

President's Message

Jeff Solheim

It is hard to believe that this is already the final newsletter of my presidency. How quickly 2011 is passing.

I look back on this year for Oregon ENA with great pride. For the first time ever, our great state hosted the national Leader's convention which was not only one of the most well attended conventions, but received rave reviews from numerous attendees. I am hoping that this will not be the last time the Portland has the opportunity to host such an event.

This year has been a huge year legislatively. A huge thank you goes out to Ted Raschkes and Susan Walters for not only stay-

ing on top of all the things happening in Salem that influence emergency nurses, but for keeping us informed. I believe in a small part, some of the legislative successes that were realized were due in part to our government affairs team

We have seen membership in Oregon ENA climb to unprecedented levels

and our Oregon ENA members.

Perhaps most exciting for me has been the increase in both membership and involvement this year. During the year I

was president-elect, I declared this the "year of the member". I was fortunate that my predecessor, Bill Light, embraced that vision and facilitated many member related activities during his presidency. Thanks to the work of Bill and the rest of this year's board, we have seen membership in Oregon ENA climb to unprecedented levels and attendance at our state meetings has nearly doubled throughout the year. I hope that we can keep this momentum going.

What is even more exciting for me is the fact that the year is not yet over. Despite the fact that this is my final newsletter, we still have a huge General Assembly in Tampa, which, from the looks

(Continued on page 2)

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Voting Deadline October 28!

Greetings fellow emergency nurses!!!

It is time once again to choose our leaders for the state of Oregon Emergency Nurses association.

Attached please find the ballot (see page 10). Please vote for one per office or write in your own choices. Keep in mind that elected board members must have attended at least three state meetings this year to qualify for a board position.

Please include your full name and your ENA membership number with your ballot. The voting deadline is Friday October 28, 2011.

I look forward to the next year as your 2012 state president. Jeff is a hard act to follow but I'll give it my best.

Sincerely,

Cassie Richard, RN, CEN
President-elect Oregon state ENA 2011





Oregon State Council

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2011 President-Elect

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Delegate Report

I'd like to thank the Oregon ENA for the opportunity to attend the 2011 ENA General Assembly and Annual Conference. As a first time attendee, it was great to see all the involvement from the national and international delegates. ENA members **do** have a say in the direction of their association.

I came away from the conference more passionate about workplace violence, much more than I anticipated. The ENA Workplace Violence Toolkit was presented as a topic, which was well-attended. Although the Workplace Violence Toolkit is a great start to addressing this issue, it is up to the ED nurse to make it work in their environment. Violence in the Emergency Department is a real problem, and it is not just a part of our job. Nurses have the right to be safe and healthy while performing our care. Get involved and be proactive against workplace violence. Help protect your own health and safety in the Emergency Department.

Bill Schueler, RN



It was my privilege and honor to help represent Oregon ENA members at General Assembly this year. Being in the presence of this many ED Nurses, to discuss and debate ideas, resolutions, by-law changes is fascinating, exciting, and at times frustrating. The chance to help mold the future of ENA and the practice of Emergency Nursing is not taken lightly. Voting by myself and other Oregon Council ENA members was done with the members thoughts and concerns in mind.

(President's Message continued from page 1)

of the agenda promises to be a historic general assembly in terms of decisions to be made. Emergency nurses week is in October and our Oregon ENA elections are also in October.

As my year sunsets, I want to wish the best of luck to my successor Cassie Richards. Cassie has been an incredible addition to the ENA state council and I cannot wait to see where her leadership will take us in 2012.



All of the resolutions submitted were thoughtful and timely. Of particular interest to me, as an OR-SANE, was Resolution # GA11-020, Emergency Nursing and Forensic Nursing. This "resolves that the ENA will collaborate with the IAFN (International Association of Forensic Nurses) identify guidelines for forensic nursing practice in the emergency setting". It's important to remember that many of our patients may be forensic patients – the trauma victim, potential child or elder abuse, the patient who was in a MVC, IPV (intimate partner violence), or the bullied teen. We may be the only chance to collect vital information, collect evidence or document the appearance of wounds and contusions.

I happy to relay that this resolution passed with a vote of 532 yes to 83 no.

For a complete list of all resolutions; their wording and results of the voting please go to the ENA website at www.ena.org.

Diane Branson RN, CEN, OR-SANE

Delegate Reports

Lightning storms, high humidity, and bad hair days aside, the 2011 ENA general assembly in Tampa, Florida was a memorable event. A record number of delegates attended this year's meeting and it proved to be lively, although somewhat less contentious than previous General Assemblies I have attended. Along with the usual pomp and circumstance of the opening ceremonies we listened to addresses by our current ENA president, Anne Marie Papa and our incoming president, Dr. Gail Lenehan both of whom (true to form) praised the members and challenged us to do more in coming years to address the huge challenges facing health care.

Many of the proposed resolutions involved organizational housekeeping; necessary bylaws changes to keep ENA flexible, current, and in line with Illinois state law. Such items included provisions for removing a director, granting board discretion regarding fiscal year dates, and redefining guidelines for filling board vacancies.

More controversial were some of the proposals put forth by members. These hit "hot topic" areas and struck a nerve with many attendees. Simply mention "firearms" at a General Assembly and you can be guaranteed heated debate! Nevertheless, a resolution to support childhood firearm injury prevention efforts finally passed. Likewise, a proposal to develop guidelines to address care of the chronically alcohol-impaired patient sparked extensive argument. Yet discussion of both of these clinical topics was overshadowed by ED marketing issues. The emerging practices of advertising ED wait times (and there is no consistent definition of that!) and paid ED reservations were probably the most controversial topics. These marketing practices have a huge potential to influ-

ence the very definition of emergency care. Neither practice has been researched to address their impact on outcomes, yet institutions boldly promote them for their perceived competitive sales advantages. Delegates urged caution in letting marketing trump research, by putting "the bottom line" ahead of science. As always, Annual Meeting is also a wonderful place to meet old friends and make new acquaintances, to learn how it's done elsewhere, and to discover that most locales face the very same issues. I am grateful for the opportunity to serve Oregon as a delegate and I thank you for your support.

Laura Criddle, RN, CEN



Culture Abound

The 2011 Emergency Nurses Association General Assembly brought not only intellectual enlightenment but also a wealth of cultural experiences. While in Tampa, FL our delegation endeavored to experience a wide cross-section of the region's culture. Our tour of culture began on our first night when several members of our delegation visited an Irish Pub to partake in dining and spirits. I speak for all in attendance when I say the evening was well received. We continued our journey on Wednesday night when the delegates from Oregon visited a wonderful Colombian restaurant. I do not believe a single person was unsatisfied by the choice. From the fresh sangria to the homemade soups to the fresh, warm bread, there were smiles all around. The next stamp on our cultural passport came from a Cuban

**CEN
REVIEW
for
Emergency
Nurses**

**Wednesday, January 18
&
Thursday, January 19, 2012**

9:00 a.m. – 6:00 p.m.

Sponsored by

Salem Hospital



Salem Hospital

A part of Salem Health

restaurant that several members visited and found the lively atmosphere and rich cuisine a phenomenal addition to our week.

Our cultural exposure was not, of course, limited to food and drink. We also enjoyed the most diverse General Assembly floor to date. Not only were all 50 states represented, but we had our first international delegation representing cultures from around the globe. It was a distinct honor and privilege to be among such a knowledgeable and diverse collection of emergency nurses. I look forward to many long years among these fine individuals.

Bill Light, RN

1. The parent of a child dies in the emergency department. When told of the death, the child responds by saying “If I am really good, will mom come back and live with us?” Based on this response, what is the most likely age of this child?
 - A) 4 years old
 - B) 7 years old
 - C) 10 years old
 - D) 13 years old
2. Which of the following indicators signifies that a critical incident stress management debriefing session has had its intended effect?
 - A) Participants agree to attend future debriefing sessions regarding the incident
 - B) A participant agrees to work with the department manager on an individual performance improvement plan.
 - C) The session leader gains a better understanding of the events surrounding the response to the critical incident.
 - D) The session leader assists a participant to make an appointment for further counseling based on things verbalized by the participant during the debriefing.
3. A patient who overdoses on Phencyclidine (PCP) may be expected to demonstrate which of the following central nervous system effects?
 - A) Dystonic reactions and akathisia
 - B) Confusion and CNS depression that may progress to coma
 - C) Diminished reflexes and muscular weakness
 - D) Combative behavior and lack of pain sensation
4. A glass etcher presents with a hydrofluoric acid burn to the cornea. The emergency nurse would anticipate which of the following interventions?
 - A) Immediate application of pressure eye patch and emergent ophthalmology consult.
 - B) Installation of pilocarpine eye drops every ten minutes until the pH of the eye reaches 7.0.
 - C) Flushing the eye with one liter of normal saline followed by an eye irrigation with calcium gluconate solution.
 - D) Immediate flushing the eye with isotonic crystalloid solution simultaneous with intravenous administration of magnesium.
5. Which of the following patients have a risk factor for developing polycythemia (an increased red blood cell count)?
 - A) A patient in renal failure
 - B) A patient on chemotherapy
 - C) A patient with chronic bronchitis
 - D) A patient with a vitamin B₁₂ deficiency

(See Page 7 for Answers)



Delegate Report

This year, the trip as a delegate added a new dimension to our organization for me. We are in the business of emergency care. Yes, I said business.

There were two resolutions on the agenda that involved research and/or position statements related to emergency department wait times. One was in reference to publicly posted wait times, either online or on billboards or both. The resolution was to refer and research the practice of advertised wait times and come up with a position statement for the organization related to them. The second was a resolution that recommended a position statement opposing emergency department paid reservations as is being practiced in some hospitals across our country. The discussion on both topics mentioned patient satisfaction scores. I heard discussion that our work is patients not business. I think that is true but in most hospital systems the bottom line is certainly part of the equation. I applauded the thought that our work is for the patient, I believe that we are emergency nurses because of the patients. However, we also have budgets and bottom lines affecting our practice whether we like it or not. One of the educational speakers joked about Press Ganey becoming our new boss when the Medicare reimbursements are directly tied to our organizational satisfaction scores in October of 2012. It is a sad truth. It is sad because the impetus for great scores should be the satisfaction of giving great patient care, not a financial reward. Some hospital systems are already tying physician bonuses to satisfaction scores and volume served. We cannot avoid the fact that our work is a business with a bottom line and a profit goal. We cannot leg-

(Richard continued on page 8)

Renewal from Tampa

I was fortunate to be part of Oregon's Delegate team at Tampa and was very proud of our members' commitment to the process that makes such a difference in the representation of our profession. We had several newcomers to our team, which added extra energy and perspective. I certainly experienced General Assembly with fresh eyes and ears this year.

There are many pieces to an ENA Conference, each valuable and enlightening in their own way. Increasing clinical knowledge, awareness of new opportunities at the National level, discovering products to enhance our daily work lives, exploring a new city, meeting new friends or reconnecting with those who have become special in our lives. For me, it is not so much the individual parts of the conference that make the difference as it is the overall renewal that I seem to need more and more as the years go on.

As each of us is faced with so many personnel and process changes in our work environment on almost a daily basis, it is difficult to maintain optimism and confidence. There are so many reminders of what we shouldn't do, what we missed, what we could have done better.....not very supportive for Emergency Department staff already dealing with very difficult situations, violence and sadness with every shift.

I spent some of my time in Tampa listening as my peers described challenges they were facing as they cared for their patients. Inadequate staffing and beds, patients lined up in hallways, leadership and managers who don't listen, security personnel who refuse to touch patients, outdated equipment and policies. I heard many amazing stories of nurses advocating for their patients one at a time, often in a culture of 'just good enough'. This atmosphere can be very fragmenting for a team and makes it difficult to foster those connections that help us mentally and emotionally survive the challenges that we face together.

As I reflect on my own work situation, I am more aware and appreciative of the positive, supportive environment that surrounds me. I have been in this ED for 17 years and our current management and leadership team is the best it has ever been. We are provided with the tools and support staff we need, there is a striving to be the best for our patients, and there is recognition for the great work we do everyday. While we have made many improvements in our depart-

(Scotland continued on page 6)



Left to Right: Oregon ENA Delegates Robert Dow, Rhonda Wood, Bill Schueler, Bill Light, Diane Branson, Cassie Richard, Denice Scotland

Delegate Reports

My Awesome Florida Adventure

I attended my first ENA Leadership Conference in Portland, Oregon in February, 2011, as it was so close to home, and I had not previously been to any national ENA event. I enjoyed it enough that I developed an interest in attending the ENA National Conference in Tampa, Florida, Sept 20-24, 2011. I had never been to Florida so was also interested in seeing somewhere new. As my wife had not been there, either, she went along on the adventure.

It was a great experience to have the opportunity to attend my first ENA National Conference! Being selected as a designated Oregon delegate gave me a whole new insight in to how the mechanics function to change policies in the ENA national organization, (or to see proposed bylaw changes discussed and rejected). I feel empowered to be a part of this, learning how participants have input in to directions taken by the national organization. The assembly was all day Wednesday, Sept 20, and again Thursday morning, Sept 21. We met in General Assembly to debate and vote on the proposals filed prior to the convention.

Thursday afternoon, Sept 21 through Saturday until 6:00 p.m., there were educational sessions that were quite informative, and once again I realized there is always more to learn and also reviewing materials from the past is beneficial to my practice. One important message is that of the importance of not becoming complacent in the face of potential unusual diagnoses that are potentially encountered amongst the usual patient symptoms.

The educational sessions that I

especially appreciated included the following: The two sessions by Dr. Eddy Black: "Sometimes the Hoofs are Zebras," and "Pitfalls in the Emergency Department," Jeff Solheim's two: "Tiptoeing through the Minefields of Abdominal Pain," and his keynote address, "I Have Come to be Healed," Dr. Bill Hampton's: "Emergency Department Management of Acute Alcohol Withdrawal," and "Electrolyte Emergencies," Dr. Michael Gooch's: one on headaches entitled "My Head Hurts," Thomas White's: "Common Mistakes in Physical Assessment," and Renee Holleran's "Bugs in the Emergency Department." These were all excellent in my opinion.

The conference's finale of Aimee Mullins closing session: "Innovative Thinking - How to Change Your Perspective to one of Consistent Discovery" was truly inspiring to me! She has two prosthetic legs from a congenital condition. She said her prosthetic legs are NOT her disability. My notes included the following:

"Adversity is just change we haven't adapted to...yet." She proposed that we have a check-in with ourself. We should acknowledge without judging. Do a self-assessment - "Hey, what do I really want in life right now, compared to six months, five years ago. Do you really want to change? What is your disability? Anything that undermines your capabilities. A disability does not define who you are. Don't let others decide for you, decide for yourself.

Whether you think you can or think you can't, either way you are right." Henry Ford.

Choosing your identity - empower-

"Whether you think you can or you can't, either way you are right."

-Henry Ford

ing those thoughts that give you that identity you want in life. The most powerful tools to be ready to go in situations are: Practice curiosity like it's a sport. Trust in yourself. Optimism.

Adapting to change allows us to see future possibilities where others cannot. We need to be willing to put our egos aside. Real change cannot be achieved alone.

A truly great person makes other feel they can be great, too.

"It's not in spite of our challenges that we succeed, but because of our challenges we succeed." So, she was inspiring to me, as I am sure she would be o people in various occupations in her speaking.

Another opportunity was the numerous exhibitors in the Exhibitor Hall we were able to speak with, and to learn about products available. I attended the "ENA Town Hall" where there was the opportunity to

(Dow continued on page 8)



(Scotland continued from page 5)

ment, we also acknowledge that there are still ways to be even better and we must continue toward our goals.

This atmosphere fosters pride, teamwork and is very healing. It also helps to give each of us the strength to nurture, support and cheer for each other along the way. Even on our worst shifts, it is always those beside us who get us through.

Our Director's signature line is a good reminder:

"If you are not taking care of patients, then take care of someone who is."

Denice Scotland RN BSN CEN

1. The correct answer is A

Rationale: Children between the ages of 2 and 6 do not understand the irreversibility of death. They can also have magical thinking and believe that they are the cause of the death, therefore if they change their behavior, they might reverse the situation. By the age of six, most children understand that death is permanent and cannot be reversed.

2. The correct answer is D

Rationale: One of the goals of a critical incident stress management (CISM) debriefing session is to recognize participants who may need further intervention to deal with the stress they have encountered and assist them to find further assistance. The goal of CISM is not to continue to meet regarding the same incident, nor is it meant to evaluate, review or improve performance.

3. The correct answer is D

Rationale: Phencyclidine (PCP) is known to cause violent and combative behavior. This behavior coupled with lack of pain sensation may cause a patient to be able to perform superhuman feats that may endanger the patient as well as others. Therefore, these patients need to be approached with caution and may require physical or chemical restraints. Confusion, coma, weakness and diminished reflexes are not associated with overdoses of this drug. Dystonic reactions and akathisia are effects of anti-psychotic medications.

4. The correct answer is C

Rationale: The fluoride ion in hydrofluoric acid is attracted to calcium. Treatment for an ocular exposure includes flushing the eye with one liter of an isotonic solution such as normal saline to neutralize the acid followed by flushing with calcium gluconate solution to draw the fluoride from the eye and deactivate it. Delaying flushing by application of a pressure eye patch will result in further damage. Pilocarpine eye drops are not known to neutralize hydrofluoric acid. Intravenous magnesium does not neutralize hydrofluoric acid.

5. The correct answer is C

Rationale: Any condition which causes hypoxia tends to cause polycythemia. Chronic bronchitis is a hypoxic disease, therefore polycythemia is common. Renal failure, chemotherapy and Vitamin B₁₂ deficiencies tend to cause anemia instead of polycythemia.



Salem Hospital Emergency Department is hosting a CEN Review Class, presented by Jeff Solheim. The two day class will be January 18th & 19th in Wedel Auditorium (Salem Hospital, Building B). Registration is \$25.00 for Salem Health employees and \$225.00 for non-employees. Cost includes light refreshments, course syllabus and contact hours (lunch is on your own). Jeff presents a fun and informative review class to help you prepare for your CEN - whether it is your first time or you are recertifying.

For more information see pages 11-12 for registration information or you can contact Diane Branson: diane.branson@salemhealth.org.



Delegate Reports

(Richard continued from page 5)

islate, as a professional body, the behavior of the “business” of emergency medicine. We can however, continue to do our professional best to serve our patient populations without prejudice.

As usual, the conference offered many opportunities for learning and rejuvenating the love of our profession. Our very own, Jeff Solheim, was a keynote speaker and did us proud. I look forward to serving as your Oregon state council president next year and hope you will all consider attending San Diego for next year’s conference.

Cassie Richard, RN



When I found out I was elected as a state delegate to represent the emergency nurses from Oregon, I was excited. Having never been to an ENA national conference, I had no idea what this experience would be like. Being a part of the General Assembly, I felt I had a voice and my vote mattered.

At the General Assembly, we sat in a room with almost 700 other emergency nurses from all over the country, and some internationally. I, then, started to grasp the enormity of our purpose and goals. We were all meeting to shape and sculpt our practice and profession for the better good of our patients, not ourselves.

Emergency nurses have an extremely difficult and challenging profession. We chose this as our profession, and take pride in it. It was amazing to me, the amount of support I felt throughout this conference. We all have different challenges ahead of us, and don’t have to deal with it alone. Together, we can give each other support through the hard times, and do what we do, make the best out of chaos.

Jeremy Buller, RN BA

(Dow continued from page 6)

exchange ideas, and have questions answered by the ENA President and Board of Directors.

The networking with meeting people at the Networking Reception Tuesday evening, the “Welcome to Tampa Party,” on Thursday evening, and lunches and between sessions was rewarding. I had lunch or talked with people from West Virginia, New Hampshire, Washington, New Jersey, Texas, Kentucky, Tennessee, etc., and even some from right there in Tampa, Florida, as well as with fellow delegates from Oregon.

Before and after the conference my wife and I enjoyed some time on the road. Places we enjoyed having the opportunity to explore included: St. Petersburg, Clearwater Beach, and in Orlando: Epcot Center & Sea World, and NASA, at Cape Kennedy. We were also able to spend a couple days with friends from north of Orlando.

Robert Dow, RN
West Valley Hospital E.D.

I had a wonderful time at the national ENA convention and conference in Tampa, Florida. I saw coworkers from long ago as well as meeting many first time attendees.

One of the special moments for me was attending the 25th anniversary celebration for TNCC (Trauma Nurse Core Course). I have been teaching these courses for about 20 years. They did a special ceremony and recognized the original authors, instructors, and the attendees at the first instructor course in Hawaii. We are honored in Oregon to have Paula Derr as a member of the first instructor class ever! They had a gift for each of those special nurses who have been involved with TNCC since its inception. Congratulations to Paula!! We thank you for the many instructor and provider courses you have taught in the northwest.

Rhonda Wood, RN



Government Affairs Update

Ted Raschkes

Senate Bill 234 (the Emergency Health Care System Task force bill) died after task force members' concerted efforts to expand the trauma system to coordination of cardiac, stroke and pediatric patients' care. An effort to review the issue addressed in the Emergency Health Care System bill will be scheduled later this year. As I come aware of these meetings, I will submit the dates via blast emails.

Despite SB234 failure, the one success is that the trauma system now has a source of funding. The State

Trauma System is now being funded through an added charge on medical marijuana card holders and growers.

Thank you ENA members for your continued support and efforts as we speak up to improve our trauma and emergency care. We must continue to speak up and send our letters supporting our cause as our voices and letters are truly heard and ENA is well respected amongst our legislators.' Thank you again for your commitment.

2011 TNCC and ENPC Courses

Date	Course	Location	Contact Person
Oct 18 & 19	TNCC	Springfield	mavemtrn@comcast.net
Nov. 11 & 12	TNCC	Salem	Shelly Keller/Penny Edwards
Nov 15 & 16	TNCC	Springfield	mavemtrn@comcast.net
Nov 19 & 20	PALS	Springfield	mavemtrn@comcast.net
Nov. 21 & 22	TNCC	PCC-Portland	Bill Light
Dec 3 & 4	PALS	Springfield	mavemtrn@comcast.net
Dec 5 & 6	TNCC	Springfield	mavemtrn@comcast.net

Delegate Report

We are Emergency Department Nurses. We are in the business of helping other humans feel better. Sometimes we are successful in that and sometimes we are not so successful. Successful or not, it is always our goal for the folks that walk through the door to our Emergency Departments.

We are not there for the glory. We are not there for the money. It is a dirty job that is not truly appreciated by very many. We are passionately tied to what we do. Each day is filled with stories of hard work, missed breaks, joy, anger, triumph, and exhaustion. (The list goes on and on) We are tasked with giving better health and better care, and we need to do cheaper than ever. It simply is not very easy. On occasion, it would be nice to have someone else help to make us feel better just as we do for others every day.

That is where the National Conference for the Emergency Nurse's Association comes in. I spent a week in Tampa Florida in September being fully engaged in my profession, and I left there feeling rejuvenated in my

profession and in my passion. Working in healthcare is a tough gig right now, but this week I was reminded that I do something noble and worth all the effort I can put into it.

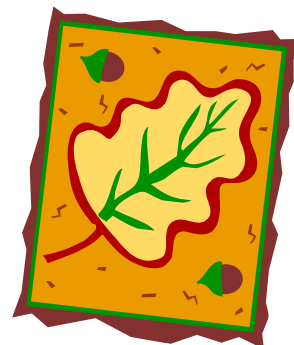
The first two days at the conference were spent in the General Assembly as one of the Delegates from Oregon. It was a very inspiring thing to do. I got to vote on some important initiatives that will shape some of the policy and philosophy of the ENA. It was very interesting because it was not just about Nursing in Emergency medicine, it was about Emergency medicine as a whole. There were many disciplines represented and a lot of the work was collaborative in nature. It was cool to see that Nurses across had the same thinking that I did, and also some of the same struggles. We were all very different people in some ways, but at the heart of the body of Nurses that we are, we were all very much the same as well.

I was able to do a lot of networking which is also very healing in nature. When you work together with others to accomplish the same goal, it gives you a deep sense of purpose and satisfaction. You can get this at

work every day, but it is just a bit different when you do it at a national level. It is empowering to see so many working toward the same goals in our profession.

Lastly, I learned about people while I was there. It was a busy week with the General Assembly and then with the conference itself, but we did have some down time in the evenings. It was nice to sit with folks and hear about them and what they enjoy and strive to personally as well as in their profession. There were some really cool folks to chat with at every turn. I closed my time in Tampa on Saturday night watching the Oregon Ducks beat up on Arizona on a TV that had to be 15 feet wide. Sweet! Not bad for a simple guy who lives clear across the country in Powell Butte Oregon.

Steve Krebs, RN



2011 Oregon State ENA Election Ballot

ENA Membership Number: _____

President-Elect	
Bill Light	
Susan Walters	
Write-in:	
Secretary	
Cindi Warburton	
Write-in:	
Treasurer	
Ted Raschkes	
Write-in:	
Director-at-Large	
Diane Branson	
Write-in:	

Fall Trauma Nursing Conference 2011

Trauma professionals encounter a variety of clinical challenges in the care of the critically injured patient. This conference offers a wide variety of clinical topics including critical care, emergency, medical-surgical and pediatric trauma care. The experienced trauma professional will be challenged by the expert faculty to apply the most current knowledge and therapies to the bedside.

Presented by:
Good Samaritan Regional Medical Center, Legacy Emanuel Medical Center, Oregon Health & Science University, and Salem Hospital

Saturday
October 29
7:45—4:30



OHSU
Auditorium

Pre-Registration form

CEN Review Course

Wednesday, January 18 &

Thursday, January 19, 2012

9am-6pm

(Please Print)

Name _____

Company/Dept _____

Home Address _____

City _____ State _____ Zip _____

Phone (work) _____

(home) _____

Salem Health Employee# _____

RN Lic# (Required) _____

Payment Type: Cash Check Visa/Mastercard

Card # _____

Exp Date _____

Payment total \$ _____

Signature: _____

Please makes checks payable to and submit registration to:

Salem Hospital c/o Education Services

PO Box 14001; Salem, Oregon 97309-5014

Or Fax to 503-561-4717

ABOUT THE SPEAKER:

Jeff Solheim, RN, CHCA, CEN, CFRN, FAEN

Jeff brings with him a wealth of nursing background, including clinical nursing in medical/surgical and emergency medicine, cruise-ship nursing, flight nursing, nursing management, state surveyor, and nursing educator. Jeff currently finds his fulfillment speaking in front of audiences around the world on a variety of clinical and motivational topics.

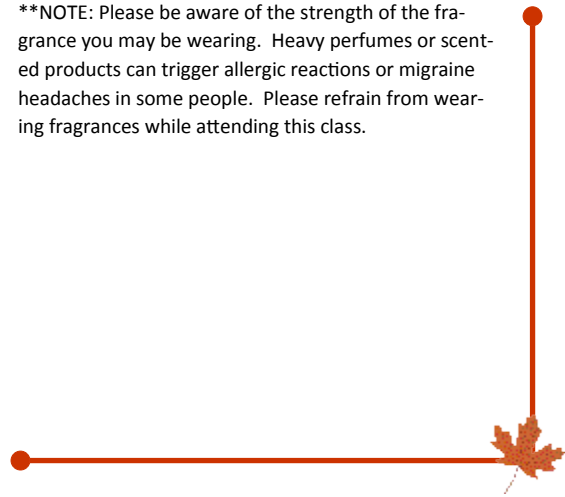
Jeff was honored by the Emergency Nurses Association with the "Nursing Education Award" for his outstanding contribution to Emergency Nursing through education and publication and in 2008, was inducted as a fellow in the Academy of Emergency Nursing. Aside from speaking, Jeff contributes to numerous journals and publications.

Most recently, Jeff was the editor for the Emergency Nursing Associations' online triage course and is currently writing an online Certified Emergency Nursing Review course for Mosby-Elsevier.

He is the co-editor of the Manager's Forum for the Journal of Emergency Nursing, is a regular contributor to Nursing Spectrum, is a content expert for Healthstream and has served as editor or author of numerous books.

Jeff combines his sense of humor with stories from his travels around the world to make each seminar a fun and unforgettable experience.

****NOTE:** Please be aware of the strength of the fragrance you may be wearing. Heavy perfumes or scented products can trigger allergic reactions or migraine headaches in some people. Please refrain from wearing fragrances while attending this class.



COURSE SCHEDULE

Day#1: Wednesday, January 18, 2012

Registration begins at 8:30 am

- Review of exam
- Patient Care Management/ Professional Issues
- Shock and Multi-system Trauma
- Gastrointestinal Emergencies
- Cardiovascular Emergencies
- Respiratory Emergencies
- Wound and Orthopedic Emergencies

Day #2: Thursday, January 19, 2012

Registration begins at 8:30am

- Maxillofacial and Ocular Emergencies
- Neurological Emergencies
- Psychological/Social Emergencies
- Genitourinary/Obstetrical/ Gynecological Emergencies
- Toxicological Emergencies
- Environmental Emergencies
- Medical Emergencies

COURSE OBJECTIVES

Successfully completing the Certified Emergency Nurses (CEN) exam is a challenge that has been completed by only a minority of emergency nurses.

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HOW TO REGISTER:

Mail registration and payment to:

Salem Hospital; Education Services

PO Box 14001; Salem, Oregon 97309

Or fax to 503-561-4717

FEES:

SH / WVH Employee \$25.00

Non Salem Hospital Employees \$225.00

The fee includes light refreshments, course syllabus and contact hours.

Lunch is on your own.

WHEN:

Two day class Wednesday, January 18 and Thursday, January 19, 2012

9:00 a.m. to 6:00 p.m. each day

WHERE:

Salem Hospital

Bldg B - Wedel Conference Auditorium

665 Winter St., SE

Salem, Oregon 97309

FOR MORE INFORMATION:

Contact: Salem Hospital, Education Services

(503) 561-5639 or 1-800-876-1718, ext. 15639.

Fax 503-561-4717.

CANCELLATION POLICY:

Cancellations made less than 7 days prior to the class will be charged a processing fee of half the registration cost. "No-shows/No-calls" will be responsible for full payment. Full refund if class is cancelled.

CONTACT HOURS:

Jeff Solheim is a provider approved by the California Board of Registered Nursing Provider Number CEP15333 for 16.0 contact hours.

