

Editor's report

In this, the Spring 2018 edition of the *Canadian Journal of Emergency Nursing (CJEN)*, I am proud to report on the excellent work of our peer reviewers. Ten of our colleagues volunteered to provide expert blinded peer-reviews of the articles included in this edition of the journal. Peer-review is essential to the functioning of a professional and scientific community—it provides quality control and is self-corrective. To continue to provide expert peer-review, we must grow our network of expert peer-reviewers. If you would like to contribute to the *CJEN* by being a reviewer, email the editor at editor@NENA.ca. The commitment will be no more than

providing a critique of one or two articles per year, related to your area of expertise.

Articles in this edition of the *CJEN* range from being technology-based (computer coding and online search data), to a rapid review of literature (regarding new nurse retention), to a clinical practice article (about activated charcoal). The submissions are high-quality and diverse in their content and origin, very much like our specialty, which cares for all ages of patients in settings as varied as forensics, rural, urban, and transport.

The *CJEN* is the journal of our specialty and we welcome and encourage submissions. The journal stands as the

knowledge base and communicate for the amazing work done by emergency nurses. Though our priority is publishing articles by, about, and for frontline Canadian emergency nurses, we will consider submissions by other disciplines that are relevant to our specialty. For submission instructions, please email editor@NENA.ca for our complete submission guidelines.



Matt Douma
CJEN Editor

Artistic expression

By Madeline Mills

I felt like I needed to help save the world, so, when I was 29 years old, I left my job at an art gallery and went to nursing school. I love being a nurse. It's a great honour, and it's also one of the saddest, hardest jobs there is. Sometimes the things I saw in the hospital overwhelmed me—the lights, the pathos, the faces of people who were dying or suffering.

Years ago, I was working on the intensive care unit with a patient on life support. She was hooked up to every kind of machine, and there were so many ugly tubes connected to her. In the morning when the sun came up, yellow and rosy-pink, light ripped through the room and it transformed everything. Even the tubes looked beautiful.

I knew I wanted to paint the things I was seeing but, of course, I could never ask a patient for consent when they were so vulnerable. So, instead, I focused on the hospital and the staff. My personal project kept growing, and eventually EMS invited me to go on a ride-along.

I did a whole series of paintings based on that night in the ambulance. I feel like they represent heroism in health care, but I just couldn't finish this particular



painting at the time. I think it was the lighting that made it feel scary—the flashing red of the ambulance and the dark of the night.

When I found out about the art show in the Gray Gallery, I decided to try again because, to me, this painting is so Canadian. The EMTs and nurses didn't ask this man for his credit card before helping him. He happened to be poor, but he got the same fantastic care he would have received if he was rich. I love that. And I love Canada.

Madeline Mills, faculty member, Bachelor of Science in Nursing program at Grant MacEwan University in Edmonton.

Madeline's painting was part of an exhibit in the Gray Gallery organized by the Arts in Health Education Group called Oh, Canada! Canada's 150 years of Daring to Care that featured artistic works from 13 faculty members and students.

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