

outlook

the official journal of the National Emergency Nurses Affiliation Inc.



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New Brunswick Emergency Nurses Association Regional Conference

Moncton, New Brunswick Dates: May 3-4, 2002

CALL FOR ABSTRACTS



This conference will be a smorgasbord of speakers to enlighten us on “**how to take care of others and ourselves**”. We welcome abstracts from anyone who fits the bill, for example: motivational speakers, crisis intervention speakers, advice on coping with the ER crisis for our patients and ourselves, etc.

Abstract Guidelines

A cover page indicating:

- Title of presentation
- Presenter(s) name, address, phone number, e-mail address
- Audiovisual requirements—slide projector, overheads, data projector, TV/video
- Short summary of contents of presentation
- Presenter’s affiliation

MAIL SUBMISSION TO: Jeannine Michaud, 900 Gauvin Road, Dieppe, NB, E1A 1N1

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Conference watch

Third Annual Edition Continuum of Care of the Polytrauma: From Emergency to Rehabilitation

Holiday Inn Midtown Montreal, QC. September 27-28, 2001.

For information call Susan Colton at (514) 937-6011, ext. 4181, or e-mail: susan.colton@muhc.mcgill.ca

Second Eastern Canada and New England States 2001 Tobacco Control Conference:

A Matter of Life and Breath

Saint John, New Brunswick, September 27-29, 2001. For information: jm.menard@nb.lung.ca

Critical Decision Making in the Emergency Department

Radisson Cable Beach, Bahamas. November 15-19, 2001. For further information contact: Continuing Education, Faculty of Medicine, University of Toronto, 500 University Avenue, Suite 650, Toronto, ON M5G 1V7, telephone: (416) 978-2719, fax: (416) 971-2200; e-mail: g.jani@utoronto.ca

Trauma Cycle and Orthopaedic Conference

Delta Pacific Resort and Conference Centre, Richmond (Vancouver), BC. October 22-23, 2001.

For information contact: (604) 875-4433 or rpritcha@vanhosp.bc.ca

Emergency Nursing Odyssey

Third International Conference for Emergency Nursing. Novotel Hotel, Wollongong, NSW, Australia.

October 25-27, 2001. For information e-mail: frym@sesahs.nsw.gov.au

Sixth World Conference on Injury Prevention and Control

511 Place d’Armes, #600, Montreal, QC H2Y 2W7. May 12-15, 2002. For information telephone: (514) 848-1133 or visit the website at: www.trauma2002.com. E-mail: info@trauma2002.com

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Websites of interest

- World Heart Federation has given its sponsorship to the Second Virtual Congress of Cardiology. The web page of the congress is: www.fac.org.ar/scvc
- The *Injury Profile of Eastern Ontario, 2000* from the Eastern Ontario Area Emergency Health Services can be found at: www.eoaehs.on.ca
- On November 27, 2000, Associate Chief Judge Murray Sinclair of the Provincial Court of Manitoba released the report of the Manitoba Pediatric Cardiac Surgery Inquest. Of note in this report are recommendations related to the treatment of nurses. You may access the full report on the following website: www.pediatriccardiacinquest.mb.ca
- www.canadianrn.com



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President's message

I had the opportunity to start the week in Ottawa, prior to the national convention, with a very moving experience. On Sunday, May 6, before the NENA board meetings commenced, I was playing "tour guide" for Sheila Early (BC provincial director) and Pat Walsh (Newfoundland/Labrador provincial director). It was a beautiful sunny day as we strolled through the Sparks Street Mall and past the Parliament Buildings. We easily stood out as "true tourists", taking photos at every opportunity.


As we walked behind the War Memorial, a ceremony was in progress to honour Canadians lost at sea. The national anthem began to play and the three of us stood in utter silence and awe. Here we were in Ottawa, the nation's capital, outside of the Parliament Buildings with our national anthem playing! To add to the emotion, we

found ourselves representing the most eastern and western coastal provinces of the country. Was this fate or coincidence?

I will never know, but I do know that I have never been so moved nor felt such a sense of pride and belonging. I have reflected upon this moment often and have come to appreciate and realize that not only are we a powerful and unique nation, but we are also a powerful and unique specialty. Emergency nursing is a specialty and profession that encompasses this country from coast to coast; the profession and specialty that will continue to move forward!

While in Ottawa at the national conference I was inspired and encouraged to see first-hand emergency nurses from across this country meet, connect and unite with a common purpose. I am truly proud to be part of such an honourable

profession! NENA will continue to work together with you, its members, from every corner of this country where an emergency nurse calls home. We will continue to build on the positive momentum and energy that the national conference sparked in two short days.

I encourage each of you to become a catalyst in your workplace by rekindling your own passion. Ignite the spark in others, nurture the embers and watch them slowly illuminate, gain strength and become a roaring inferno. Not one of us knows what the future will hold for us in the specialty of emergency nursing, but the best way for us to predict the future is to invent it! Invent your future and become a voice for health care and emergency nursing in Canada! 

Anne Cessford
RN, BA, BScN, ENC(C)


Certification committee report

The certification committee met the week of March 27-31, 2000 in Ottawa to set the examination given March 31, 2001. I would like to thank the members of the committee who donated their time that week for all their hard work. Committee members also reviewed material prior to the meeting in preparation for that week. The committee is composed of emergency nurses from the following areas, with the following backgrounds: Administrator: Louanne Kinsella, NF and Helen Grimm, SK

Educator: Meg McDonagh, AB and Catherine McDonald, BC
Staff RN: Darline Cogswell, NB; Audrey Dabreo, QC; and Margaret Pook, ON.

One result of the work that week was the approval of questions for the Preparation Guide that is now available through CNA publications. It will be included in the material sent out to candidates applying to write the examination in 2002. The application deadline for 2002 is November 16, 2001

and the examination will be held Saturday, April 6, 2002.

Currently, a total of 1,193 nurses are certified ENC(C). 

Margaret Pook, RN, ENC(C)

NENA Position Statements and NENA Standards may be purchased for \$20.00. Please contact Jerry Bell, NENA treasurer, for further information.

Outlook

Bouquets

- ✿ **Corleen Muir**, for representing NENA during the National Nursing Forum held in Ottawa in June.
- ✿ **Eileen Denomy**, for her position as CNS in the emergency care program at London Health Sciences Centre.
- ✿ **All the NENA members** who successfully wrote their CNA certification exams in emergency nursing.
- ✿ **All members of the NENA conference planning committee.**

"Bouquets" is dedicated to celebrating the achievements of NENA members. If you would like to send a bouquet to a NENA member, contact the communication officer, Valerie Eden, 34 Bow Street, Dartmouth, NS B2Y 4P6 (H) 902 461-1897; (W) 902 465-8340; fax: 902 465-8435; e-mail: nstnl282@fox.nstn.ca.

National trauma committee report

NENA's national trauma committee (NTC) has remained active since the spring. Several meetings have occurred, recommendations were made, and new instructors verified. Significant decisions recently made by the NENA board affect all instructors and course participants. There have been some changes related to NENA's contractual agreement with ENA. A revised contract was presented to the NENA board on May 12. The revised agreement was supported unanimously by all provinces and by all NTC members. Approval of this revised contract places all instructors in a more stable position, and enables all players to plan ahead. There are some revisions to the course fee structure, affecting everyone involved, but this is the first time since 1993 that costs have increased. The details of our revised agreement were communicated to all Canadian instructors in June.


As a result of further decisions at the board level, all instructors are again required to renew provincial membership for 2001/2002 in order to continue teaching. All Canadian instructors whose names have not been submitted centrally to NENA's master membership list by November 1 will be suspended from teaching. It remains the responsibility of each provincial organization to promote membership within each province, and to submit all members' names by the November 1 deadline.

In September 2001, three positions on NENA's national trauma committee will be open for appointment. One of the three vacant positions will be the NTC chair. Positions are open to instructor trainers to come forward and offer to represent your fellow emergency nurses. A revised process for appointment was supported at the board's spring meeting. All eligible applications will be considered for appointment at the fall NENA board meeting in November.

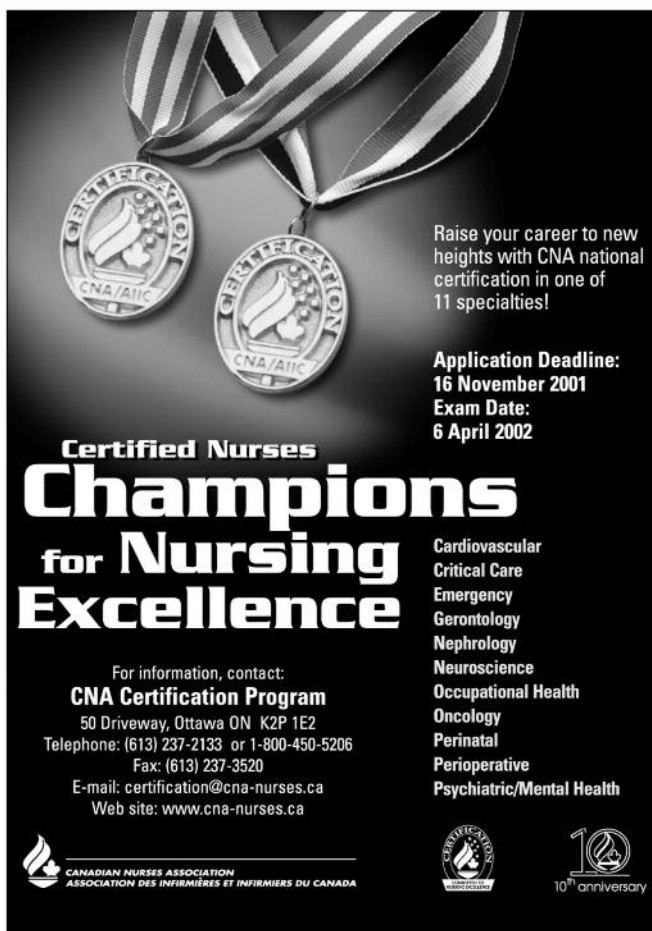
With close to 70 instructor candidates across Canada, we are expecting to see significant advancements in course availability. This growth reflects directly into improved access for Canadian nurses. The present volume of instructor candidates represents the largest number of candidates at any one time since these courses began in Canada. The growth is expected to be most significant in British Columbia, Alberta and Quebec. Instructor trainers across the country are committed to working towards verifying many candidates in the coming year. Members should be proud of their individual contribution to this process.

During the fall months, NENA will be represented on ENA's international faculty in Orlando. NENA's national trauma committee will also meet again in the fall and provide further recommendations for further process improvement to the NENA board in November.

On a more personal note, at the end of December 2001 I will be stepping down after three years as the chair of NENA's national trauma committee. During this period there have been many challenges and many rewards. The greatest challenge was developing and implementing a reliable process to communicate regularly with all Canadian instructors. This process is now solid and, by all accounts, effective. By far, my greatest personal reward has been the outcome collectively achieved during this time. Every TNCC/ENPC and CATN instructor in Canada is a current member of NENA. Letters of complaint are now virtually non-existent and the number of active instructors has continued to grow. We are now at a point where 2001 is heading to be Canada's highest course volume on record. None of this success could have possibly been achieved without the support and guidance of all the dedicated instructors in every province. So, as I move on to new challenges in 2002, I would like to extend a special thank you to each member of the national trauma committee who has dedicated hours and days of their own time since 1999 to bring us to where we are today.

Finally, to those of you who are now starting your days as a new emergency nurse, or as a new course instructor, my message is simple. Keep looking ahead, never backwards; keep your goals in sight, and before you reach them, make some new ones. 

John Trickett, RN, BScN,
(Retiring) Chair, National Trauma Committee




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Application Deadline:
16 November 2001
Exam Date:
6 April 2002

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ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU CANADA

The 2001 annual general meeting elections

The NENA board of directors met during the three days prior to the annual general meeting of May 11, 2001. During our meetings we were privy to the fact that the nominations chair had not received nominations for either position up for election, the positions being those of communications officer and president-elect.

The board of directors discussed at length a plan of action to take, should there not be a nomination from the floor at the AGM. It was decided after much discussion that the current executive would extend their terms of office by one year if there were no nominations from the floor. This would mean that at the AGM in 2002, the positions up for election would be the same as for the year 2001, those of communications officer and president-elect. In the year 2003 the positions up for election would be treasurer and secretary. It was decided unanimously at the board table that all four positions could not, nor should they be up for election at the same time as the business and continuity of NENA needed to be maintained.

On the morning of May 11, 2001, the day of the AGM, the nominations chair received a nomination form from one of the current board of directors for the position of president-elect.


At the AGM, the nomination process commenced. It was stated that there were no nominations for the position of communications officer. A call for nominations from the floor took place times three. No names came forward. It was announced to the membership that this being the case, the present communications officer would complete the spring/summer edition of **Outlook**. In the fall, at the next board of directors meeting it would be decided who on the board would oversee the fall/winter edition of **Outlook** until the next election took place in 2002.

For the position of president-elect, it was announced that one of the board of directors was a candidate for this position. The first of three calls from the floor was announced for the position of

president-elect, at which time members of the provincial group that this particular board of director represented stood to ask questions of this candidate regarding provincial accountability issues. They were stopped after a few questions so that the two remaining calls for nominations could be made from the floor, as per the by-laws.

After the two remaining calls from the floor, there was not another candidate for the position of president-elect. There was a motion from the floor to suspend the business of the meeting. At this time, open discussion took place between the respective provincial members and the candidate for president-elect.

A second motion was brought forward that the candidate nominated for the position of president-elect should not be acclaimed, but a vote should take place as to whether or not this individual should become president-elect for NENA.

A secret vote took place, which determined that the candidate would not be acclaimed to the position of president-elect. The plan that was previously decided upon at the board of directors meeting, should there not be a candidate for the position, was announced to those present. 

**Anne Cessford, RN, BA, BScN,
ENC(C), President, NENA**

I'm sorry in advance

Your bed's not made today
But I have a patient here
Whose chest pain won't go away

I'm sorry in advance
You're not happy with your meal
Dietary does try hard sir,
To give it some appeal

I'm sorry in advance
Your morning pills are late
I've a patient climbing out of bed
That I must try to sedate

I'm sorry in advance
Your mattress isn't soft
We do need some new beds ma'am
But these things do cost a lot.

I'm sorry in advance
I didn't get to comb your mother's hair
I've a patient with emphysema
She's scared, she can't get air

I'm sorry in advance
Your father's still in pain
I'm trying to reach his doctor
I'll have to try again

I'm sorry in advance
Your dressings aren't yet done
But a patient has just passed away,
I offered solace to his son,

I'm sorry in advance
I'm not cheery as a bird
I've worked 12 hours, my feet ache
I asked for help, but no one heard

I'm sorry in advance
I've only two hands and two feet
I'm trying to care for you, patient
Your needs, I want to meet


My 12 hours now are 16,
No replacement could be found
My aching feet they cry out
My head begins to pound

I'm sorry in advance
I cannot meet your gaze
My eyes are filled with tears
Your face is just a haze

If I could sit down for a minute
And maybe grab a bite
Phone my kids to say I love them
And I'll be late again tonight

I'm sorry in advance
I didn't do all that must be done
If I worked any faster
I'd soon begin to run

When I do get to hold your hand
Or wipe your furrowed brow
Please understand, dear patient
I care for you and how

I see your pain, I sense your fear
Your anger in a glance,
Our health care service is failing you
I'm sorry in advance. 

**By Linda Leeson, Licensed Practical
Nurse, Vernon Jubilee Hospital,
Vernon, BC
leesonlpn@hotmail.com**

The 2001 NENA national conference - the Circle of Violence



The NENA national conference held in Ottawa, May 11-12, 2001, was a huge success. Thanks to all the 263 nurses who attended and helped to make it a success. As well, thank you to the wonderful presenters, whose presentations ranged from the very personal, *Personal Perspective - Violence in ED: One Nurse's Experience*; to how to deal with violence: *Zero Tolerance: Violence in the Emergency Department, Nurses as Victims of Violence: Breaking the Silence and Don't Cop Out: The Police, The Law, and the Emergency Nurse*; to caring for each other, *Caring for the Caregiver: Impact of Vicarious Trauma*.

Congratulations to the following individuals, the members of the conference planning committee who put

in many long hours of hard work organizing the conference: Corleen Muir, Chair, Liz Brennan, Julie Bourque, Kathleen Cullen, AnnMarie DiMillo, Ruth Fincham, Brenda Kucharik, Manon Mckinley, Betty Methot, JP Nadeau, Susan Phillips, Liz Rodovich, France Somers, and John Trickett.

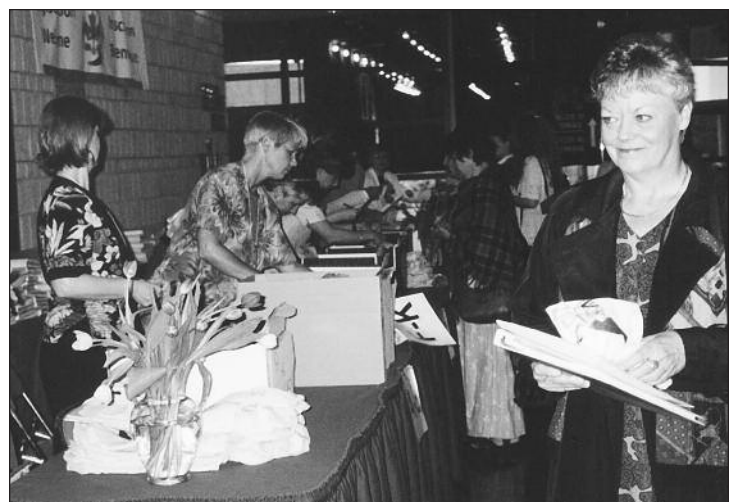
We would also like to recognize the conference sponsors whose support and recognition of emergency nurses is so

valuable: Hoffmann La Roche Limited; Crystaal; Agilent Technologies Canada Inc.; Sims Medical Systems; Stryker Bertec Medical; Ren Lor Stethoscopes; 3-M Littman; Hill-Rom; Namar Apparel; Medtronic (Physio Control); Baxter; Abbott Labs; Pharmacia; Fujisawa; Zoll Medical; Canadian Blood Services; Medical Mart; The Ottawa Hospital – Training and Orientation; Somagen Diagnostics; Lakeridge Health Care Centre; Canadian Medical Alert Foundation; Canadian Nurses Association; The Ottawa Hospital emergency physicians; Pyxis Health Care Systems; North York General Hospital Recruiting and Retention; McGill University Health Centre.

We look forward to seeing you in Saskatchewan in 2002! 



“Piping in” the NENA executive, above.



Top centre - delegates to the NENA conference enjoy the lunch buffet. Above, the registration desk.

Some photos from the NENA conference reception...



NENA's 'win a trip to the national conference' contest rules

NENA Inc. will biannually sponsor NENA member's attendance to a national NENA conference/AGM, for an article published in **Outlook**. The winner will be chosen by lottery.

1. Contest will be advertised in **Outlook**.
2. Provincial representatives are encouraged to publish the contest among their membership.
3. Articles must be submitted directly from the author. Provincial newsletters forwarded to the NENA communication officer, for selection of items to include in **Outlook**, will not be considered for the lottery. Please refer to submission guidelines.
4. Primary author's name will be entered into the draw (in the event of multiple authors).
5. Names will be entered into the draw beginning with the Summer 2001 edition of **Outlook**.
6. The communication officer will maintain a record of names entered into the lottery.
7. The NENA president will randomly draw the name of the winner.
8. The NENA president (or delegate) will notify the winner and will communicate with the winner to ensure conference registration, hotel booking

at the convention rate, and travel arrangements are made at the most economical rate to a maximum value of \$2,000.00.

9. The draw will occur in January, prior to the national NENA conference, to allow the winner to arrange their time off to attend. In addition, this allows time to obtain the best fares and booking of hotel room at conference rates.

10. The winner of the lottery will have three weeks in which to accept their prize. In the event the winner is unable to claim their prize, they must forfeit the prize and a second name will be drawn. The prize is non-transferable.

11. The winner will make his or her own travel arrangements.

12. The winner's name will be published in **Outlook**.

13. The winner must be a NENA member at the time of submission.

14. NENA board of directors and **Outlook** section editors are exempt.

15. Articles are published at the discretion of the communication officer.

16. NENA board of directors has approved the contest rules.

The next National Emergency Nurses Affiliation conference will be held in Saskatchewan in 2002.

Winner of the NENA 2001 "Win a trip to the national conference" contest

Congratulations to **Elizabeth Hextall** of Brandon, Manitoba, the winner of the NENA 2001 "win a trip to the national conference" contest. Elizabeth's article "A personal perspective" was published in the Fall 2000 edition of **Outlook**.

During the national conference, held in Ottawa in May, Elizabeth was presented with a laminated plaque featuring the cover page of **Outlook**, which contained her article. Ed Van Stiphout of Hoffmann La Roche and Anne Cessford, NENA President, made the presentation.

We would also like to extend our thanks to Hoffmann La Roche for their sponsorship of this contest.



The Circle of Violence



EVALUATION SUMMARY

NENA 2001: Conference venue, organization, food, exhibitors - summary of 138 evaluation forms.

Positives

- Great door prizes
- Enjoyed the “rant” competition, please publish them (x 4)
- Thank you for a wonderful job (x 2)
- Great conference organization (x 3)
- Very well done (x 5)
- Timing of breaks/meals excellent
- Outstanding speakers...No failures
- This was much better than ENA’s conference last year
- Exceptional conference (x 6)
- Thank you for an outstanding conference (x 2)
- Looking forward to the next one
- You will be a hard act to follow for Regina
- Great dynamic speakers
- Scheduling on track
- Binders great
- Learned a lot, looking forward to next one

- coordinate questions
- Repeat the popular sessions to give wider choice
- Better hand-outs of presentations please (x 6)
- Chairs too close together (x 10)

- Lunch cold on Saturday (x 6)
- Need more media coverage
- Better room signage for sessions
- Would like conference in same building as accommodation
- More paper to write on



Suggestions for improvement

- Days too long, want afternoons off
- Start day later and shorten lunch
- Would have liked a summary sheet of all presenters and their contact information
- Keep lectures to 45 minutes each
- Shorter breaks between sessions (x 2)
- Brochure/pamphlet needs to have enough information to make choices about break-out sessions
- Book sales at displays (eg. Mosby) (x 4)
- Gun control does not pertain to nursing
- Have audience use microphone when asking questions
- 1030 hours too late for first food (x 6)
- Poor menu choices – too unhealthy
- More ER nursing topics next time please
- Exhibitors should stay after lunch on day two
- Exhibitors with a nursing focus (x 4)
- Tables to sit and write (x 4)
- Cold room (x 3)
- Moderator at plenary sessions must

Evaluation ratings



The NENA Bursary

NENA recognizes the need to promote excellence in emergency care, and, to this end, financial aid to its members. NENA will set aside a predetermined amount of monies annually with the mandate of providing a high standard of emergency care throughout Canada. All sections of the emergency nursing team are eligible for consideration including staff nurses, managers and educators.

Applications must be submitted prior to the spring board of directors meeting of NENA for review by the standing committee for bursary disbursements. On April 1 of each year the number of bursaries awarded will be determined by the number of registered members per province for that NENA fiscal year i.e.:

- 1-99 members - 1 bursary
- 100-199 members - 2 bursaries
- 200-299 members - 3 bursaries
- 300-399 members - 4 bursaries
- 400-499 members - 5 bursaries
- 500-599 members - 6 bursaries
- 600 + members - 7 bursaries

One bursary to be available to NENA board of directors members and one collectively to an independent member per year.

Successful candidates can only receive a bursary once every three years.

NENA Bursary application process

Each candidate will be reviewed on an individual basis and awarded a number of points as set out below:

1. Number of years being a NENA member in good standing
 - 2 years1 point
 - 3-5 years2 points
 - 6-9 years3 points
 - 10 + years5 points
2. Involvement in emergency nursing associations/groups/committees:
 - Provincial member1 point

- Provincial chairperson2 points
- Special projects/committee
 - provincial executive3 points
- National executive/ chairperson5 points

Candidates with certification in emergency nursing and/or involved in nursing research will receive an additional five points.

If two candidates receive an equal number of points, the committee will choose the successful candidate. All decisions of the bursary committee are final.

Each application will be reviewed once per spring board meeting.

Preference will be given to actively involved members of NENA and those actively pursuing a career in emergency nursing. Those members requesting assistance for emergency nursing certification, TNCC, ENPC, CATN, as well as undergraduate or post-graduate studies that would enhance emergency care will also receive preference.

Candidates must have completed Forms A, B and C. The provincial director may forward applications at the spring board meetings.

Any incomplete forms will be returned to the provincial director for correction if possible.

Eligibility

- Current RN status in respective province or territory. (Proof of registration required.)
- Active member in NENA Inc. for at least **two** consecutive years. (Proof of membership required.)
- Presently working in an emergency setting which may include:
 - Emergency department
 - Nursing station
 - Pre-hospital
 - Outpost nursing
 - Flight nursing

Application process

Candidates must complete and submit the following:


- a. NENA Bursary application form "A"
- b. Bursary reference form "B"
- c. 200 word essay
- d. Photocopies of provincial registered nurse status and NENA registration

Provincial representative responsibilities:

- a. Completes bursary candidates recommendation form "C"
- b. Ensures application forms are complete before submission
- c. Brings to board of directors meeting all completed applications

Selection process

The standing committee for bursary disbursements will:

1. Review all applications submitted by provincial representatives and award bursaries based on selection criteria.
2. Forward names of successful candidates to the board of directors for presentation. 

NENA Bursary Winners

Valerie Eden, board of directors
Debbie Ryan,

Kamloops, British Columbia
Carole Rush, Calgary, Alberta

Linda McCracken,
Calgary, Alberta

Helen Yaworski,
West St. Paul, Manitoba

Elizabeth Ariss,
Winnipeg, Manitoba

Lori Ulrich, East St. Paul, Manitoba

Janice Spivey, Mallorytown, Ontario

Margaret Pook, London, Ontario

Joanne Trotter, Uxbridge, Ontario

Jacqui Stewart,
Peterborough, Ontario.

Award Of Excellence

There were no nominations for the Award of Excellence this year.

outlook

The NENA bursary

NENA Bursary application form "A"

Name: _____ Date of Application: _____

Address: _____

Phone numbers: work (____) ____ - _____; home (____) ____ - _____; fax (____) ____ - _____

E-mail: _____

Place of employment: _____

Name of course/workshop: _____

Date: _____ Time: _____ Length of course: _____

Course sponsor: _____ Cost of course: _____

Purpose of course: _____

Credits/CEU's: _____ ENC(C) Certified: Yes No

Previous NENA Bursary: Yes No Date: _____

Please submit a proposal of approximately 200 words stating how this educational session will assist you and your colleagues to provide an improved outcome for the emergency care user: Attached?: Yes No

Ensure photocopies of provincial RN registration and provincial Emergency Nurses Association are included with your application: Attached?: Yes No

NENA Bursary application form "B"

I acknowledge that _____ (name of applicant) is currently employed in an emergency care setting. This applicant should receive monies for _____ (name of course).

Reason: _____

Other comments: _____

Signed: _____ Position: _____

Address: _____

NENA Bursary application provincial directors' recommendation form "C"

Name of bursary applicant: _____ Province: _____

Length of membership with provincial emergency nurses group: _____

Association activities: _____

Do you recommend that this applicant receive a bursary? Yes No

Reason: _____

Provincial director signature: _____ Date: _____

The NENA Awards of Excellence

Annual awards of excellence in: emergency nursing practice, emergency nursing research, emergency nursing administration, and emergency nursing education

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.

Following is the criteria and nomination process for NENA Awards of Excellence.

Selection process

An awards committee of NENA is appointed by the board and reviews all the nominations to determine that the criterion for each award has been met. Based on this review, the committee makes recommendations to the NENA board of directors. Awards are given to successful candidates in each category at the NENA annual general meeting.

The NENA awards committee bases its review of nominations for awards solely on the documentation submitted for each candidate. Candidates stand the best possible chance of recommendation to the board of directors for an award if the supporting materials clearly show outstanding contributions as specified.

All nominations must be submitted to a provincial representative on the NENA board of directors by January 31 in the year of the annual general meeting. The representative will forward this information to the awards committee chairperson.

Preparing a nomination package

1. Review a copy of the candidate's resume or curricula vitae (CV). Use it as a guide in putting together the nomination. A current copy of the resume or CV should be included as part of the submission. Information on the resume should include but not be limited to: professional association involvement, professional development, education, posters, presentations, etc.

2. There must be a minimum of two letters of support from colleagues or associates of the candidate that will strongly support the nomination. Select people who have knowledge of the candidate's exceptional achievements and/or people who provide varying perspectives about the candidate's outstanding qualities (e.g. peers, employers, students, patients, other health professionals, other organizations).

3. Provide the contacts with a copy of the appropriate award criteria and ask them to: indicate why they support the candidate and how the candidate is exceptional; give specific examples indicating how the candidate meets the various criteria for the award; indicate their positions, professional relationship (etc.) with the candidate.

4. Develop a summary. Using the candidate's resume and letters of support, prepare a summary of the candidate's achievement and highlight how the candidate meets the award criteria.

5. Complete and submit a nomination form with the package.

6. Forward all submissions to the provincial director by January 31 of each year. Incomplete or late applications will not be eligible for consideration. Successful candidates will be presented with awards at the annual general meeting. In order to

facilitate the process of the applications, the nominator will involve the nominee in the submission and verification of information.

Award of Excellence in Emergency Nursing Practice

This award recognizes NENA members who excel in clinical care/nursing practice. The nurse must be providing direct care for the clients in an emergency-type setting.

I. The candidate must excel in all major categories of practice:

1. Nursing knowledge
2. Clinical decision-making
3. Professional accountability and responsibility
4. Application of research
5. Interpersonal relationship and communication skills

II. Supportive documentation must demonstrate outstanding performance in relation to the majority of the standards of nursing practice:

1. Specialized body of knowledge
2. Competent application of knowledge
3. Provision of a service to the public
4. Code of ethics
5. Self-regulation
6. Responsibility and accountability

III. Important considerations:

1. Consistently demonstrates excellence as a professional nurse
2. Consistently demonstrates responsibility for professional development
3. Participates in the activities of professional organization
4. Actively demonstrates innovative and progressive ideas in nursing
5. Acts as a role model and mentor
6. Contributes directly or indirectly to improving the quality of emergency nursing care in one's province/nation

Award of Excellence in Emergency Nursing Education

This award recognizes a NENA member who excels in emergency nursing education. The candidate must be providing nursing education in an emergency care setting.

outlook

The NENA Awards of Excellence

I. The candidate must show outstanding performance in a majority of the following areas:

1. Lecture, demonstration, discussion, clinical or lab instruction
Demonstrates and utilizes the principles of adult learning
2. Consultation, including tutoring, advising and thesis supervision
3. Program, curriculum or course design and development
4. Innovative teaching methods
5. Educational planning and policy-making
6. Production of educational material (study guides, instructional materials and resources, audiovisual, text books.)

II. Supportive documentation must demonstrate outstanding performance in relation to the majority of the standards of nursing practice:

1. Specialized body of knowledge
2. Competent application of knowledge
3. Provision of a service to the public
4. Code of ethics
5. Self-regulation
6. Responsibility and accountability

III. The candidate must also meet all of the following general criteria:

1. Consistently demonstrates excellence as a professional nurse
2. Consistently demonstrates responsibility for professional development
3. Participates in the activities of professional organization
4. Actively demonstrates innovative and progressive ideas in nursing
5. Acts as a role model and mentor
6. Contributes directly or indirectly to improving the quality of emergency nursing care in one's province/nation
7. Encourages and supports life-long learning
8. Demonstrates good communication skills

Award of Excellence in Emergency Nursing Research

This award recognizes a registered nurse who excels in nursing research. In an effort to encourage nursing research, this category is not restricted to emergency nurses, nor is the research restricted to emergency nursing, but the findings may be transferable to the advancement of emergency nursing.

I. The candidate must show outstanding performance in a majority of the following areas and competent performance in the remaining areas of nursing research.

1. Research with a clinical focus and demonstrated practical application
2. Contribution to the development of nursing research as a principal investigator or research assistant, or a member of a committee receiving grant proposals, or as a member of a nursing research committee
3. Acts as a role model, mentor and a consultant to foster the development of beginning researchers
4. Evidence of external peer review evaluating the outcomes of completed research
5. Contributor to the communication of nursing research findings through presentations at conferences, public speaking engagements, consultations and publications
6. Obtains funding for nursing research based on peer review

II. Supportive documentation must demonstrate outstanding performance in relation to the majority of the standards of nursing practice:

1. Specialized body of knowledge
2. Competent application of knowledge
3. Provision of a service to the public
4. Code of ethics
5. Self-regulation
6. Responsibility and accountability

III. The candidate must also meet all of the following general criteria:

1. Consistently demonstrates excellence as a professional nurse
2. Consistently demonstrates responsibility for professional development
3. Participates in the activities of professional organization
4. Actively demonstrates innovative and progressive ideas in nursing
5. Acts as a role model and mentor
6. Contributes directly or indirectly to improving the quality of emergency nursing care in one's province/nation

Award of Excellence in Emergency Nursing Administration

This award recognizes a NENA member who excels in the administration of emergency nursing. The candidate must

be in a management position in an emergency setting.

I. The candidate must excel in a majority of the following areas and show competent or better performance in the remainder.

1. Planning and implementing effective and efficient delivery of nursing services
2. Participating in the setting and carrying out of organizational goals, priorities and strategies
3. Providing for allocation, optimum use of, and evaluation of resources such that the standards of nursing practice can be met
4. Maintaining information systems appropriate for planning, budgeting, implementing, and monitoring the quality of nursing services
5. Promoting the advancement of nursing knowledge and the utilization of research findings
6. Providing leadership that is visible and proactive
7. Evaluating the effectiveness and efficiency of nursing services
8. Empowering staff through participatory management

II. Supportive documentation must demonstrate outstanding performance in relation to the majority of the standards of nursing practice:

1. Specialized body of knowledge
2. Competent application of knowledge
3. Provision of a service to the public
4. Code of ethics
5. Self-regulation
6. Responsibility and accountability

III. The candidate must also meet all of the following general criteria:

1. Consistently demonstrates excellence as a professional nurse
2. Consistently demonstrates responsibility for professional development
3. Participates in the activities of professional organization
4. Actively demonstrates innovative and progressive ideas in nursing
5. Acts as a role model and mentor
6. Contributes directly or indirectly to improving the quality of emergency nursing care in one's province/nation
7. Recognizes contributions and celebrates successes
8. Promotes emergency nursing standards



NENA Award of Excellence application form

Forward all submissions to the provincial representatives by January 31 of each year. Incomplete or late applications will not be eligible for consideration. Successful candidates will be presented with awards at the annual general meeting. In order to facilitate the process of the applications, the nominator will involve the nominee in the submission and verification of information.

Award of Excellence in: _____

Nominee: _____ Address: _____

_____ Postal Code: _____

Phone: work (____) ____ - _____; home (____) ____ - _____; fax (____) ____ - _____

E-mail: _____

Employer: _____ Current position: _____

Nominator: _____ Address: _____

_____ Postal code: _____

Phone: work (____) ____ - _____; home (____) ____ - _____; fax (____) ____ - _____

Letter of support (1) from: _____

Letter of support (2) from: _____

Signature of nominee: _____

Signature of nominator: _____ Date: _____



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**THE HOSPITAL
FOR SICK CHILDREN**

Be Someone to look up to.

To be an employer of choice

By Janet B. MacDonald, RN, MSN,
Nurse Manager, Emergency
Department, Montreal General
Hospital, Montreal, QC

Recently, Colin Powell said: "Organizations don't really accomplish anything. Plans don't accomplish anything either. Theories of management don't much matter. Endeavours succeed or fail because of the people involved. Only by attracting the best people will you accomplish great deeds" (1996). How to be an employer of choice for the brightest graduates and the best, expert, specialty nurses is the challenge for nurse leaders of the new millennium. The nursing shortage has arrived. With it comes a multitude of factors that have stretched the health care system and challenged all health care employees. It may read as hopeless, but do not despair! The environment for nursing staff has become competitive. This is not a bad thing. It simply requires that leaders of organizations, divisions and services ensure that their environment is a great place to work. This article may help you to rethink your strategies in order to become an employer of choice.

The nursing shortage is real. We face the 'retirement wave' as the percentage of RNs under 30 years of age shrinks at a constant rate from 25% of the nursing population in 1980 to 9% in 1996, and the average age of RNs increases from 40.3 in 1980 to 44.3 in 1996. Concurrently, there is declining enrollment in nursing schools as more people choose professions with increased wages and better working conditions. Specialty nurses are becoming an elusive breed where it can take as long as 90 days to fill vacancies in areas such as emergency, oncology, intensive care and

the operating room (The Nursing Retention Series, 2000). Juxtaposed against this is an overabundance of RN dissatisfaction where more nurses are dissatisfied with their chosen profession. Ultimately, this leads to a heavier reliance on new graduates, increased stress on senior staff, nursing turnover, burn-out and huge financial costs to the organization. The downstream consequence of all of this is what I call the "job dissatisfaction continuum". This continuum includes ineffective recruitment strategies, hiring and interviewing dysfunction, preceptorship dysfunction and staff demoralization leading to defection and burn-out. To some extent, I believe that the job dissatisfaction continuum is a byproduct of incongruency, chaos, limited vision, inflexibility, rigidity, negativity, traditional thinking, and a non-competitive edge mentality within all levels of an organization.

In order to gauge your performance and that of your organization, I have provided you with the job dissatisfaction continuum checklist. I have separated the checklist into three areas: the organization, the division and the services (See Table One). Read over this checklist and take some time to reflect on what aspects of your organization, division and services may be impeding the way to you being an employer of choice.

An employer of choice means ensuring that your department is an attractive place to work. Is this possible with the stretched health care system? Yes it is possible. The recipe is simple: teamwork, positive thinking, creativity, innovation, risk-taking, collaboration, persistence and caring. Does it sound

esoteric? Maybe. Still, there are numerous strategies that can be utilized to ensure that your department is flourishing in a health care system faced with a multitude of constraints.

To be an employer of choice, you must have a positive synergy at the levels of the organization, the division and the services. Your message must be congruent to any prospective employee at all levels. To become an employer of choice, the department of human resources, the department of academic practice and professional development and the department of nurse managers must work together in order to create an environment that fosters opportunity for employees.

The human resources department is the first organ that is linked to what I call the job satisfaction continuum. I view this group as the organizational ambassadors. They must have a vision of recruitment and retention. They must track nursing manpower statistics. They must advertise, conduct focus groups and hire a promotional agency. They must be

Did you know...

- The number of NENA members is 1,370!
- The **Globe and Mail** published an article in December about the joint position statement put out by NENA and CAEP on "Overcrowding in the ER".
- The **Ottawa Sun** published an article on the NENA national conference, "The Circle of Violence", in May.
- A NENA fact sheet has been developed and will be included with all new members' packages.
- Two new position statements are being developed: *Role of the Non-RN Health Care Provider in the ED* and *Family Presence in Resuscitation*.

outlook

feature article

publicly visible at every opportunity to promote the organization. They must network and market at the regional, provincial, national and international levels. They must communicate their strategies to the division and the services.

The second vital organ that comprises the job satisfaction continuum is the academic practice and professional development department. I view this group as the innovative risk-takers. This is the group that brings the players together. In our organization, they are comprised of clinical nurse specialists, nurse clinician educators and nurse researchers. This department is faced with the challenge of ensuring that the professional learning needs of the organization are fulfilled while ensuring that the professional support systems are in place to sustain quality patient care. In order to do this, they must establish a strong partnership with nursing colleges and universities. They must offer a variety of nursing grand rounds, in-services, and tutorials. They must be creative and visionary in developing and maintaining orientations of new nurses while supporting and advancing opportunities for expert, specialty nurses.

The final organ that contributes to the job satisfaction continuum is the chief recruitment and retention officer. He/she is ultimately the key to being a successful employer of choice. Who is this person? This is the frontline manager. Immediately, I perceive that the hair on your neck is standing on end. I can hear some of my colleagues saying "What!!!! She isn't suggesting that I wear another hat". Not only am I suggesting that we wear another hat, I believe that at the present time, this is the most important hat that we wear. Through communication, caring, clarity, creativity and the competitive edge, you can be an employer of choice. Do not think about what you cannot do. Think about how you will do it! Communicate within and outside your institution on a constant basis. Bring the community into your department. Communicate consistently with human resources and the academic practice and professional development department. Care for your team. Actions speak louder than words. Reflect on the positive reinforcement that you give, the words of

Table One: Job dissatisfaction continuum checklist

- Gauging your performance

Organization

- Limited vision re short-term, mid-term and long-term recruitment and retention strategies.
- Dependency upon the human resources department for recruitment.
- Non-existent and/or unattractive recruitment package from human resources.
- Limited link with colleges and universities.
- Limited public visibility and promotion of organization.
- Limited communication with division and services related to needs.
- Values and mission statement non-existent, vague, and/or not practised.
- Limited risk-taking re new projects and programs.
- Limited recruitment and retention performance tracking.
- Tracking of employee satisfaction limited.
- Bureaucratic difficulties for new hires (parking, daycare, ID cards).
- Organizational constriction.

Division

- Limited and/or non-existent academic practice and professional development department (CNS, clinician educator, nurse researcher).
- Limited vision re short-term, mid-term and long-term recruitment and retention strategies.
- Limited support for development of patient quality care and professional learning needs.
- Limited link with colleges and universities.
- Limited access to funding for recruitment and retention.
- Limited risk-taking re new projects and programs.
- Tracking of employee satisfaction limited.
- Division constriction.

Services

- Limited managerial orientation, coaching and support.
- The manager of the department has not received recruitment and retention preparation.
- Limited understanding and link with human resources, academic practice department and other services.
- Limited vision re short-term, mid-term and long-term recruitment and retention strategies.
- Reliance upon human resources for recruitment.
- Non-existent and/or unattractive service recruitment package.
- Vision created unilaterally and not communicated or designed with staff involvement.
- The design for new hires reflects tradition: interview/hire/orientation/work.
- Limited staff-team involvement (MDs, orderlies, nurses, clerks, housekeeping, volunteers).
- Skills lacking in hiring and interview techniques.
- Limited marketing ability of the manager and the team.
- No tour of department, no introduction of team and no positive responses from team.
- No exit interviews and follow-up of why candidate chose to go elsewhere.
- No preceptorship training and package.
- No orientation package.
- No framework for the entry point of practice of each new hire.
- Limited support and follow-up of new hires.
- Limited mentorship programs.
- Limited participation in committees for staff involvement (no time – no personnel available).
- Limited promotion of conferences, courses, in-services, and bursaries.
- Limited extracurricular activity outside of unit.
- Limited student support, value and appreciation.
- No research projects.
- Limited employee growth opportunities.
- Limited employee recognition.
- Limited stress reduction programs.
- No regular performance appraisals.
- Limited flexibility in scheduling.
- Limited communication, care, clarity, creativity, competitive edge.
- Service constriction.

Table Two: Job satisfaction continuum checklist - Guiding your efforts

Recruitment

- Vision designed with team.
- Organization, division and services congruent, collaborative and committed.
- Recruit local, national, international.
- Create a website.
- Advertise.
- Open house.
- Regular ED recruiting letters posted and sent to all colleges and universities.
- Staff go to their respective graduate colleges and universities.
- Power Point presentation of ED.
- Organization and services recruitment package.
- Hand-out to every nurse, student and prospective candidate.
- Attractive package: pictures; letter describing the ED; orientation process (flexibility); theory courses; committees; education opportunities; business cards
- Telephone, network and welcome college instructors and professors.
- Support and involve nursing students in your department.
- Involve department in college and university activities.
- Hire nursing students for summer as orderlies and unit coordinators.
- Hire nursing students to provide TLC.
- Hire graduate level students for summer research projects.
- Follow up prospective candidates immediately and consistently when they show the slightest interest.
- Interview authentically but sell your department.
- Tour the department – show it off, let the team show it off.
- In our organization and in our department you will have the opportunity for.....
- Exit interviews.
- Communication, care, clarity, creativity, competitive edge

Development

- Secure loyalty
- Excellent orientation program: preceptorship module; preceptorship training; orientation designed according to entry point of practice for each nurse; fluid; consistency; care.
- Senior and junior pressures: education, communication, and meetings.
- Communication, care, clarity, creativity, competitive edge.

Retention

- Customized and flexible scheduling, weekends, LOAs.
- High quality of work life – functional and ample equipment.
- High patient satisfaction.
- Pride: uniforms, ID cards, logos, trauma glasses for Valentines Day.
- Constant communication – meetings, book, board, social outings, visibility of manager.
- Committees: pain, trauma, marketing, GPL, nursing students, preceptorship, leadership, violence, practice quality committee.
- Nurses in charge – develop leadership.
- Reward and promote risk-taking (e.g. SSU/GPL's).
- Employee of the month.
- Employee cards and flowers representative.
- Pizza rounds.
- Q3 weekly in-services and guest speakers.
- Employee performance appraisals.
- Bringing certifications and baccalaureate education to organization.
- Promotion and facilitation of funding for attending and presenting at conferences.
- Promotion and facilitation of funding for certifications (bursaries, marketing committee).
- Promotion and facilitation of baccalaureate education.
- Team spirit (volunteers).
- Public visibility of department employees: media writing, guest speaker at schools and organizations.
- Tracking costs and communicating same.
- Support a contagious attitude.
- Manager development: education, courses, in-services, clinical activity.
- Communication, care, clarity, creativity, competitive edge.

inspiration that you bestow. Establish clear expectations and clarity. Clarity is about being authentic and real. It is about transparency and openness. Have an open door policy, an open office, open to being paged, and open about sharing yourself and your life. In addition, be open to negativity. Remember, the tyranny of negativity suggests that negative is bad. However, negatives can lead to debate and produce creative ideas. Creativity is about risk-taking. It is about seeking opinions of staff, taking suggestions and unconventional proposals and trying them out. The status quo just doesn't work very often anymore. Finally, one of the most important and least taught and/or appreciated traits in nursing education is how to market your department as an employer of choice. I give a long list to prospective candidates as to why they should work in our organization. Being in a competitive environment means that you have to sell your area.

The nurses of today are a dynamic, bright, empowered group of men and women who desire professional growth, autonomy and stimulation. Traditional leadership can clash with this premise. Inclusion of staff will strengthen the team, enhance retention and, via word of mouth, facilitate recruitment. This will ultimately lead to the job satisfaction continuum and help you in becoming an employer of choice (see Table Two). Good luck and keep your spirits soaring. ☘

Acknowledgements

I would like to thank the team at the Montreal General Hospital emergency department who inspire me.

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A letter home

By Michelle Harwood, RN, Staff Nurse, Starship Children's Health Centre, Auckland, New Zealand

Michelle graduated from the University of Ottawa with a BScN in 1996. She is currently on leave from her staff nurse position in the ED at the Children's Hospital of Eastern Ontario, Ottawa. For the past year she has been living and working in New Zealand. The following article details her experience at Starship Children's Health Centre, Auckland.

Kia Ora no Aotearoa - Yes! Greetings from the land of the long white cloud.

I can't believe it has almost been a year since I left Canada to work overseas. New Zealand remains gorgeous. Maori people call it Aotearoa because, as you fly into New Zealand, a long white cloud is visible above the country.

As I continue to explore, New Zealand's diverse landscape continues to amaze me. From Waikaremoana's rainforest with bright green moss-covered tree trunks, Nikau palms, and fern undergrowth - to Coromandel's coast of gorgeous orange cliffs, white beaches, and blue oceans. From Key Summit's snow-tipped peaks and alpine lakes to Doubtful Sound's deep dark fiords. Rolling green sheep-dotted hills form much of the countryside - a frequent reminder that you are travelling in a different country. New Zealand really is a country of space - time - and beauty.

Working in New Zealand has been a fascinating experience as well. Starship Children's Hospital, located in Auckland, is a 150-bed hospital. It is the only paediatric hospital in New Zealand. I am working in the emergency department which sees approximately 32,500 children per annum. The children's emergency department (CED, as it is commonly called) opened in December 1992. It treats children up to their

fifteenth birthday. Approximately 60% of children are referred from accident and medical clinics, GPs, or transferred from surrounding hospitals. Starship sees problems common to most children's emergency departments, including viral illness, asthma, bronchiolitis, pneumonia, gastroenteritis, head injuries, fractures, and abdominal pain. A variation from what I am used to includes cases of rheumatic fever, a disease I thought no longer existed in first world countries. Numbers of children presenting with abscesses, meningitis, pneumonia, and meningococcaemia also exceed what I am used to.

Working within a hospital in a different country has really broadened the face of nursing for me. It has opened my eyes to the diversity and the vast scope of the profession. It has enriched and strengthened my practice. It has also challenged the way in which I practice, and encouraged professional growth.

Working abroad has enriched my practice by simply exposing me to ways a different hospital approaches the cornerstones of paediatric care. Starship CED's strong emphasis on family centred care is evident through an established standard of practise called a 'family review'. Here, nurses are required to document hourly interactions with families within the department. These interactions could involve informing the family of the waiting period, discussing the child's progress and future planned

interventions, or addressing present concerns or needs. This intervention alleviates much parental anxiety in an often busy and seemingly chaotic environment.

Family-centred care is evident during the triage process as well. Triage sheets have an allocated space for 'parental perception' of their child's illness. This encourages the exchange of perception and information from the parent/caregiver to the health care professional. This exchange often acts as a window into parental fears, misconceptions, and into the education required during a child's stay.

Utilization of cultural support also reflects on Starship's endeavour to enhance family-centred care. Cultural support at Starship is provided by Kaitiaki (Maori Health) and Fono (Pacific Island Support Workers). As



outlook

ideas@work: pediatrics

well as providing cultural support specific to the above families and other families in the department, Kaitiaki form part of the pager-response team to Starship 777 resuscitation calls. Along with the emergency nurse and physician (team leader), PICU nurse and physician (airway management/handover to PICU), ward house surgeon (history from parents), surgeon, and x-ray department, Kaitiaki respond to trauma

and medical emergency calls. Kaitiaki are present to provide the emotional and cultural support for families in the resuscitation room.

Working in a different country has also challenged the way in which I practise. Exposure to variations in approaches to care for identical pediatric problems has forced me to move out of the habit of treating patients and completing tasks in an 'everyday routine' and into

the habit of questioning what I practise - why I do what I do - what literature and research supports what I do. The Children's Hospital of Eastern Ontario (CHEO) in Ottawa where I began my emergency nursing career, for example, treats bronchiolitis patients with nebulized Racemic Epinephrine and places children in mist tents (dependent on severity). Starship does neither of the above, managing sick bronchiolitis

patients with oxygen via nasal prongs, nasogastric feeds, and admission as needed. CHEO treats dehydrated gastroenteritis children failing oral rehydration therapy with intravenous fluids. The treatment of choice at Starship is nasogastric rehydration with Pedialyte. Intravenous therapy is considered second to failed nasogastric rehydration attempts.



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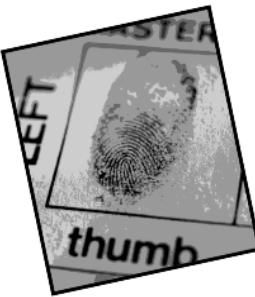
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Presented with the comparisons in treatment, you question treatment efficacy and related patient outcome. You start to question the degree to which you have personally incorporated evidence-based nursing in your practice. You realize its value, and you look into initiating it to validate your current practice and guiding policies, to provide informed nursing care, to provide ethical care, and to promote excellence in nursing.

Professional growth and advancement of professional practice therefore occur as registered nurses increase accountability within their practice. Professional growth is also evident when registered nurses participate in the advancement of quality pediatric care within a department. Within the Starship CED, nurses are involved in many aspects of departmental development. The nursing quality group, to give a few examples, initiates audits of department charts (triage assessment sheets, transfer

documentation), develops patient advice sheets (fever, measles, head injuries, crying babies, chickenpox, etc), develops recommended best practice protocols (on conditions like burns, head injuries), and audits application of these protocols. Members within the team are also involved in disaster planning (implementing mock scenarios), research projects (securing peripheral IV cannulas), and coordination of monthly nursing case reviews. Professional practice is visible as these nurses forward the department's quality of care. Professional growth is also encouraged within CED by investment in nursing education. The department provides a comprehensive education program. One of the program's education days is on wound management. In-depth education on wound management has empowered me to make decisions optimizing patient care. When children return to the emergency department for post-burn or fingertip partial avulsion injuries for

instance, nurses direct dressing choice. Based on knowledge of the anatomy and physiology of wound healing, the advantages and disadvantages of dressing types, and assessment of the particular wound and its phase of healing, nurses manage wounds. The above education directs decision between a semi-permeable type dressing like OpSite, a silicone selective adherent one like Mepitel, a hydrocolloid like Comfeel, or hydrogel like Duoderm. Good wound management directly affects wound healing.

It is amazing to look back on a year and see the change - and the growth in one's practice. It is amazing to be able to grow into a new team - to be welcomed and encouraged. Working abroad really has changed the face of nursing for me - it is a profession of new depth, breadth and opportunity. 🇨🇦

Noho ora mai, (I am well, hope you are well), Michelle

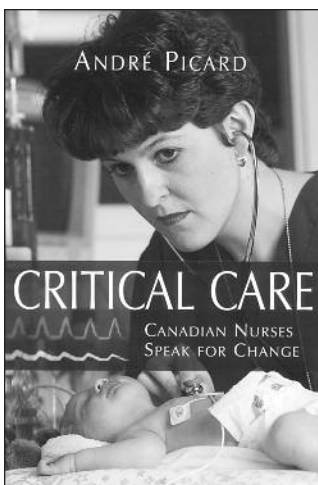
Outlook

Book Reviews

Critical Care: Canadian Nurses Speak for a Change

By André Picard
HarperCollins Publishers
Toronto, Ontario

Through nurses' stories of their daily work and challenges, André Picard, a Canadian author, aspires to give nurses a voice and more visibility. From a



nurse pioneer's to nurse clinicians' to a nurse politician's narratives, the reader will appreciate the multifaceted role and significance of the nursing profession. I would highly recommend this book for all nurses for its easiness to read, realistic view and uplifting quality. 🇨🇦

Reviewed by Donna Cousineau, RN, ENC(C)

For more information about André Picard visit his website at: www.andrepicard.com

Brain Attack: Danger, Chaos, Opportunity, Empowerment

By Paulina Perez
Cutting Edge Press
Johnson, Vermont

This is a wonderful book that tells the story of a 54-year-old nurse who survives a stroke. We follow Paulina's journey from onset of the symptoms to recovery.

What makes this book so easy to read is its diary format. A second item that made reading Paulina's story a pleasure is the encouraging quotes and proverbs which are found throughout the book. As nurses, the more we understand our patients' perspective of the events unfolding in their lives, the better equipped we are to care for them. 🇨🇦

Reviewed by Jo-Anne O'Brien, RN, BScN, ENC(C)

