



National Emergency Nurse’s Association-Alberta



NENA National Conference- St. John’s, NL- May 29th - 31st **Page 2**

NENA-AB Conference- Lethbridge- Oct 23rd and Oct 24th **Page 3**



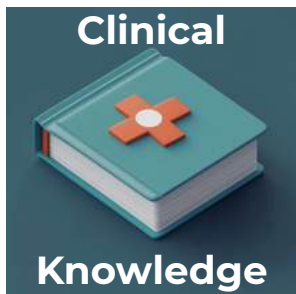
Study Group

Emergency Nurse Certified Exam Study Group **Page 4**

- Monthly study session for NENA members
- CNA Speciality Exam Certification

Knowledge in a Nutshell **Page 6**

- Monthly education



• Trauma Informed Care **Page 7**

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• Professional Development Funding **Page 18**

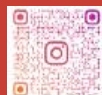




SAVE THE DATE!

Watch for more details on www.nena.ca

Follow Us!



NENA-AB
ANNUAL FALL
CONFERENCE
SAVE THE DATE



OCTOBER 23RD AND OCTOBER 24TH, 2026
COAST LETHBRIDGE HOTEL, LETHBRIDGE, AB

Stay tuned for more information!





EMERGENCY NURSING CERTIFICATION EXAM STUDY GROUP



National Emergency Nurses
Association - Alberta



What to Expect

- ✓ Monthly Study Sessions
- ✓ Review Study Guide
- ✓ Practice Questions
- ✓ Build Connections

**Must be a NENA member to be granted access to study guide*

Monday's at 7:00pm

- March 16
- April 13
- May 18
- June 15
- July 13
- Aug 17
- Sept 14
- Oct 19
- Nov 16
- Dec 14

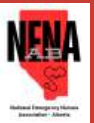


<https://us06web.zoom.us/j/85787135569?pwd=2ExbM4OMapBmxQBaOUSO5VSXO0fCbl.1>

Meeting ID: 857 8713 5569
Passcode: 511769

Follow Us!





2026 CNA Certification

Commit to excellence

The **CNA Certification Program** offers the only bilingual, nationally recognized nursing specialty credential. Being CNA certified shows that you're committed to an advanced standard of professional competence and have a comprehensive understanding of your nursing specialty.

CURRENT SPECIALTIES

- CARDIOVASCULAR
- COMMUNITY HEALTH
- CRITICAL CARE
- CRITICAL CARE PEDIATRICS
- EMERGENCY
- GERONTOLOGY — for registered nurses and registered psychiatric nurses
- GERONTOLOGY — for licensed/registered practical nurses
- HOSPICE PALLIATIVE CARE
- MEDICAL-SURGICAL — for registered nurses
- MEDICAL-SURGICAL — for licensed/registered practical nurses
- NEONATAL
- NEPHROLOGY
- OCCUPATIONAL HEALTH
- ONCOLOGY
- PEDIATRICS
- PERINATAL
- PERIOPERATIVE
- PSYCHIATRIC AND MENTAL HEALTH — for registered nurses and registered psychiatric nurses
- WOUND, OSTOMY AND CONTINENCE

Important Dates

SPRING 2026

January 15 – March 31

Application window to **write or renew by exam**

May 1 – 15

Certification **exam window**

FALL 2026

June 15 – September 30

Application window to **write or renew by exam**

November 1 – 15

Certification **exam window**

YEAR ROUND

January 15 – December 15

Application window to **renew by continuous learning**

RENEWAL BY CONTINUOUS LEARNING ONLY

- GASTROENTEROLOGY
- NEUROSCIENCE
- ORTHOPAEDIC
- PERIANESTHESIA
- REHABILITATION

Since 2019, exams to obtain or renew a certification in any of these specialties are no longer offered. Certified nurses can renew by submitting CL hours.

cna-aicc.ca/certificationprogram
 1-800-361-8404 • certification@cna-aicc.ca





Knowledge in a Nutshell

JOIN US FOR NENA ROUNDS!

Relevant ED Topics
Rural and Urban Perspectives
Q & A
Discussion

Join using QR Code or Zoom Link!



<https://us06web.zoom.us/j/89716040425?pwd=6EzpUyl6BUn7G1UnpspYi4bO5rsMiX.1>

Meeting ID: 897 1604 0425
Passcode: 912424

06 JAN
7:00 PM

Triage Case Studies/ENC Questions

Dawn Peta
Janine van Beurden

03 FEB
7:00 PM

Hyperkalemia

Erin Acorn
Natalie Anderson

03 MAR
7:00 PM

Delivery in the ED

Jen Willox
Lindsey Bouffard

07 APR
7:00 PM

Lets Prepare to Intubate

Sarah Kasper
Mandy Blacklock



What is Trauma and Violence-Informed Care?

Past or ongoing violence may be a primary cause of trauma response.³ These negative experiences can be life-changing with the potential to overwhelm a person's ability to cope.² It can be a single incident, development, complex or repetitive, intergenerational or historical.⁴

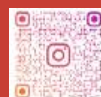
The Mental Health Commission of Canada describes Trauma Informed Care (TIC) as: "a way of providing support that focuses on understanding a person's past experiences rather than judging their behavior. Instead of asking, "What is wrong with you?" TIC asks, "What happened to you?"¹ Trauma-informed care is an approach that helps ensure patients get the care they need based on what they have been through.

Examples of trauma and violence may include maltreatment as a child; exposure to intimate partner violence; sexual or physical abuse; or exposure to suicide, murder or accidents.^{2,3} Consider also systemic violence such as racism.³ Natural disasters, war, and other events outside of our control may also be factors.^{1,2}

Signs and Symptoms

Trauma and violence can effect neurobiological changes which may result in patients experiencing current events as if they were past events and perceived as real.³ Commands and sensations such as touch or smells can be reminders and triggers of previous negative experiences.

Watch for signs such as frustration, impatience, confusion, and crying.⁴ Physical disturbances such as changes in heart rate, breathing, easy to startle and pain may also be present. Patients experiencing trauma may be confused, have difficulty concentrating, and have impaired judgement. Long term effects may manifest as addiction issues, eating disorders, relationship problems, panic attacks, depression and self-destructive behaviour.



What can I do as an emergency nurse?

Be aware that re-traumatization can occur when the patient must retell their story.³ Appropriate care is not dependent on knowing all the details of someone's past.^{3,4} Ask permission before touching your patient. Consider the language you are using – does it sound negative, forceful or judgmental? If your patient's response seems out of proportion to current events, could this be due to trauma? Avoid confrontational approaches.² Create a safe environment for your patient. Help build trust.^{2,3} Ask "what happened to this person" versus "what's wrong with this person?" Listen, believe and validate.³

References and More Information

1. Mental Health Commission of Canada. (2026). Trauma-informed care and suicide. Fact sheet for professionals. Retrieved from: [CSP Fact Sheets trauma_eng.pdf](#).
2. Canadian Centre on Substance Abuse. (2014). Trauma-informed care: The Essentials of...Series. Retrieved from: [Trauma-informed Care \(The Essentials of... Series\)](#).
3. Government of Canada. (2025). Trauma and violence-informed approaches to policy and practice. Public Health Agency of Canada. Retrieved from: [Trauma and violence-informed approaches to policy and practice - Canada.ca](#)
4. Corbiell, C. (2019). AN introduction to trauma informed practice. IRMHP webinars. Centre for Addiction and Mental Health (camh). Retrieved from: [An introduction to trauma informed practice | CAMH](#)

Further reading:

Trauma and Violence-Informed Care modules on MyLearning Link (Alberta Health Services): seven module series.



The Hidden Dangers of Assumptions and Bias in Caring for “Frequent Flyer” Patients

By Sandra Walsh, BN RN ENC(C)

Introduction

Nurses in the emergency department often encounter patients who return repeatedly for care. These individuals have historically been labeled “frequent flyers,” a term that carries stigma and can negatively influence clinical judgment. Research shows that labeling patients in this way can reinforce implicit bias and lead to harmful clinical shortcuts or attitudes (Joy et al., 2016). As bias infiltrates patient care, safety, diagnosis accuracy, and therapeutic relationships can suffer.

Understanding the Label

The “frequent flyer” label is not neutral—healthcare researchers note it functions as a pejorative shorthand implying that the patient is difficult or manipulative (Joy et al., 2016). Emergency departments sometimes even use icons in electronic medical records to identify repeat visitors, which can further stigmatize patients and prime clinicians to expect certain behaviors or diagnoses before assessment begins (Joy et al., 2016).

Assumptions and Their Clinical Risks

1. Missed or Delayed Diagnoses

Cognitive biases such as confirmation and anchoring bias are well documented in nursing practice and can lead to clinicians relying too heavily on past information instead of reassessing the current situation (The Joint Commission, 2016; Valdez, 2021). These biases can cause delays in diagnosing serious changes in condition.

2. Inadequate Pain Management

Bias toward patients with chronic pain or substance use histories contributes to undertreatment of pain and reduced quality of communication (Groves et al., 2021). This leads to disparities in nursing care, which the scoping review identifies as a persistent issue impacting patient outcomes.

3. Reduced Quality of Assessment

Labeling fosters cognitive shortcuts. Research shows that stigmatizing language influences care decisions and propagates stereotypes that degrade assessment quality (Valdez, 2021). As a result, frequent visitors may not receive the thorough evaluations they need.



4. Damaged Therapeutic Relationships

The psychological impact of bias is profound. Patients sense judgment quickly, and once trust is compromised, adherence to care plans or willingness to seek timely care often declines (Groves et al., 2021).

Why Bias Occurs

Bias is often linked to systemic pressures such as workload, emotional exhaustion, and repeated exposure to complex patient needs. Frequent ED users represent 4.5–8% of ED patients yet account for 21–28% of all visits (Annals of Emergency Medicine, 2010, as cited in Ballard, 2011). This heavy utilization contributes to fatigue and frustration among staff, increasing risk for biased decision-making.

A 2023 scoping review of emergency clinicians found widespread cognitive biases among both nurses and physicians, though their direct impact on outcomes remains under investigation (Jala et al., 2023).

Strategies to Prevent Bias in Nursing Practice

1. Reframe the Language

Experts argue that reducing stigmatizing terminology is essential to reducing bias (Valdez, 2021). Shifting language promotes more objective thinking.

2. Commit to a Fresh Assessment Every Time

Given the known risks of anchoring bias, nurses must approach each encounter with new eyes (Valdez, 2021).

3. Practice Trauma-Informed Care

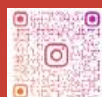
High utilization is often rooted in unmet social and healthcare needs, making empathetic communication crucial (Groves et al., 2021).

4. Identify Hidden Needs

Frequent visits often signal systemic gaps. Literature reinforces that the ED alone is not equipped for long-term multi-dimensional care, emphasizing the need for coordinated support (Ballard, 2011).

5. Reflect on Personal Biases

Implicit bias training programs demonstrate that reflection and humility can help clinicians identify and interrupt biased thinking (Gonzalez et al., 2021).



6. Support Colleagues

Bias is cultural as well as individual. Encouraging supportive, reflective team dialogue helps prevent harmful assumptions from spreading within units (Valdez, 2021).

Conclusion

Caring for high-utilization patients is a defining challenge of modern nursing. Bias—whether born from frustration, system strain, or ingrained stereotypes—poses significant risks to patient well-being and professional ethics. By maintaining vigilance, practicing reflective care, and challenging stigmatizing language, nurses can ensure that every patient—no matter how often they seek care—receives equitable, compassionate, and clinically sound treatment.

References

- Ballard, D. (2011). *Keeping Frequent Fred out of the ED*. *Emergency Medicine News*, 33(12). https://journals.lww.com/em-news/fulltext/2011/12071/keeping_frequent_fred_out_of_the_ed.1.aspx
- Gonzalez, C. M., Nava, S., List, J., Liguori, A., & Marantz, P. R. (2021). *How assumptions and preferences can affect patient care: An introduction to implicit bias for first-year medical students*. https://www.mededportal.org/doi/full/10.15766/mep_2374-8265.11162
- Groves, P. S., Bunch, J. L., & Sabin, J. A. (2021). Nurse bias and nursing care disparities related to patient characteristics: A scoping review. *Journal of Clinical Nursing*, 30(23–24), 3385–3397. <https://pubmed.ncbi.nlm.nih.gov/34021653/>
- Jala, S., Fry, M., & Elliott, R. (2023). Cognitive bias during clinical decision-making and its influence on patient outcomes in the emergency department: A scoping review. *Journal of Clinical Nursing*, 32(19–20), 7076–7085. <https://psycnet.apa.org/record/2024-02830-001>
- Joy, M., Clement, T., & Sisti, D. (2016). *Is it unethical to identify patients as “frequent flyers” in health IT systems?* <https://www.hcinnovationgroup.com/clinical-it/news/13027618/is-it-unethical-to-identify-patients-as-frequent-flyers-in-health-it-systems>
- Valdez, A. (2021). Words matter: Labelling, bias and stigma in nursing. *Journal of Advanced Nursing*. <https://onlinelibrary.wiley.com/doi/10.1111/jan.14967>



Improving Frostbite Care Across Edmonton: Early Success from a New Care Pathway

Severe frostbite is an increasing challenge in Edmonton's Emergency Departments, especially for people experiencing homelessness. To improve care and reduce the risk of amputations, all Edmonton hospitals and Urgent Care Centres introduced a standardized frostbite care pathway in November 2024 following the provincial order set.

The pathway emphasizes early recognition, assigning frostbite a higher triage priority, rapid warm-water rewarming, and timely consideration of iloprost for patients whose extremities remain cyanotic after rewarming. When iloprost is used, patients are admitted for up to five days of treatment.

What changed after implementation?

- **Higher acuity triage scores** were assigned, reflecting improved recognition of frostbite severity.
- **Warm water immersion rewarming:** significantly increased, with many cases saved from severe injury
- **Iloprost use increased dramatically,** shifting from 2 patients treated in 2023/24 to 163 in 2024/25.
- **Early 2025/26 data** show continued high uptake, with 118 patients treated in just November and December.

These early results suggest the pathway is reshaping frostbite care across the region. A more detailed analysis of patient outcomes is underway. Future improvements will focus on refining rewarming practices, strengthening documentation, and exploring safe outpatient treatment options.



Meet our Team!



NENA- AB Officers

President-Interim- Dawn Peta (dawn.peta@albertahealthservices.ca)

President Elect- Lindsey Bouffard (lindsey.bouffard@albertahealthservices.ca)

Administration Officer- Natalie Anderson (natalie.anderson@albertahealthservices.ca)

Treasurer- Sandra Walsh (sandra.walsh2@albertahealthservices.ca)

Communications Officer- Mandy Blacklock (mandy.blacklock@albertahealthservices.ca)

Novice ED Rep- Jehanna Joyes (jehanna.joyes@albertahealthservices.ca)

Please stay tuned to the website as we move more information about our executive and representatives online!

<https://nena.ca/alberta/>

Regional Representatives

Southwest- Annamaria Mundell- annaMaria.mundell@albertahealthservices.ca

Southeast- Terri Egger- terri.egger@albertahealthservices.ca

Calgary Urban- Janine van Beurden- janine.vanbeurden@albertahealthservices.ca

Calgary Rural- Natalie Palmer- natalie.palmer@healthsharedservices.ca

Central West- Kelly Anderson- Kelly.Anderson2@albertahealthservices.ca

Central East- Delane Zacharko- Delane.Zacharko@albertahealthservices.ca

Central South- Erin Acorn- Erin.Acorn@albertahealthservices.ca

Edmonton Urban- Dom O'Dochartaigh- Domhnall.Odochartaigh@albertahealthservices.ca

Edmonton Rural- Vacant

Northwest- Jennifer Willox- Jennifer.Willox@albertahealthservices.ca

Northeast- Sarah Kasper- Sarah.Kasper@albertahealthservices.ca

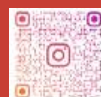
North Central- Carmen Ewasiw- Carmen.Ewasiw@albertahealthservices.ca

Want to get Involved?

We are looking for an Edmonton Rural Representative! Consider joining our team if you work in one of the below centres.

**Devon General Hospital
Northeast Edmonton Community Hospital
Fort Saskatchewan Health Centre
Leduc Community Hospital
Westview Health Centre
Strathcona Community Hospital- Sherwood Park
UCC East Edmonton**

Email nenabsecretary@gmail.com if interested in joining our team!



President Elect- Lindsey Bouffard

Hello fellow ER nurses, Happy New Year!

I hope you are doing well and got some time to unwind and enjoy the holidays. Its been a grueling start to influenza season in our province and I know all ERs have been extremely busy and over capacity. Please know you are all doing a fantastic job and really doing the best you can with the resources we have. Your dedication, hard work and patient advocacy are appreciated.

At the AGM in November, I was voted in as president elect and I'd be lying if said I wasn't a bit nervous for this, however I am excited and looking forward to a new challenge. I am an emerg nurse through and through and think it so important to be a strong voice and advocate for all of us working so hard. NENA-AB is a group of strong, enthusiastic, and like-minded nurses who strive to see all AB ER nurses excel.

If you would like to become a member or are looking for more information please visit Alberta – National Emergency Nurses Association. We are currently recruiting for a Regional Representative for the Edmonton- Rural area.

Here's to a great start to 2026 and the continued dedication from Emerg Nurses of AB.

Lindsey Bouffard





Central West- Kelly Anderson



I have been a nurse for 6 years, and an ER nurse for 5 of those. My past experience has been in both rural and urban hospitals and I have nursed in the Yukon, BC, Alberta, and Washington State.



I currently hold a position in the Red Deer ER. I'm excited to be joining the NENA board to support other ER nursing teams, and to be surrounded by ER nurses who love what they do!

Outside of work I enjoy working on home projects, and spending time with my husband and 10lb dog named Pluto.

North Central- Carmen Ewasiw



I've been a grassroots RN for 30 years in Smoky Lake. Starting first in LTC then finding my way to Med/Surg/ER. Although I have years under my belt, I just recently have become a member of NENA and have reignited my passion for ER nursing. With my 3 children becoming adults and leaving the nest I can focus on myself and plan on becoming more knowledgeable in my rural ER.

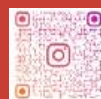
I look forward to this new role with NENA and am excited to connect with fellow ER nurses across Alberta & Canada. I'm excited to learn more about Emergency Nursing, especially how to deal with the high acuity, complex patients coming to small rural emergency rooms.

I attended the NENA conference in Saskatoon last year and came home rejuvenated about being an ER nurse. It was amazing to sit with so many knowledgeable people from across Canada and share our experiences both good & not so good.

I was fortunate to have had amazing mentors over the years and want to share my knowledge & tips & tricks I've learned over the years to the young nurses just starting out.

At our small ER we have started to have nursing & physician shortages over the last year, which has pushed me to higher levels of learning to be prepared for whatever comes through our door.

Please reach out to me with questions about NENA, courses being offered, Knowledge in a Nutshell, conferences, concerns or the great things you do in your ER. I can't wait to hear about where you work and the amazing things you do there.



Central East-Delane Zacharko



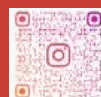
Hi everyone!

I am excited to have this opportunity to be the NENA AB Central Zone rural representative! I jumped right into my nursing career in 2003 by working in the GSICU at the University of Alberta Hospital for 9 years. This is where I gained my love of trauma, controlled chaos, and critical care nursing. Once my family started to expand, I shifted gears and transitioned to my first ED experience at the Fort Saskatchewan Hospital. This was great learning for me as ICU and ED are two hugely different worlds! As our family grew, my husband and I wanted to return to where we grew up, so we settled down just outside of Lamont, AB. Working at the local hospital gave me insight into the creativity, resilience, and passion of rural nurses. I took these learnings into my next role as clinical nurse educator for the central zone rural education team which I was a part of for 9 years. I was able to offer support to many CZ rural sites, gaining insight and knowledge on challenges and needs of rural facilities and nurses. Recently I have returned home and am the education coordinator for Lamont Health Care Centre.



I realize my passion is education and helping rural nurses receive the knowledge and support they need to do the very demanding job that they have. I enjoy teaching BLS, ACLS, PALS and CTAS and am working towards completing my TNCC instructor this month. A goal would be to complete the ENC exam and encourage other rural nurses to do the same.

Other interests include farm life; we have a lot of farm critters that bring us joy and frustration including sheep, pigs, dogs, cats, horses and at times cattle. We joke we have a funny farm and take in animals that have no real purpose besides eating. I have two beautiful daughters who keep me busy with sports and activities. Any time I can I love going to the mountains to enjoy the scenery and hiking. Being outdoors is a passion of mine whether it be kayaking, cutting grass, gardening, or walking in our back forty. I look forward to this opportunity and supporting you as best I can!



Certifications, courses, and conferences can cost a lot! Check out some funding opportunities available!

