence in Emergency Nursing Practice
- Award of Excellence in Emergency Nursing Research

Award nomination forms to be sent to awards@nena.ca. Deadline for submission is March 31.

Bursaries

NENA recognizes the need to promote excellence in emergency care and, to this end, will provide financial assistance to its members. NENA will budget for a predetermined amount of monies annually for the support of ongoing education, with the mandate of facilitating a high standard of emergency patient care throughout Canada.

All members of the emergency nursing team are eligible for consideration including staff nurses, managers, educators and nurse practitioners.

On April 1 each year, the number of bursaries to be awarded will be determined based on the number of registered members per province. One annual bursary will be available to the NENA Board of Directors and one bursary available collectively to an independent member.

One Margaret Smith Paediatric Memorial Bursary and one Debbie Cotton Memorial Bursary are also available annually.

Grants

A NENA Research Grant is available for application by a member/members participating in current research related to emergency nursing in Canada.

Completed applications accompanied by all required documentation must be submitted to your provincial president or awards@nena.ca prior to March 31.

NENA congratulates all of our 2015 bursary recipients

Below are the essays by the 2015 NENA bursary recipients. NENA derives immense pleasure from presenting these awards, which assist active NENA members to participate in events that enable them to remain current in their practice of emergency nursing. The deadline for 2016 bursary applications is March 31, 2016. Eligibility requirements and instructions for application are included in this journal.

Attendance at the NENA Conference

I was fortunate enough to be one of the recipients of the 2015 NENA Bursaries. This bursary allowed me to attend the national conference this May in Edmonton, AB, where I felt like I had received an injection of knowledge, renewed passion and energy for emergency nursing!

I attended the pre-conference workshop on evidence-based practices for emergency wound care where I reviewed the principles of wound healing to better help me make the right choices when using the many new dressing products available. I updated my knowledge on many topics, including recent changes in caring for hypothermic patients, paediatric rashes and allergic reactions—knowledge that I can apply at the bedside to improve the quality of care I provide for my patients. I was inspired by the enduring passion that is so evident in AnnMarie Papa, as she shared many lessons on how to work more effectively with my ED team.

I now bring the knowledge and experiences I had at the conference forward to my studies, as I interact with nurses from across the country in the Advanced Critical Care/Emergency Nursing Certificate program – and hope to share the knowledge and passion I have for emergency nursing with the nurses entering the program who are at the beginning of their journey into the world of emergency!

Thank you sincerely for allowing me this opportunity.

Darlene Campana, RN, BSN, CEN

Attendance at the NENA Conference

Thank you very much for the NENA bursary I received this last year at the conference in Edmonton. This money helped to pay for lodging and registration for the NENA conference.

I find these conferences informative and very applicable to emergency practice. I have shared some of the knowledge gathered at the conference with the staff in our department.

The financial support from NENA is very much appreciated. Thank you again.

Kitty Murray, Clinical Nurse Educator, Victoria General Emergency Department

2015 Margaret Smith Bursary Recipient

BCEN Certification in Paediatric Emergency Nursing

In the summer of 2014, I studied for and obtained my BCEN certification in Paediatric Emergency Nursing. This certification was established in 2009 to verify the unique body of knowledge that is post basic in paediatric emergency nursing. I am one of the few British Columbians, let alone Canadians, to attain this certification after obtaining both Canadian ENC(C) and American CEN certifications.

I currently work full-time in a busy, combined adult/paediatric emergency department and teach TNCC and CTAS. Preparation for this certification has allowed me increased comfort and confidence in caring for sick children. It has also allowed me to become somewhat of a resource in the department.

The Margaret Smith Memorial Bursary has allowed me to recoup some of the costs for the preparation for this exam, texts, DVDs and travel to Seattle and, finally, the cost of the exam itself. There was no requirement for this certification in my current job. So, many say, why

waste the money? Well, for personal satisfaction and, more importantly, to provide the best care possible.

Thank you.

**Sincerely,
Laura B MacKinnon, RN, BScN,
ENC(C), CEN, CPEN**

Attendance at the IAFN Conference

Thank you for the bursary to attend the annual conference of the International Association of Forensic Nurses. My position as SANE coordinator in the Regina Qu'Appelle Health Region requires that I be knowledgeable about the latest research in forensic nursing, particularly sexual assault care. All adolescent and adult cases in our area are examined and treated in a collaborative process between nurse examiners and primary emergency nurses. Attendance at the conference of the International Association of Forensic Nurses not only provides the premier learning opportunity for nurse examiners, but it is also one of two opportunities to network with Canadian forensic nurses (the other is the annual NENA conference). I believe my attendance has a direct benefit on patient care and on the response to our patients in our two emergency departments.

**Respectfully submitted,
Stephanie Carlson, RN, SANE-A,
CFN**

Attendance at the 2015 NENA Conference in Edmonton

We are very fortunate this year that the NENA conference is being held here in Alberta. I am very excited to have this opportunity to attend the NENA conference to gain knowledge and insight on a vast array of emergency topics. I am eager to learn about many topics such as: paediatric rashes, anaphylaxis and allergic emergencies, legality issues in nursing and changing the negative outcome of long ED wait times. All of these topics apply to my job as a clinical nurse educator of the South Health Campus Emergency Department. I can definitely

relate to the long wait times and am eager to hear what the Jean-Talon Hospital has done to increase their safety and quality of care in their waiting rooms.

Attending conferences such as NENA's helps to advance my own knowledge and skills. I am able to take this knowledge and apply it to my practice. I can take the "pearls" I will learn from the conference and incorporate them into teaching our own staff and nurses across the zone, whether it is in emergency orientation or courses such as ACLS, PALS, CTAS or TNCC. I am looking forward to the NENA conference at the end of April. I am excited to see all that I will learn and take away from the conference.

Sara Nosworthy, Alberta

Deb Cotton Bursary to attend the ENA Conference in Orlando, Florida

The Emergency Nurses Association (ENA) has been offering the largest emergency nursing conferences in North America for many years. Traditionally, they offered two conferences per year; a leadership conference in the spring and a clinical conference in the fall. In 2001, I had the opportunity to attend the clinical conference and benefitted tremendously.


I have never had the opportunity to attend the leadership conference, as it was held in the spring (similar timing to the NENA conference), although every year I would look at the conference brochure and wish I could attend.

This September (2015), ENA will integrate the leadership and clinical conferences into one outstanding six-day emergency nursing conference. The conference will be held in Orlando, Florida, a location that is more affordable for those of us on the East coast than travelling to most parts of Western Canada. The timing and location of the integrated leadership and clinical conferences this year provide me an excellent opportunity to attend.

Although the official program has not yet been released, ENA 2015 promises many opportunities to network with emergency nursing colleagues from across North America and around the world, hands-on learning labs and interactive demonstrations in addition to disaster drills. I am also looking forward to visiting the ED of the future exhibit to have a glance at emerging ED technology and promising operations practices.

When I attended the prior ENA clinical conference, I had the opportunity to

participate in a cadaver lab, which not only increased my knowledge of anatomy, but also allowed me to gain experience with inserting the EZ IO and utilizing Glidescope technology. Both the EZ IO and Glidescope are now utilized in our ED and I was fortunate to be familiar with them when they arrived. It was also advantageous for me to meet other TNCC and ENPC instructors from across the U.S. to hear their challenges in offering the programs and to learn tips and tricks that have been utilized and enrich our TNCC and ENPC course offerings. Given the recent updates to both TNCC and ENPC, I welcome the opportunity to network with other instructors.

Most of all, what I remember from the prior ENA conference was the passion and excitement for emergency nursing shared by the group of more than 3,500 nurses. It was truly inspiring and I want to experience that again. 

Thank you,
Erin Musgrave, MN, RN, ENC(C),
Triage Coordinator, Horizon Health
Network/Réseau de santé Horizon,
New Brunswick

A response to the Syrian Refugees


By Haidee Goldie, RN, ENC(C), Manager St. Joseph's Community Health Centre, Saint John, New Brunswick

The St. Joseph's Community Health Centre (CHC) has been partnering with the YMCA New Comers Connection to provide assistance and guidance for providing a medical assessment. Termed a Post Arrival Health Assessment (PAHA), it provides access to immunizations through public health and access to mental health clinicians and other specialists, as needed. The CHC has been providing one clinic a week since December 7, and twice weekly since January 19. Public health and mental health clinicians attend these clinics.

The PAHA is a document developed to help clinicians identify acute/chronic medical conditions, and recognize if the client will need immediate access to a primary care provider. This assessment

is being completed with each family member by a registered nurse who has volunteered their time to provide the service. Primary care providers within the Saint John area have also volunteered to provide ongoing care for these clients. Through the assessment, the need for immunizations is recognized and a referral is made to public health who will then provide the service. Mental health clinicians are available to provide care if a need is identified, whether it is a one-time appointment or an ongoing service of support. Each PAHA assessment takes approximately 30 minutes/adult and 15 minutes/child. Interpreters are provided through the New Comers Connections or the Translation Line may be used. Ideally, interpreters make the process much more streamlined, but there is a

cost that is incurred. Appointments for the families are booked on specific clinic dates through the YMCA. All referrals that have been identified are made by one lead person to ensure less confusion and to ensure the appointments are booked with the appropriate person and contact has been made. The contact at the YMCA ensures that the patient is aware of the appointment time and that an interpreter is available. At the end of each clinic day all of the volunteers spend time in case management. This allows the volunteers time to go over the assessment and discuss any referrals with the team lead.

These clinics would not be possible without the volunteers and the Community Health Centre that provides manpower and equipment to the clinics. 

Director of Training and Education report

By Margaret Dymond, RN, BSN, ENC(C)

The role for the Director of Training and Education, NENA Board of Directors, has expanded over the last one to two years. This winter, the job description is being finalized in order that NENA members understand the position and duties of the role.

The position duties highlights:

- Monitors courses (TNCC, ENPC, CTAS) including tracking information, costs, effectiveness, and feedback
- Analyzes and evaluates courses for strengths and areas of improvement to promote delivery of courses
- Regularly connects with NCAC chair, triage working group (CTAS), EPICC working group
- Acts as a liaison for education-related opportunities with the NENA BOD and interested groups


- Acts as a resource for emergency nursing certification to NENA members seeking certification, CNA, and other interested groups
- Develops educational tools to assist emergency nurses prepare for the emergency nursing certification exam — Canada
- Provides input into the operational activities of NENA: financial, educational, policies and procedures.

NENA is actively pursuing many opportunities to increase the organization's awareness provincially, nationally, and internationally. The Director of Training and Education is a member of the Canadian Concussion Consortium and the International Committee for the Advancement of Procedural Sedation.

The Canadian Nurses Emergency Nursing certification program is actively

working on the exam process and switching the exam to an electronic format. Starting in the fall of 2016, the exam will be computerized.

There has been interest from other countries in the Canadian emergency certification program. A recent pilot project between the Dubai Health Authority (DHA) and the Canadian Nurses Association certification is on going, with two Canadian nursing specialties rolling out in the DHA—emergency nursing and nephrology.

The next generation of NENA educational activities includes the creation and dissemination of the Emergency Practice Interventions and Care – Canada with prn Education. The course will be simultaneously rolled out in English and French. 

Le compte rendu de la directrice de la formation et de l'éducation

Par Margaret Dymond, inf. aut., BSN, ENC(C)

Le rôle du directeur/de la directrice de la formation et de l'éducation au sein de la National Emergency Nurses Affiliation (NENA) a évolué au cours des deux dernières années. Cet hiver, la description du poste sera finalisée, ce qui permettra aux membres de la NENA de comprendre le statut et les fonctions de la personne occupant ce rôle.

Principales responsabilités du directeur/de la directrice de la formation et de l'éducation :

- Superviser les cours Trauma Nursing Core Course (TNCC), Soins infirmiers pédiatriques d'urgence (CSIPU) et Échelle de triage et de gravité (ÉTG) canadienne, en surveillant notamment l'information, les coûts, la pertinence et les rétroactions;
- Analyser et évaluer les cours en faisant ressortir leurs forces et leurs lacunes afin d'en améliorer la promotion;
- Travailler étroitement avec le président/la présidente du National Center for Alternative Certification (NCAC)

de même qu'avec les groupes de travail relatifs à l'ÉTG canadienne et à Emergency Practice, Interventions and Care — Canada (EPICC);


- Assurer la liaison entre le conseil d'administration de la NENA et les groupes à la recherche de formations;
- Agir en tant que personne-ressource pour la certification des infirmières et infirmiers membres de la NENA, de l'Association des infirmières et infirmiers du Canada (AIIC) et d'autres groupes intéressés;
- Élaborer des outils pédagogiques afin de mieux préparer le personnel infirmier d'urgence à l'examen de certification en soins infirmiers d'urgence — Canada;
- Participer aux activités opérationnelles de la NENA — finances, éducation, politiques et procédures.

La NENA cherche activement à saisir diverses occasions d'augmenter la reconnaissance de l'organisation à l'échelle provinciale, nationale et internationale. Le

directeur/la directrice de la formation et de l'éducation est membre du Canadian Concussion Consortium et de l'International Committee for the Advancement of Procedural Sedation.

Les responsables du programme de certification de Canadian Nurses Emergency Nursing travaillent activement au processus d'examen de certification afin d'en faire une version électronique. Celle-ci sera disponible à compter de l'automne 2016.

Le programme canadien de certification des soins infirmiers d'urgence suscite de l'intérêt à l'extérieur du pays. Un projet de formation pilote réalisé conjointement par l'Autorité de santé de Dubaï et l'AIIC consiste à enseigner actuellement à Dubaï deux spécialités infirmières reconnues au Canada.

Les prochaines activités pédagogiques de la NENA comprennent la création et la diffusion de la formation EPICC, réalisées par prn Education. Le cours sera offert simultanément en anglais et en français. 

2016 is going to be an EPICC year!

By Landon James, RN, MA

The National Emergency Nurses Association (NENA) and the prn Education group have collaborated on an exciting venture to develop a bilingual course based on the NENA core competencies. After an exhaustive search for the right name, it has been named the Emergency Practice, Interventions and Care – Canada (EPICC) Course. This unprecedented course will use mixed instructional methods such as pre-course online modules, classroom and small-group case studies, as well as psychomotor skill stations. Videos, games and formative evaluation techniques will challenge the beginner and seasoned emergency nurses' ways of thinking, translating and applying knowledge to practice. The course was developed keeping in mind evidence-based adult learning principles.

The task of meeting a tight timeline of one year from July 2015 to July 2016 was given to the EPICC Project Development Team, which included Landon James, Monique McLaughlin, Brian Lee, Denis Bouchard and Mélanie Marceau. We are fortunate in both our civilian and military areas in Canada to have many experts (both English and French) in the fields of clinical emergency nursing and emergency nursing education from which we drew our expert content developers. These academically and clinically qualified content developers

were asked to author case studies encompassing a mixture of many challenging competencies. These case studies were then exchanged to be peer reviewed. The EPICC Project Development Team was impressed by how recent relevant research contributed to the quality of the case studies.

The Project Development Team met in Vancouver in October 2015 for an intensive four-day review of the content. Filming the videos for the online portions in the Mobile Medical Unit (a legacy from the 2010 Olympics) and a test course schedule were some of the other tasks completed. Fortunately the weather in Vancouver cooperated.

The Project Development Team then hosted two test group courses that were held in Vancouver and Montréal in November 2015. Notable emergency nursing education leaders were gathered, volunteering their time to lend invaluable constructive feedback to the curriculum, development and delivery of this course. It was an energized, respectful and motivating environment that helped to clarify the objectives for the course. It was humbling to be challenged and given such enthusiastic support by respected nursing leaders to continue to be open and innovative in the delivery of education.


The EPICC Project Development Team gathered once more, this time north of



Montréal in January 2016 to incorporate the critical feedback from the test groups and come up with the “final” product. It was another intense four days holed up in a cabin in the Laurentians (thank you Denis). But we did manage to enjoy some of the winter weather in Quebec (on snowshoes nonetheless).

The next step is to do the “dress rehearsal” both in Vancouver and in Montréal. We will be teaching the first EPICC courses in February and March 2016 with emergency nurse participants. We are excited to “show off” national bilingual Canadian expertise in the combined work of the project developers, content developers and the course reviewers.

The first formal public course will be delivered as a pre-conference offering to the NENA National Annual Conference in Montréal where we “Unleash the Power of the ED Nurse.” For anyone who would like to keep up with the course development, blog, FAQ and updates, you can visit us at: <http://prneducation.ca/pages/epicc>

Let's make 2016 an EPICC year! 

Canadian emergency course previewed in Vancouver

By Jean Harsch, RN, ER, CNE, Grey Nuns Community Hospital Emergency Department, Edmonton, AB

On February 13–14, I had the privilege of joining with 23 others (staff nurses, clinical nurse educators, and managers) to participate and evaluate the new Emergency Practice, Interventions and Care – Canada (EPICC) course.


We began our introduction to the course by doing the EPICC online modules before we gathered in Vancouver. These modules present foundational physiology and pathophysiology, some common emergency presentations through readings, podcasts and YouTube videos. Initially, I felt these modules were quite basic and I

was concerned that the course would be more entry level. But, I was wrong.

In Vancouver, the 24 of us were split up into four groups of six. We worked through common emergency presentations using simulations where we each got to function in different roles (physician, triage nurse, team leader, staff nurse, respiratory therapist). During the debriefing and group discussions the theory behind the actions/treatment was confirmed and clarified.

The principle that simulation/hands-on learning is the most effective adult learning approach was patterned for us

and the experience effectively drove the concept home.

Though the creators of the EPICC course are still ironing out all the details for the Montréal conference, I found this course to be an effective and exciting way to teach and challenge higher-level learning and critical thinking. We experienced the cases through different eyes and challenged ourselves to know the medical and nursing treatment. As a result of this experience, I am changing how I present my training and orientation in our emergency department. I believe that no matter what your role is in the ER, EPICC can positively influence your practice. 

NENA—A grandiose vision

By Jean Harsch, RN, ER, CNE, Grey Nuns Community Hospital Emergency Department, Edmonton, AB

Because NENA represents a group of nurses who are masters of assessment, of creativity and of flexibility, I desire that NENA would be their voices in the local, national and international political, social and medical arenas.

Politically: I want NENA to be assertive in pursuing provincial and federal governments to address the need for a bigger vision to accommodate the bulging emergency departments. We need to meet with hospital administrators to discuss their plans for addressing these issues and plan with them to see with a bigger vision how to solve the problem not just for today, but also for the future. We need to have a vision, a suggested plan and get out there and speak about it with the media. We need to promote and participate with any discussion groups that are happening.

We need to increase our visibility so that the political world and the general public know who we are and hear what we stand for, using advertisements in magazines, strategically planned media interviews/statements. Definitely having a presence at as many nursing conferences as we can, so we can promote what we believe.

Having and presenting our vision or position on how Canadians can own their health care and health responsibilities and possibly reduce the number of ER visits. Health promotion.

Socially: I want NENA to be actively involved and present when local, national or global disasters occur. What if we got on board with a disaster planning/emergency preparedness nursing training program? What if we equipped our nurses to go out into the world to meet the needs of the countries or places that need disaster intervention? What if the answer to the question “who do we call” wasn’t ghost busters but it was NENA? What if, when the Canadian government was preparing to send disaster relief/medical relief, they would have on their list of resources NENA? Who better to enter into the world of chaos and extreme medical emergency than our emergency nurses? What if we had on our website registration for those nurses who could be deployed within 24–48 hours to places of need? What if when people saw our logo they would recognize us as a group of nurses who not only meet the needs of people in local hospitals, but they would also

recognize us as a group of nurses who are involved and present globally.

Medically: I desire that NENA would not only be the go-to association for questions regarding emergency intervention, but also that we would be actively investigating and promoting best practice for nursing in the ED. What if the way emergencies ran their departments was based on NENA recommendations—and I don’t mean they have some documents that they looked at once upon a time but really never followed—but what if we were considered the experts, so that when they wanted to institute new policies or programs they would just automatically say, “Well, let’s see what NENA recommends.” What if accreditation was based on NENA standards?

We already do and are involved in some of this and so much more than this. We have the greatest resources... our ER nurses from all over Canada and the representatives from 10 provinces and soon our territories, too. I want for the NENA team to have the biggest, most grandiose vision of what we are capable of... and then let’s do it, and let’s do it together. All of us feeding the vision with ideas and dreams and all of us fleshing it out. ☑

NENA—Une vision grandiose

Article rédigé par Jean Harsch, inf. aut., ER, CNE, service des urgences du Grey Nuns Community Hospital, Edmonton, AB

La National Emergency Nurses Affiliation (NENA) regroupe des infirmières et infirmiers passés maîtres dans l’art d’évaluer, de créer et de s’adapter. Je souhaite que la NENA les représente sur les scènes politique, sociale et médicale, et ce, à l’échelle locale, nationale et internationale.

Scène politique : Je souhaite que la NENA parvienne à convaincre les gouvernements, tant provinciaux que fédéral, de la nécessité d’élargir leur vision afin d’améliorer la situation dans les

salles d’urgence, qui débordent. Nous devons rencontrer les administrateurs des centres hospitaliers afin de discuter avec eux des plans envisagés pour régler les problèmes de nos services d’urgence. En travaillant conjointement avec les administrateurs, nous parviendrons à une vision « améliorée » du problème et trouverons des solutions durables. Nous devons exposer notre vision et notre plan d’action dans les médias. Nous devons également promouvoir la tenue de groupes de discussion sur le sujet et y participer, aussi souvent que possible.

De plus, nous devons accroître notre visibilité par l’entremise de publicités dans des revues et d’une planification stratégique d’entrevues accordées aux médias. De cette façon, le milieu politique ainsi que le reste de la population sauront qui nous sommes et ce que nous cherchons à accomplir. Aussi souvent que possible, il importe d’assister aux congrès s’adressant au personnel infirmier, afin de promouvoir notre message. Nous devons amener les Canadiens à prendre soin de leur santé. Notre vision et notre position quant à la manière de les responsabiliser


doivent être partagées. Cela pourrait réduire le nombre de visites à l'urgence. C'est ce qu'on appelle faire la promotion de la santé.

Scène sociale : La NENA doit s'engager activement et être présente lors des catastrophes locales, nationales et internationales surviennent. Pourquoi ne pas élaborer un programme de formation visant à préparer les infirmières et infirmiers à agir en cas d'urgence? Pourquoi ne pas équiper nos infirmières et infirmiers afin qu'ils voyagent de par le monde pour répondre aux besoins de populations affligées par les catastrophes? Pourquoi le numéro à composer en cas d'urgence ne serait-il pas celui de la NENA? Et lorsque le gouvernement du Canada se prépare à fournir de l'aide aux sinistrés et du secours médical, pourquoi la NENA ne ferait-elle pas partie de ses ressources? Personne d'autre que nos infirmières et infirmiers d'urgence n'est mieux placé pour faire

face au chaos et aux situations d'extrême urgence médicale. Les coordonnées du personnel infirmier pouvant être déployé dans un délai de 24 à 48 heures dans des zones sinistrées ne pourraient-elles pas se trouver sur notre site Web? Notre logo ne pourrait-il pas être associé non seulement à un groupe de personnes prenant soin de patients dans les hôpitaux locaux, mais aussi à un groupe d'infirmières et d'infirmiers engagé et présent à l'échelle planétaire?


Scène médicale : La NENA doit non seulement être la référence pour des questions relatives aux interventions d'urgence, mais elle doit être bien renseignée sur les meilleures pratiques de soins infirmiers d'urgence, en plus de les promouvoir. Pourquoi les services d'urgence ne suivraient-ils pas les recommandations de la NENA? Et je ne parle pas de documents auxquels on jette un œil de temps à autre, sans vraiment suivre les recommandations. J'entends par là que si nous

étions considérés comme des experts, les recommandations de la NENA pourraient être prises en considération dans la mise en place de nouvelles politiques ou de nouveaux programmes. On penserait automatiquement : « Eh bien, voyons ce que la NENA recommande ». Pourquoi l'accréditation du corps infirmier ne se baserait-elle pas sur les normes établies par la NENA?

Nous sommes déjà engagés dans certains de ces projets, et bien plus encore. Nous disposons des meilleures ressources : en font partie nos infirmières et infirmiers qui travaillent dans les urgences du Canada, ainsi que nos représentants des dix provinces et bientôt des territoires du pays. Je souhaite que l'équipe de la NENA ait la vision la plus large, la plus grandiose de ce que nous pouvons accomplir... Et si on la réalisait tous ensemble? Et si chacun de nous nourrissait cette vision, avec ses idées et ses rêves, afin de l'enrichir...? 

NENA Membership report

- A NENA information sheet was sent out as a pdf to all NENA Executive and NENA Directors for their use in promoting NENA in a variety of ways (handouts, orientation, and “welcome” packages to NENA). This brochure will be translated into French and will be posted on the website for any member to use for promoting NENA.
- Ongoing work is taking place to have a NENA brochure. This will be sent out to the Executive and the President's Council for dissemination and printing. We will include one in each conference bag at 2016 in Montreal. Remember there is a discount on copy and printing through Staples and the reference number is **8152350834**. This is a Level 2 Business Discount giving 20% off Printing and Copying through any Staples across Canada. **This number is on our website for all members of NENA to use.**
- NENA has NENA RN pins available for any provincial group to purchase. They come in lots of 100 and will be sold to the provinces at cost (\$0.97 each plus shipping). Just contact me to arrange for your pins.
- NENA also has 500 pens (red with stylus at the end), which will be used for promotion in the conference bags.
- We are ordering travel mugs—which we will sell at Conference 2016 in Montréal.
- I have also inquired about NENA warm-up jackets and hope to hear from Aloft as to what these will look like with the NENA logo. We hope to have some samples at the NENA conference in Montréal, as Aloft will be there with a booth.
- Our membership numbers for November 6–December 31, 2015: 51 new members
42 renewing members
- Total NENA membership as of January 27, 2016, is **2,460**. This is up from last year and we want to continue to grow across country. Any ideas you may have for doing this will be gladly received and considered. Our provinces must grow to increase the national number. We all need to do our best to promote NENA as the Leader in Emergency Nursing and be the voice of our specialty.

A job description has been developed for the position of Director of Membership and Promotion on the NENA Board of Directors. An election for this position will occur at the AGM in Montréal, April 2016. This position will then become permanent and have a term of two years. 

Submitted by
Pat Mercer-Deadman, RN, ENC(C)
NENA Director of Membership and Promotion

Canadian Emergency Nursing Certification in Dubai, United Arab Emirates

By Margaret Dymond, RN, BSN, ENC(C), and Michelle Tipert, RN, ENC(C)

The Canadian Nurses Association (CNA) certification program is becoming recognized on the international stage. Early in 2015, CNA and the Dubai Health Authority (DHA) began discussions on bringing the Canadian emergency nursing certification and the nephrology certification programs to qualified nurses in the DHA. The National Emergency Nurses Association (NENA) Canada was approached by CNA to become involved in the emergency nursing certification process with the DHA and develop/disseminate an action plan for exam preparation for DHA emergency nurses.

Background

The CNA sponsors 20 RN nursing specialty certifications in Canada. The emergency nursing certification has existed since 1994. As of July 2015, 1,198 emergency nurses in Canada were certified and have earned the professional designation of Emergency Nurse Certified Canada – ENC(C). The DHA is adopting the Canadian emergency and nephrology nursing certification programs.

Canadian emergency nursing certification process

The CNA emergency nursing certification process involves preparation several months in advance. The RN candidate must apply and meet all the essential qualifications of the certification program. These include 3,900 hours in emergency nursing practice in the past five years, or a combination of education hours and experience—2,925 hours in practice in the past five years and a formal post-basic course in the specialty more than 300 hours in length. An endorsement from a supervisor in the specialty is required.

The CNA website has posted resources for emergency nursing certification exam preparation. The resources include a blueprint of the expected knowledge and content to study, the core competencies

and the weight/percent of exam questions based on the competency, bibliography, recommended methods of preparation (forming study groups), and access to nurseONE. A practice exam is available for the applicant to review areas of strength and areas of potential review and study.

CNA, NENA, and DHA collaboration: Emergency nursing certification

CNA and DHA negotiated an agreement to bring the Canadian emergency nursing certification program to Dubai. The first step was to determine the eligibility and number of nurses in the DHA who would be qualified for the emergency nursing certification program. NENA was tasked to assign two certified

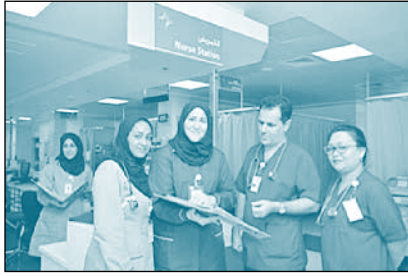
emergency nurses in Canada to develop an emergency nursing exam preparation program to be hosted in Dubai, UAE.

The exam preparation program was designed based on the exam blueprint and the 20 core competencies for emergency nursing. The plan was to develop a two-day program and deliver this program twice. Core competencies with more weight over the number of exam questions were longer sessions. The goal of the prep sessions was to offer an



Table 1: Topics presented in Dubai

Time	Topic - System
20 mins	Patient Assessment Review
45 mins	Respiratory Emergencies
90 mins	Cardiovascular Emergencies
45 mins	Musculoskeletal/Integumentary Emergencies
30 mins	Medical Emergencies: Haematology/Immunology
30 mins	Endocrine Emergencies
30 mins	ENT/Ocular Emergencies
20 mins	Mental Health Emergencies
15 mins	Environmental Emergencies
45 mins	Neurologic Emergencies
30 mins	Gastro-intestinal Emergencies
30 mins	Genital-urinary Emergencies
30 mins	Obstetric/GYNE Emergencies
45 mins	Paediatric Emergencies
30 mins	Toxicology Emergencies
20 mins	Triage
60 mins	Trauma



overview of the subject matter, what areas the RN candidate felt they had a strong knowledge base in, and in what area(s) they needed more review. The method of delivery selected for the prep sessions was using PowerPoint and interactive lecture-style presentations. See Table one for the exam preparation content.

Ready, set, GO!

The main challenge of the project was the short timeline to develop the exam preparation program. It was challenging and exciting all at the same time. The program was developed over a period of one month, and sent to the DHA for screening and acceptance of program content. The main learnings of the collaboration of CNA, DHA, and NENA were ensuring the content delivered would meet the needs of the emergency nurses in the DHA, understanding the impact of the content and the unique culture(s) in the Middle East. Learning the dynamics of the DHA, health and disease patterns in Dubai was key in core content development.

Dubai: Nursing conference, emergency nursing certification prep course, tour of Dubai hospitals First emergency nursing conference – Dubai, UAE, December 10, 2015

The DHA conference committee invited the two certified emergency nurses from Canada to be keynote speakers at the first emergency nursing conference they hosted. More than 17 speakers delivered the sessions. The keynote presentations by the emergency nurses from Canada included *CTAS: 16 years and counting* and *Polytrauma*.

Canadian emergency nursing exam preparation sessions (December 11/12, and 13/14, 2015)

Two hundred and twelve emergency nurses attended the first session and 98 nurses attended the second session. The challenge for the DHA was ensuring the

emergency nurses could attend while still staffing the emergency departments in DHA hospitals.

The main goal of the sessions was to provide content to prepare for writing the emergency nursing certification exam. Some nurses attended for an educational opportunity and were not intending on writing the certification exam. The attendees of both sessions were highly motivated to learn and engaged with the presenters.

Dubai emergency nursing prep class, December 12, 2015

Exam session review and tour of the Dubai hospitals

The last day of the project was to offer a session on tips and tricks when preparing and writing a multiple-choice exam. This session involved an informal approach and answering any questions the emergency nurses had in regard to further study and exam preparation. One Canadian nurse met with the emergency nurses and one Canadian nurse met with the nephrology group. In both sessions, the nurses received a practice exam and answer sheet, a blueprint of the core competencies, and tips for further studying efforts.

The tour of the DHA hospitals involved a visit to a DHA trauma facility and a new paediatric hospital. Our learnings included that DHA hospitals use CTAS as their triage scale, offer evidence-based practice methods of health delivery, and focus on a family-centred care approach. Families are present for all treatments/procedures if it is their desire to do so, including resuscitation procedures. It was a unique experience to visit a paediatric centre in the “just ready stage” for its grand opening and state-of-the-art equipment and care pathways. The nursing staff was receiving their orientation in preparation for opening day and their first paediatric patients and families.

Next steps for Canadian emergency nursing certification in Dubai

The emergency nurses in Dubai have indicated an interest in a webinar prior to the exam writing date to meet with the two Canadian nurses and review prep session content. The exam is scheduled

for March 11, 2016. Two representatives from CNA certification program will travel to Dubai in March for the exam roll out and follow through.

Summary

It was an honour to be selected and represent the Canadian Emergency Certification Program, NENA, and the Canadian emergency nursing specialty in Dubai. The Canadian certification program is growing and receiving international interest.

Many thanks to all the DHA staff, Roxanne Nematollahi, PhD, RN, ACNP, Specialist Career Development—DHA, CNA certification program, Lucie Vachon and Patricia Elliott-Miller, Margarita Pardo (CNA) who made the PowerPoint presentations look so great, Gord Boal (CNA) for all the great advice, and NENA for supporting the project.

For Canadian nurses considering certifying or re-certifying in emergency nursing

Go to the CNA.ca website and search under professional development. The description of the Canadian certification specialty programs is located here with information on eligibility and the application process. Select emergency nursing for information on certification and study material.

Dates for the next exam: September 19–Oct 7, 2016. The exams will be electronic.

Online application process April 11–July 1, 2016. 

About the authors



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Michelle Tipert, RN, ENC(C), Health Services Manager, Emergency/Intensive Care Unit/Respiratory, South Shore Regional Hospital, Bridgewater, Nova Scotia

Provincial reports

Alberta

Alberta emergencies are staggering under the impact of flu season and our emergency nurses are working relentlessly. All over Alberta the emergency departments are groaning under the weight of increased EIPs and prolonged wait times for admitted patients to be moved out of the ER and into appropriate inpatient wards.

NENA-AB reports a membership of 308 nurses. Thanks to our regional representatives we, the NENA-AB executive, are gaining a clearer picture of the needs, educational opportunities and changes occurring all over Alberta in our emergency departments.

Our Southern Rural area is continuing with a bi-annual Rural Education Program for new staff, they are officially trialing a new Emergency Assessment and Treatment Record, and they are rolling out Sepsis Standing Orders. Because rural communities do not have the privilege of a SARTE team they have been working on updating a clinical pathway for sexual assault. Some of their greatest challenges centre around managing mental illness in rural centres.

Many of our ERs are working through accreditation standards like how to implement “Falls Risk” assessments and “Medication Reconciliation.” This process brings rural and urban ERs together, as they collaborate on forms and policies.

TNCC, ENPC, PALS and ACLS courses are rolling out all over Alberta.

Our quarterly newsletter is being crafted in anticipation of it hitting email boxes in early March. Our new Communications Officer, Navkiran Tiwana, will soon be stepping into her new position to take over the newsletter responsibilities.

The NENA-AB executive is working, with the input of interested members, on the details of our new budget item that is designed to offer financial assistance to NENA members responding to national and/or international disaster sites. The finishing touches are being added to our information brochures and to our renewal thank you postcards sporting our new NENA-AB logo pins.

We are also, at present, working through the details of our annual conference and AGM. October 21, 2016, will be the date for our annual “Meet in the Middle” conference in Red Deer. Last year’s was well attended and we are anticipating another great conference in the fall. At our 2015 conference two of our members won the draw paying for their attendance to the Montréal 2016 NENA Conference: Unleash the Power of ED Nurses, and I hope to see many other NENA-AB members in Montréal, April 21–24.

“Let us touch the dying, the poor, the lonely and unwanted according to the graces we have received and let us not be ashamed or slow to do the humble work.”

Mother Teresa



Jean Harsch,
President NENA-AB

Manitoba

Spring is predicted to come early on the Prairies, although it seems hard to comprehend given that I am writing this on a cold February day. As Manitobans prepare for the changing of the season, emergency nurses continue their dedicated work in emergency departments (EDs) across the province.

The Manitoba government has imposed a new Provincial Healthcare Violence Prevention policy. This program was due to be implemented by January 2016. A provincial violence prevention working group has received feedback from stakeholders within the five regional health authorities to develop implementation strategies and education. This will include screening and identification of individuals who present to emergency departments across the province. Implementation has been held back due to the recognition that some of the screening tools we use for identifying patients may, in fact, serve to escalate violence. We expect that the true data of the incidents of violence or potential for violence in the EDs across the province will become apparent quickly.

Emergency department flow within Manitoba has made national news, as data that was recently released from the Canadian Institute for Health Information (CIHI) indicated several hospitals within the Winnipeg Regional Health Authority had the worst wait times in the country. A Flow Improvement Initiative led by the VP and CNO of the WRHA has been established to refocus WRHA’s activities to achieve measurable improvement in patient flow and access over the next months.

Rural facilities across the province continue with struggles to staff emergency departments with physician coverage. During these times, rural ambulances are diverted to other rural or urban centres where there continues to be physician coverage. Emergency department nurses become the sole providers of care during this time and ‘keep the doors open.’ They initiate care through Nurse Initiated Standing Orders to patients who present in order to manage their care until there is physician coverage. Rural emergency nurses continue to be the backbone of the rural health care system within the province of Manitoba.

Sandi Mowat, President of the Manitoba Nurses Union, spoke to the Emergency Department Nurses Association of Manitoba on Thursday, November 19, 2015, regarding Post Traumatic Stress Disorder. A group of 15 nurses braved the traffic during the first snowfall of the year to join us for Sandi’s presentation. The MNU has recently published a study on PTSD in nursing. The exposure nurses have to trauma and critical incidents can have lasting effects on their mental health and the study showed that one in four nurses consistently experience PTSD symptoms. Given the nature of our work, emergency nurses are at particular risk for developing PTSD. On June 18, 2015, the MNU President presented recommended amendments to Bill 35—The Workers Compensation Amendment Act: Post Traumatic Stress Disorder Presumption, to the Standing Committee on Legislative Affairs.

Winnipeg is hosting the Western Emergency Department Operations

Conference on April 28–29. The objectives of the conference are to discuss the fundamental issues to be addressed at the system level to improve emergency department clinical workflow. It is an opportunity to identify the successes and lessons learned by all individuals working to improve emergency care. We are looking forward to our emergency colleagues across Canada attending this conference.

TNCC, ENPC and CTAS courses continue to be offered in all areas of the province, including many northern communities. A CTAS instructor course was recently offered in Winnipeg and a TNCC instructor course was offered this past October.

The provincial election is scheduled for April of 2016. Given that health care is a politically driven environment, we anticipate changes in the way we do business if a new political party is elected. We await the results.

Stay tuned for an EDNA newsletter to be emailed to all Manitoba NENA members. In the meantime, stay warm Manitoba ED nurses. Spring is on the way.



Respectfully submitted,
Marie Grandmont,
RN, BN, ENC(C)
Manitoba Director

New Brunswick

February is here... we have more daylight hours! Winter, so far, has treated us well compared to last year.

Education

TNCC is offered in both languages throughout the province on an ongoing basis. Trauma New Brunswick with Horizon Health Network and Vitalité support this initiative.

ENPC is offered two to three times per year in Saint John and Moncton, CTAS is offered around the province in French and English, as needed, as well as CTAS instructor courses, as needed.

NENA NB continues to promote emergency nursing as a speciality, challenging and encouraging ER nurses to write their certification exams. CNA is changing the process for certification in 2016. Examinations will be computer based.

Applications will be received online and examinations will be written in the fall between September 19 and October 7, 2016. This should provide more opportunity for nurses to complete their certification.

Education through simulation continues in southern NB! We continue to provide education to RNs, LPNs and MDs in our rural hospitals through case-based simulation. It is great to see positive outcomes from the collaboration between MDs, RTs and nursing! Bi-weekly in-situ simulation at the Saint John Regional Hospital, the level one trauma centre in New Brunswick, continues followed by structured debriefing. Education through simulation improves skills, communication and processes.

New Brunswick Health Authorities, Horizon Health Network and Vitalité with the Department of Health in collaboration with University of New Brunswick and Université de Moncton support a provincial Critical Care Nursing Program, which offers two streams, emergency care and critical care. The program is three months in length and is offered four times per year. It provides opportunity for continued professional development to nurses across the province in both French and English. This program is open to the novice nurse who wants to work in the emergency or critical care area. Applications are received through UNBCEL and Université de Moncton. This initiative has been in place since 2002 and is an excellent example of collaboration.

In the fall issue of CJEN, we mentioned that a mock nuclear disaster that was taking place in November in Southern New Brunswick. Follow-up evaluations of the mock nuclear disaster emphasized the importance of practice and review of the plan, as well as the need for improved communication processes. Nuclear response training should be part of orientation to the emergency department and reviewed annually.

Work environment

Emergency nurses continue to struggle with over capacity in the emergency departments around the province. Acutely ill patients wait in the ED for placement within the hospital. Inpatient

beds are filled with alternate level of care patients waiting for placement in care facilities... the problem continues. The administration of the health authorities continues to work to improve the situation... the government changes, progress to solve this problem is slow.

As seasoned emergency nurses, we cope with the challenges. It is very difficult to retrain our novice nurses to work in this environment. Providing quality care for these acute admissions, as well as the patients presenting to our emergency departments is very challenging and stressful.

Membership

In the last year, our membership has increased to 61 members. We continue to promote membership at all educational courses! NENA NB is sponsoring two ER nurses to attend the 2016 NENA conference in Montréal. We hope to see a large number of NB nurses attend!

As NENA's voice grows, hopefully we can increase awareness of the problems faced by ER nurses. These issues impact patient care! These issues impact nurses! Emergency nurses make a difference!

Looking forward to the 2016 NENA conference!



Respectfully submitted
Debra Pitts, RNBN,
ENC(C),
NENA-NB Director

Nova Scotia

Greetings to emergency nurses across our country and beyond from Nova Scotia. NSENA has had a quiet winter, but has continued to grow and maintain our membership. We are looking forward to the conference in Montréal. Plans to organize a provincial education day for NSENA remain in the works. The province is undergoing changes in its delivery of health care as the Department of Health and Wellness announced at the end of January that it will be restructuring and moving some of its programs to the Nova Scotia Health Authority and IWK.

Development of standard care directives for emergency departments around the province continues, as well, at the provincial level. These care directives include cardiac care, stroke care, pain, fever

management and tetanus administration to name a few. Ongoing education continues with TNCC, ENPC, CTAS and ACLS courses as emergency department nurses must have and maintain this education in order to work in the ED, as per the provincial education standards. Of course, we also look forward to the QEII Emergency Department Nurses Education Day that takes place in the fall, along with IWK Pediatric Education Day. Both sessions provide great learning and are always lots of fun.

Last, I would like to mention that our past president of NSENA, Michelle Tipert, was fortunate to have the opportunity to go to Dubai, UAE, on behalf of CNA and NENA along with Margaret Dymond, NENA's Director of Education and Training, to deliver a prep course for CNA's Emergency Nursing Certification exam. Michelle tells me it was a wonderful experience to be a part of this international project.



Respectfully submitted,
Mary Spinney, BScN,
RN, ENC(C),
President NSENA

Ontario

Hello from the Emergency Nurses Association of Ontario (ENAO) to all NENA members and all of Canada's emergency nurses!

ENAO is currently concentrating much of our time and efforts towards the creation of the 2016 biennial ENAO provincial emergency nursing conference. This educational program will include an amazing variety of very talented speakers, each providing pertinent learning updates with inspiring information and sharing.

The ENAO 2016 Conference will take place at the Travelodge Hotel in beautiful Belleville, Ontario, on September 27–28, preceded by a planned early registration and cash bar “welcome” on the evening of September 26. A variety of sponsors and exhibitors will be supporting this educational initiative by demonstrating their newest technologies, and providing pertinent information about the latest in research and best practices. As with every ENAO event, we will be sponsoring

a draw for a one-year complimentary ENAO/NENA membership.

Wherever you may live in Canada, September is a wonderful time of year to travel with colleagues, friends and family. Why not plan to travel to Belleville, Ontario, this September to participate in some excellent ongoing education, while enjoying the scenic views and many activities on the shore of the Bay of Quinte?

ENAO continues to participate on the e-CTAS Steering Committee that is working to facilitate the development of an e-CTAS program, for use throughout all Ontario emergency departments. ENAO is proud to have our president serving as an invited member of this committee. Much planning and travel throughout Ontario has also been taking place under the expert leadership of ENAO/NENA member Joy McCarron. Joy and her Clinical e-CTAS Working Group have been instrumental in moving this important project closer to becoming a provincial reality. Thank you, Joy.

The results of an earlier survey that was circulated to all ENAO members have been compiled and recently incorporated into a wonderful CBRNE resource. This important research was conducted by a group of dedicated professionals from Toronto's Sick Kids Hospital and the completed work has now been published. The document provides guidelines and shares much valuable information regarding The Care of the Paediatric Palliative Patient in a Disaster. This work is available on the ENAO website (www.enaio.me) and on the website of The Centre for Excellence in Emergency Preparedness – CEEP (www.ceep.ca).

ENAO extends congratulations to longtime ENAO/NENA member and NENA Honourary Lifetime Member Karen Johnson in her new role as the NCAC representative for Ontario. We are fortunate to be able to benefit from Karen's dedication and commitment to the promotion and provision throughout Ontario, of the valuable NENA-endorsed courses. Thank you, Karen.



Yours in Emergency Nursing,
Janice L. Spivey, RN,
ENC(C), CEN,
ENAO President

Prince Edward Island

Hello to all from PEI. We hope everyone is having a fantastic winter. Our membership continues to fluctuate between 20 and 29 members. Our chapter tries to promote/advertise PEIENA any time we can. We do this through our courses, team huddles, workshops, flyers and word of mouth. We also offer incentives such as cheaper courses for members, prizes to the members during emergency nurses week, and special bursaries for members only.

As with most emergency departments, staffing is an ongoing issue. The constant struggle with properly educating new staff and placing the appropriate staff in an appropriate area of the department has been very demanding for the manager, clinical leader and the clinical educator. On January 21, 2016, it was announced that the major hospital in PEI (Queen Elizabeth Hospital) has adopted and will incorporate an all-RN Model of Care in its emergency department. This is a result of Health PEI and the Collaborative Model of Care Team. This means in April the emergency department will no longer staff LPNs. Several RN jobs will soon be posted and hopefully filled to meet the demands of this new model. There are mixed emotions over this announcement. The changes will take place in April and ongoing evaluation will be taking place.

PEIENA continues to sponsor workshops such as The Emergency Respiratory and Forensic Workshops. We also support ACLS, PALS, Basic Coronary Care and the Critical Care Course. We continue to teach TNCC twice yearly (spring and fall) and CTAS monthly. We have two new ENPC educators who will complete their training in May and we hope to offer our first ENPC course in fall 2016. PEIENA also continues to support those interested in becoming CNA certified.

We held our annual meeting in February. The role of provincial director, treasurer, and secretary were up for election. The recruitment process found some very suitable candidates. We look forward to these changes and hope to assist the new council, as they take on these new roles.

The work environment in the emergency department has been difficult and will


prove to be an adjustment, as the new model is incorporated. This transition, along with the high acuity of patients and increased number of admissions, will be a challenge. There has been great support from administration/managers throughout the process.

Another struggle for our emergency departments is the increase in mental health patients. Measures that have been put in place to assist with the increase include mandatory training for all staff to be more familiar in dealing with all types of mental health problems. It is included

in the orientation to all new staff and offered to the remaining staff as a short course. Security in the hospitals has been increasing its knowledge in this area, as well, and, thus, we will better be able to provide the safest, most effective care for the patient, caregivers/family and staff.

PEI has also recently appointed a new Health Minister (Hon. Robert L. Henderson). PEIENA will continue to be vocal and be recognized as an essential part of the health planning for the emergency departments on PEI.

The PEIENA has also started to plan for the 2017 NENA National Emergency Conference and looks forward to the challenge of being a host to the rest of Canada for such a terrific conference.

Have a great winter and see you at the Montréal Conference in April 2016. 



**Respectively submitted,
Sharon Hay, RNBN,
ENC(C),
PEIENA Director**

Canadian Forensic Nurses Association name change

Dear colleagues at the NENA,

At the start of this new year, we would like to formally announce to all of our fellow Canadian nurses, forensic nurses and colleagues at the National Emergency Nurses Association that the Forensic Nurses' Society of Canada has officially changed our name to the Canadian Forensic Nurses Association. We feel this name better reflects our unique Canadian perspective and our goals as an organization.



Please pass this great news on to your colleagues and other stakeholders in the many areas of forensic nursing and encourage forensic nurses to join us in strengthening our organization and collective voice.

We look forward to continuing to work in collaboration with the NENA to advance the profession of forensic nursing and address forensic healthcare issues.

Over the next few months we will endeavour to complete all the necessary formal changes on our website and written materials. We thank you for your patience in that regard.

Sincerely,

**Judy Waldman, RN, MN, NP-PHC, SANE-P, SANE-A
President
Canadian Forensic Nurses Association**

CTAS report

By Erin Musgrave, MN, RN, ENC(C)

CTAS 2016 revision work continues. It is anticipated that the revised hybrid on-line/in-person course will be ready for release in late 2016. If you have any CTAS case studies you are willing to contribute (formatted similar to cases within the current course) it would be greatly appreciated. Please send them to ctas@nena.ca

A reminder that the CTAS instructor renewal fee is due by July 1. To remain an instructor you must have paid the renewal fee, have a current NENA membership, have taught at least one course in the prior year (two courses for instructor trainers),

and have continued employment in an emergency nursing-related environment. Complete details are available in the current CTAS Administrative Manual available online in the CTAS Instructor area of the CTAS (CAEP) website.

Questions about CTAS course content or the process to become an instructor? Please contact ctas@nena.ca. Questions about payment of course fees, course approvals? Please contact ctas@caep.ca

A listing of upcoming CTAS courses is available at: http://www.caep.ca/CTAS_Courses 