

# ENAC Connection

VOLUME 46, ISSUE 2 FEBRUARY 2022

## Career Guide



### **RAPID REFERENCE**

Pediatric Guide Aims to Boost Confidence with Younger Patients

### **BOLD RESCUE**


ED Nurse Springs into Action to Save Child in Damaged House





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## Publishing & Editorial

### Editor-in-Chief

Robin Campbell  
robin.campbell@ena.org | 847-460-4038

### Assistant Managing Editor

Matt Dominis  
matt.dominis@ena.org | 847-460-4042

### Communications & PR Director

Dan Campana  
dan.campana@ena.org | 847-460-4017

### Clinical Content Editor

Catherine Olson, MSN, RN

### Contributors

Juan Pablo Garcia, Judy Harvey,  
Melanie Padgett Powers, Alexandra Pecci,  
Ashley Schuring, Elizabeth Stanton,  
Shelly Strom, Jeff Zagoudis

## Design & Production

### Senior Manager, Branding & Creative Strategy

Denise Wawrzyniak

### Graphic Designer

Barbara Domagala

### Photo Editor

Monica Escalante Kolbuk, MSN, RN, CEN

## Advertising Sales

Steve Rabeor

steve.rabeor@ena.org | 847-460-4041



EMERGENCY NURSES ASSOCIATION

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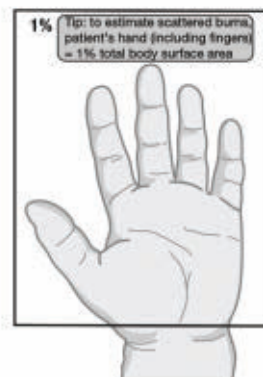
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**Figure 25.2: Rule of Palms**

The palm of the hand including the fingers represents approximately 1% of the total body surface area.

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BE SOCIAL WITH US.





# That One Patient

By Joop Breuer, RN, FAEN  
ENA Board Member

Recently, I was reading through a Dutch magazine for ED and ICU nurses when I came across an article that interviewed a nurse who referred to “that one patient” whose story had a profound impact on her.

I think we have all met that one patient, or maybe even a few patients, in our nursing careers. Going back, I vividly remember a few such patients.

For me, it was a baby boy — only one day old — who was brought into the ED in full arrest. Why did that make such an impact on me? Was it because of what I was going through during that phase in my life? Maybe it was the reaction of a colleague. Regardless, this little boy is etched in my memory.

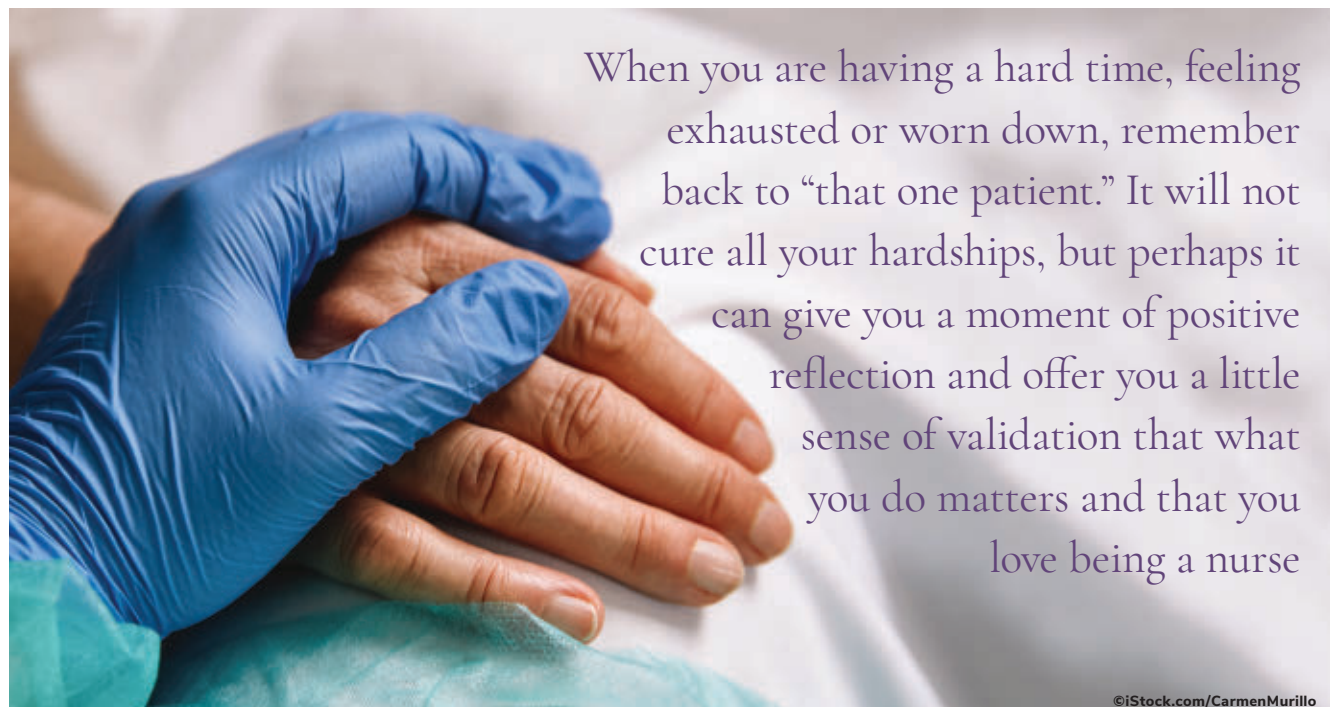
Of course, watching the child’s parents go through that had to have an impact. The grief and devastation they showed was heartbreaking. And although I cried as well, looking back, I know that little boy was one of the reasons I became a nurse. Being there for the parents in their grief

and taking care of the child after he passed away was such a rewarding experience.

At my hospital in the Netherlands, we host an annual vigil for all the children who died at our facility that year. It’s for the parents, yes, but it’s also for the hospital staff who must also endure the loss.

At one of the vigils, I reunited with the parents of the boy. We talked about everything they were feeling and how they experienced their son’s death. As I spoke to them, I became even more resolved that I am doing the job I am good at — the job I love.

Of course, there have been other patients who have made an everlasting impression. Each of them confirmed that I am where I need to be in my career, trying to make a difference.



When you are having a hard time, feeling exhausted or worn down, remember back to “that one patient.” It will not cure all your hardships, but perhaps it can give you a moment of positive reflection and offer you a little sense of validation that what you do matters and that you love being a nurse

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We should never forget that our actions impact people's lives. A visit to the ED is almost always unexpected, full of fear and anxiety. Through our actions, reactions and behavior, we can truly make a difference — a difference that makes being a nurse worthwhile.

When you are having a hard time, feeling exhausted or worn down, remember back to "that one patient." It will not cure all your hardships, but perhaps it can give you a moment of positive reflection and offer you a little sense of validation that what you do matters and that you love being a nurse. ●

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# 'I Have to Get her Out'

San Antonio ED Nurse  
Rescues Child After  
Car Crashes into Home

By Jeff Zagoudis

ENA CONNECTION CONTRIBUTOR



Photo courtesy of Sharon Acker



Nurse Sharon Acker climbed into a damaged home after hearing a child calling for help

**B**rooke Army Medical Center nurse Sharon Acker, BSN, RN, CEN, had taken a different route to her San Antonio home from her shift when she came upon a horrific sight: The road she was on dead-ended directly in front of a house, and a car had crashed straight through the front.

It was around midnight and there was no one outside, so Acker figured the crash had just happened. She ran to the door and knocked, but got no answer. The driver of the car was nowhere to be found. Acker called 911, and the dispatcher advised her not to go into the house since the structure was potentially unstable.

She didn't have any thought of going into the house — until she heard a child calling from inside.

"I heard the little girl's voice and I thought, 'I have to get her out,'" she said.

“I didn’t think about being in harm’s way. I would never have been able to live with myself if something happened to her.”

— Sharon Acker, BSN, RN, CEN



In that moment, Acker demonstrated how ED nurses, through training and their own compassionate nature, help save lives every day. Acker crawled into the house over broken bricks and found the 3-year-old girl. The bed she was on was covered in glass and pushed against the door, preventing the girl from getting out on her own.

Acker said one of the biggest differences between a normal scenario in the ED and this encounter in the field was not knowing what she was getting into when she reached the patient.

“I think we don’t give our first responders enough credit,” Acker observed.

Acker has worked at BAMC for almost eight years, starting her career in the ICU. She said it was while she was working at University Hospital in San Antonio that she fell in love with the ED, enjoying the element of the unknown.

“You never know who’s going to roll through the door,” Acker said of ED work. “I learn something new every single day.”

Normally when a patient comes into the ED they’ve already been “packaged” — assessed for injuries on the scene, or even already receiving treatment. Here, she conducted her own assessment of the child.

“She was able to tell me her name and she talked to me,” Acker recalled. She quickly determined that despite blood on her face, the girl was relatively unharmed and only some bumps and bruises and a few small cuts on her head.

BAMC is one of two Level I trauma centers in San Antonio. It receives both civilians and military personnel, so staff is prepared to care for every kind of patient.

San Antonio police arrived right behind Acker, and they helped her extract the girl from the house. Acker stayed with the girl in the ambulance until the girl’s father arrived. According to local media reports, the father — who was uninjured, fallen asleep in another part of the house with headphones on and didn’t hear the crash. Acker later learned from police that there were others in the home, but no one was seriously injured.

“I didn’t think about being in harm’s way,” she said when asked about her decision to intervene. “I would never have been able to live with myself if something happened to her.”



Steven Jewell, BSN, RN

ENA Board member Steven Jewell, BSN, RN, who has worked with Acker for her entire tenure at BAMC, said he was not at all surprised she jumped into action.

“Sharon is one of those people that when all hell breaks loose, you want her in your trauma room with you,” Jewell said.

Acker has not spoken to the family since that night. The day after the incident, she drove by the house and learned the girl had remained in the hospital for another day as a precaution but was expected to fully recover.

Acker shrugs off the praise and attention she’s received for her actions and tries not to dwell on the events of that night.

“I would like to think we all, as ED nurses, would crawl in and save someone,” Acker said. “If it were my family, I would want the same.” ●

## ENA Member Saves a Life at NFL Playoff Game

Jerry Mills traveled from Texas to see his beloved Cincinnati Bengals try to win their first playoff game in 31 years, but the adrenaline and excitement started before kickoff when Mills helped resuscitate a Las Vegas Raiders fan who collapsed outside the stadium. Check out the ENA Podcast’s interview with Mills — <https://pod.link/ENAPodcast> — and read more about his life-saving actions in the April issue of ENA Connection.



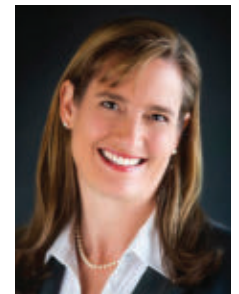
# Pediatric PREP

By Matt Dominis  
ENA CONNECTION

## ENA Members' Rapid Reference Aims to Boost Confidence with Treating Younger Patients



Deb Jeffries, MSN-Ed, RN, CEN, CPEN, TCRN, FAEN



Lynn Visser, MSN, RN, PHN, CEN, CPEN, FAEN

**D**on't let children scare you.

Too many emergency nurses feel uncertain and unnerved when a pediatric patient comes through the ED doors, noted Deb Jeffries, MSN-Ed, RN, CEN, CPEN, TCRN, FAEN. Some feel so anxious they'll make deals to hand off a pediatric assignment to a co-worker, she said.

Jeffries and emergency nurse and author Lynn Visser, MSN, RN, PHN, CEN, CPEN, FAEN, hope to help with their *Rapid Access Guide for Pediatric Emergencies: Providing Expert Nursing Care*. Published in June, the guide is intended to help nurses recognize signs of life-threatening

or high-risk pediatric presentations and guides them through procedures they might not perform frequently.

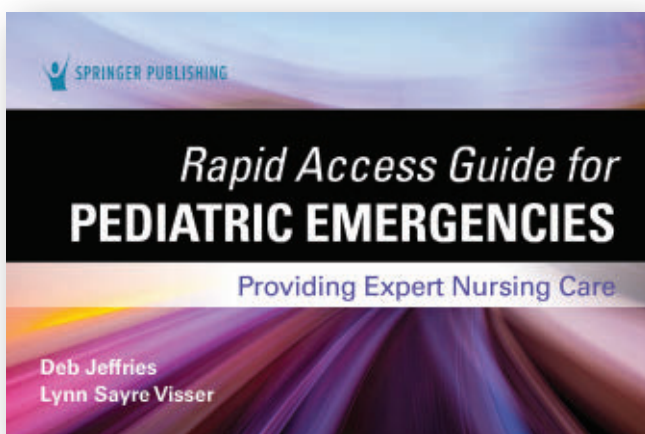
"It's a book of brains that can be customized for your individual needs and help you confidently care for pediatric patients," Visser explained. The book would be valuable for EMS professionals, urgent care nurses, school nurses — and particularly useful for nurses who don't see a high volume of pediatric patients.

The 340-page spiral-bound print edition is small enough to be tucked into a backpack or a lab coat pocket for easy retrieval as an at-a-glance resource. The authors emphasized the book serves as an adjunct or refresher, and couldn't substitute for a thorough course such as Pediatric Advanced Life Support or ENPC, ENA's flagship course on pediatric care.

"We wish we would have had this resource at the bedside," said Visser, who said they sought to fill a niche with their book.

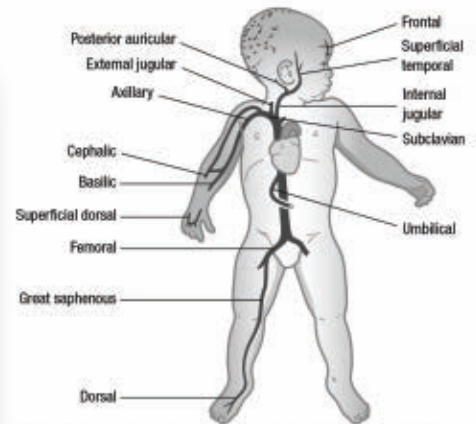
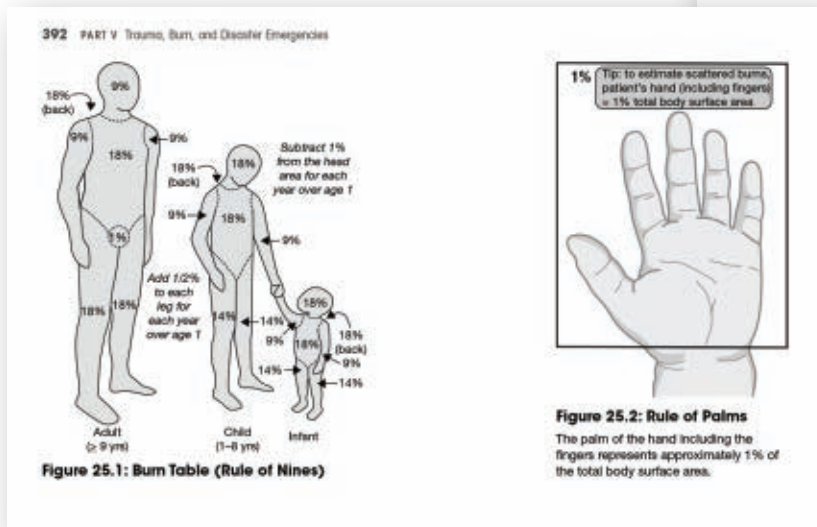
Visser explains by quoting novelist Toni Morrison's appeal to writers: "If there's a book you really want to read, but it hasn't been written yet, then you must write it."

Jeffries and Visser found themselves challenged to take so much existing knowledge on pediatric emergencies and compress it into a compact book.





The Pediatric Rapid Access Guide includes numerous helpful illustrations, including diagrams to measure burns and determine a vascular access site on a small patient



**Figure 27.1: Peripheral and Central Vascular Access Sites**

Emergency Nursing's blog, "On the Other Side of the Rails." Before this book, Visser co-wrote *Rapid Access Guide for Triage and Emergency Nurses* and both editions of *Fast Facts for the Triage Nurse*; the second of which earned the ENA Media Award in 2019.

Jeffries, a nursing clinical educator at HonorHealth in Scottsdale, Arizona, was inducted into the Academy of Emergency Nursing last year and received the Arizona ENA State Council's 2021 Arizona Nurse of the Year award. This year, she joined the review committee for ENPC, a course Jeffries holds in extremely high regard.

"There's such a misperception among health system leadership and strategic leadership that ENPC is dedicated toward nurses who work in a pediatric-specific ED. I believe it's exactly the opposite," Jeffries said. "If I had an impact with my career as a pediatric nurse, I would advocate with every fiber of my being that every ED nurse in America attend ENPC."

The co-authors brought in the help of eight contributing authors, and tapped 34 reviewers, representing all corners of the United States and the Netherlands, Australia and Malta. They solicited input from nurses, physicians, pharmacists, social workers and child-life specialists.

The book came about through hundreds of hours of phone calls between Visser in California and Jeffries in Arizona. Each wrote sections from their own areas of expertise; Jeffries led as the content expert and Visser coordinated the project, keeping all parties on their deadlines.

Visser was pleased she and Jeffries could bring nurse experts into the project and mentor them as writers. She hopes these contributors will go on to write their own works, boosting the knowledge of the specialty.

"Nursing is all about growing each other, and that's one way we feel we can further contribute to the profession," Visser said. ●

"We could have written a thousand-page book, and it would have been just fine," Jeffries said. By the same token, she said, it would have been easy to develop a standalone book on each body system or disease type.

She added, "We kept our writing focused on our purpose, focused on: What is it? How do you recognize it? What do you do about it?"

Visser expected nurses would find the procedure section to be highly useful, offering practical advice on issues such as the correct size of NG tube or urinary catheters.

"The procedures section gives the nurse who is not that comfortable with pediatrics detailed, step-by-step instructions," she said. Other chapters delve into child maltreatment, human trafficking, pediatric disaster response and communicating with families about the death of a child.

Clinical chapters walk through issues of the major organ systems, and each chapter begins with a list of red flags — indicators of a high-risk presentation that might have life-threatening implications and need rapid intervention. The red flags often are subtle, Jeffries said, but missing them can have dire consequences.

"My biggest concern, based on my almost 39 years of experience as a nurse, is that we have ED nurses who are unaware of what the red flags are," Jeffries said.

The *American Journal of Nursing* Book of the Year Awards recognized the book as a valuable text of 2021, awarding the guide third place in the Child Health category. Perhaps the award is not surprising given the extensive emergency nursing experience the authors brought to the guide.

Visser, who has more than 25 years of emergency nursing experience and was inducted into the Academy of Emergency Nursing in 2020, co-edits the *Journal of*

# Advocacy

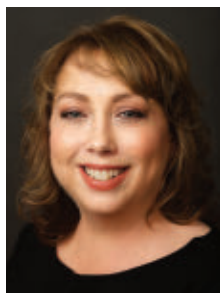
## Beyond the

### Student Nurses Urged to Help Their Communities, Fight Health Disparities

“Not on my watch.”

Nurses are known to invoke the phrase as an affirmation of their determination, a vow to care for a patient and a guarantee the patient won't come to harm under their care.

During the National Student Nurses Association's MidYear Conference in November, Anna Valdez, PhD, RN, PHN, CEN, CFRN, CNE, FAEN, FAADN, encouraged a student audience to embrace that commitment and passion for their patients — and then take their advocacy a step further to promote social justice and improve their community.



Anna Valdez, PhD, RN, PHN, CEN, CFRN, CNE, FAEN, FAADN

Valdez, who chairs ENA's Diversity, Equity and Inclusivity Committee, made “not on my watch” a message of activism. During a general session presentation, Valdez cited provisions in the American Nurses Association's code of ethics, which urge nurses to protect human rights and reduce health disparities.

“We have to have moral courage,” said Valdez, chair of Sonoma State University's Nursing Department. “We have to look at what's happening in our communities and our country and the world — how it's affecting health, how it's affecting outcomes for people. And when we see it, we have to name inequity, we have to name racism.”

Valdez described how social and structural determinants of health — poverty, racism, environmental injustice and discrimination — continue to lead to health care inequities.

She encouraged students to examine their own biases, take time to learn from scholars of diverse backgrounds and accept that nurses historically have been complicit in health care events that harmed patients in minority communities.

Valdez empathized with the difficulty students have faced as they work toward their degrees during the relentless COVID-19 pandemic.

#### DUTY TO ACT

- **Provision 8** | “The nurse collaborates with other health professionals and the public to **protect human rights**, promote health diplomacy, and reduce health disparities”.<sup>2</sup>
- **Provision 9** | “The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and **integrate principles of social justice into nursing and health policy**”.<sup>2</sup>

In her presentation, Valdez discussed how the duty to protect human rights and social justice is built into provisions of the American Nurses Association's code of ethics; the concept of “nursing the nation” is inspired by Monica McLemore, RN, PhD, FAAN, at the University of California San Francisco School of Nursing

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What steps can I take to improve health in the United States?

\*Credit to Dr. Monica McLemore for the concept

# Stretcherside

**Anna Valdez, chair of ENA's Diversity, Equity and Inclusivity Committee, urges NSNA members to protect human rights and help reduce health care inequities**

"It is so incredibly hard to be a nursing student right now, harder than it was when I was in nursing school," Valdez said. "But to be doing this in a pandemic is a lot. And so, take a moment to reflect on the fact that you are doing something extraordinary already."

Valdez was joined at the NSNA MidYear by 2021 ENA President-elect Jenn Schmitz, MSN, EMT-P, CEN, CPEN, CNML, FNP-C, NE-BC, who talked up the emergency nursing specialty. Schmitz described the fast-paced nature of the emergency care setting and the versatile, diligent nurses who work there.

Through its virtual booth, ENA gave away prizes and free student memberships, registering 550 new ENA members. An ENA-sponsored pre-conference event shared clips from the documentary "In Case of Emergency," which engaged the audience with personal, at times heartbreaking, stories of emergency nurses working across the United States.

Andrew Rohrer, ADN, a BSN student at California State University, Stanislaus, was among those who spoke at NSNA about the emergency nursing specialty. Currently enrolled in a nurse residency program at Johns Hopkins Hospital, Rohrer answered audience questions about emergency nursing.

While Rohrer had answers, he said the specialty doesn't need much selling right now.

"In nursing school nowadays, a lot of folks are gung-ho on the ED," he said. "They really are interested. I don't really even have to pitch emergency nursing."

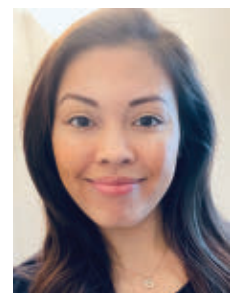
He instead discussed the value of ENA membership, outlining the networking opportunities, the association's revitalized mentorship program and the top-notch education available through ENA University.



Image courtesy of NSNA Virtual 39th MidYear Conference

"That was really beneficial for a lot of people to hear, because there are so many new graduates and nursing students who are interested in emergency nursing and starting off in the ED," Rohrer said.

Some students, however, remain uncertain about their path and used the NSNA meeting to learn more about making career possibilities a reality. Amber Espigh, a student drawn to nursing after retiring from the U.S. Army in 2019, is now pursuing a BSN through an accelerated 15-month program at Widener University in Harrisburg, Pennsylvania. She has a political science degree and has worked in politics and as a corrections officer.



Amber Espigh

Espigh discovered a fondness for health care during an Army training exercise in which she led a small group in a simulated medical task.

"I noticed that was kind of my niche," she recalled. "I was able to jump in, assess the situation and keep calm, and help the person as quickly as possible."

Now, as she focuses on a health care career, Espigh believes nursing will give her the same sense of purpose the Army did. She hopes to become a nurse practitioner in the next five years and is debating whether she wants to dive into emergency nursing, flight nursing or forensic nursing.

“There’s a huge need for nurses. [Students] aren’t really burned out on nursing, especially in the ED. We’re very much in the honeymoon phase.”

— Andrew Rohrer, ADN

“They’re all really exciting,” she said. “I hope to come to a decision soon.”

Espigh asked ENA panelists what it takes to get into a competitive flight nursing program. She later screened “In Case of Emergency,” and the film left her even more drawn to an ED career.

“Overall, it was the extra mile that these nurses went for their patients — like singing a country song to a scared patient or purchasing a card to give to a homeless man for his wife’s birthday,” she said. “I’m feeling ready to move onto the next phase of my life, get my license and start giving back.”

Rohrer, who fielded questions from other student attendees, said he loves talking to new graduates and

nursing students, but he’s been so busy in the Johns Hopkins ED he’s had to take a monthlong break from his BSN classes.

He hopes to see more new graduates working in the emergency care setting and is optimistic new graduates can help fill the widening gaps on the front line.

“There’s a huge need for nurses,” Rohrer said. “[Students] aren’t really burned out on nursing, especially in the ED. We’re very much in the honeymoon phase.” ●

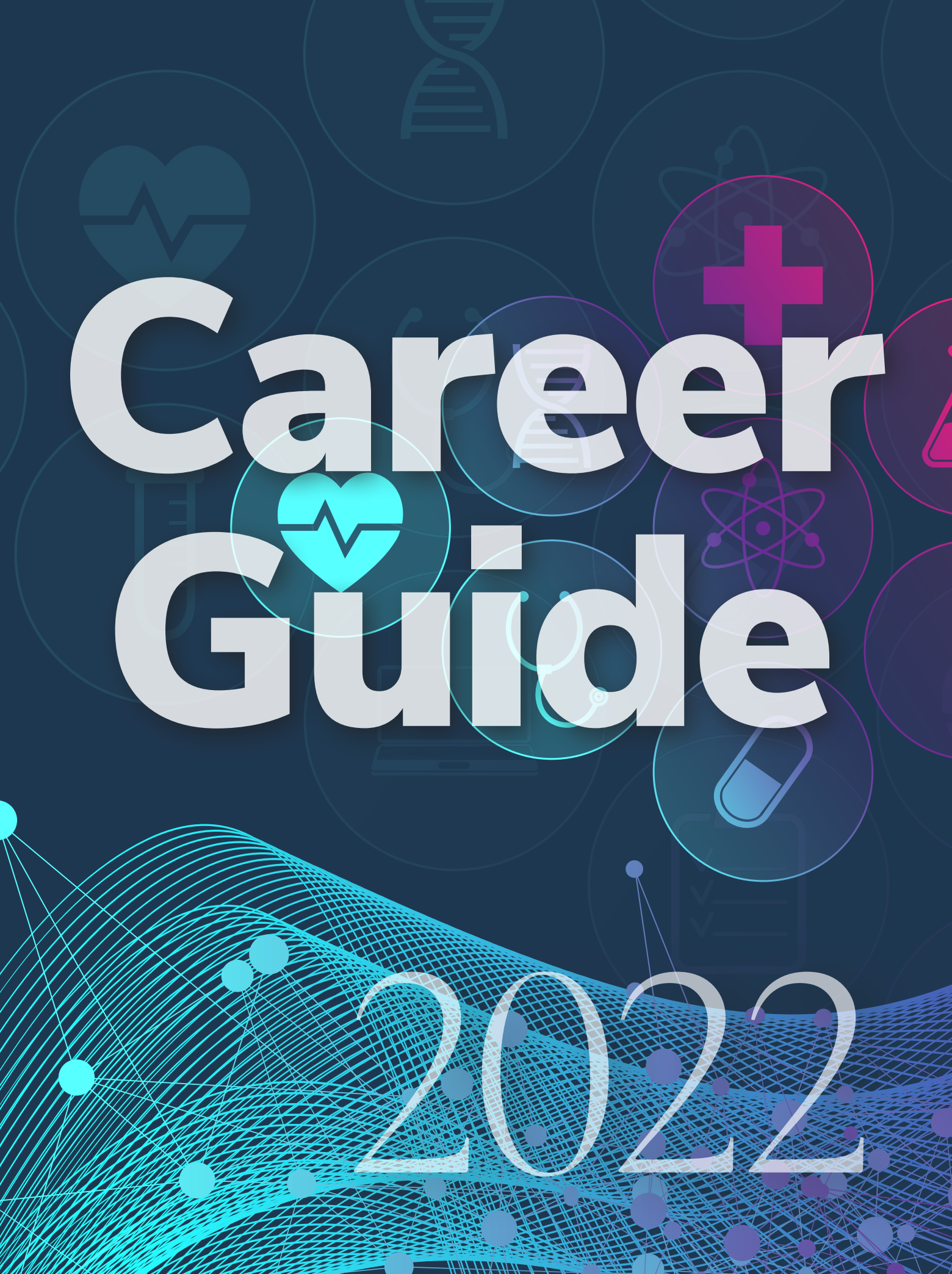
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# Career Guide



2022

## Doctorate Differences

The quest for the highest nursing degrees depends largely on emergency nurses' goals for improving patient care

By Juan Pablo Garcia

ENA CONNECTION CONTRIBUTOR

**M**any emergency nurses who hone their skills at the stretcherside eventually get the itch to contribute to emergency nursing at a different level of care.

There are numerous avenues stretcherside nurses can take to advance their careers, including certification opportunities and post-graduate academic endeavors. Some stop at a master's degree, while others set their academic sights higher. For those nurses, they might consider the pros and cons of acquiring a PhD or doctor of nursing practice.

Experts suggest nurses should embrace academic advancement. In 2010, the National Institutes of Medicine concluded nurses should achieve higher levels of education and training, work as full partners with physicians, and practice to the full extent of their education.<sup>1</sup> In 2004, the American Association of Colleges of Nursing released a position statement establishing a DNP as the necessary preparation for all APRNs.<sup>2</sup>

It's clear the specialty, and nursing in general, is moving in the direction of terminal degrees that empower nurses to achieve these goals. Understanding the difference between a PhD and a DNP, and subsequently identifying an academic path to follow, can be difficult, especially since DNPs are utilized in a variety of ways in emergency care settings.

The DNP prepares individuals at the highest level of practice. They take on a variety of direct and indirect care roles, but, according to the AACN, all share 10 core competencies, including knowledge for nursing practice, person-centered care, population health, scholarship for nursing practice, interprofessional partnerships, and quality and safety.



Nick Chmielewski, DNP, RN, CEN, CENP, NEA-BC, FAEN, associate director at Berkeley Research Group, earned a master's in 2007 and received a DNP in 2020. For him, becoming a DNP was less about advancing his career and more about staying up to date with the latest in the nursing profession.

"Having a terminal degree provides a great foundation for effective leadership," Chmielewski remarked.

DNPs can pursue a variety of clinical roles, including the traditional APRN areas — nurse practitioner, nurse anesthetist, nurse midwife and clinical nurse specialist. Indirect care areas of focus can include education, administration, public policy, public health and informatics.

Chmielewski, who focused on leadership and administration, sees the DNP as a way to advance nurses' careers and elevate and maintain emergency nursing's status in health care.

"[The DNP is] an opportunity to ensure that from a multidisciplinary perspective we're all functioning at

“If you’re at a point where you think you have a great understanding of what you’re doing and what to take your career to the next level, I think that’s the time when you’re ready.”

— **Nick Chmielewski, DNP, RN, CEN, CENP, NEA-BC, FAEN**



the same level and advancing the profession as best as possible,” he said.

Although the DNP and PhD serve different roles in emergency nursing, they have a synergistic relationship. While PhDs are generally considered research-focused nurses who generate knowledge, DNPs are the practice-focused nurses who disseminate that knowledge.

“To translate knowledge into actual practice, that is where the DNP role really fits in,” Chmielewski said. “We have the knowledge and ability to read through research articles and what they mean, and we are able to apply that knowledge in a variety of clinical settings.”

Gordon Gillespie, PhD, DNP, RN, FAEN, FAAN, a former ENA Board member and current member of the *Journal of Emergency Nursing* editorial board, exemplifies how the PhD and DNP work together — he holds both. He earned a PhD first, achieving his goal to teach, and focused his research on workplace violence. Later he earned a DNP at Vanderbilt University and studied quality improvement science.



**Gordon Gillespie, PhD, DNP, RN, FAEN, FAAN**

“I needed to implement my research in a way that would be sustainable, so it can be ongoing with minimal resources and high adoption and so that it actually protects the workers from being assaulted in the future,” Gillespie explained. “That was probably the biggest reason to earn a DNP in quality improvement.”

“If you’re at a point where you think you have a great understanding of what you’re doing and what to take your career to the next level, I think that’s the time when you’re ready,” Chmielewski noted.

There isn’t a clear consensus of when an emergency nurse should pursue a DNP because it will depend on what the

individual’s goals are. Gillespie, however, suggested the right time is as soon as possible.

“In terms of getting a doctoral degree, do it as soon as you graduate from your bachelors,” Gillespie said. “The longer you wait, the more you hamper your ability to make a major impact.”

Gillespie and Chmielewski agree that acquiring enough clinical experience is important, especially if a nurse wants to transition to advanced practice nursing. But if the goals are in quality improvement, policy or even informatics, the clinical experience required to be successful might differ from person to person.

“Clinical experience is incredibly valuable, but how many hours you need and where those hours are, that’s kind of variable,” Gillespie said.

“I think the question is what do you want to do, and how does the DNP help you get there?” Chmielewski said.

Ultimately, the DNP is about becoming the best nurse one can become, no matter what role that nurse takes on, even if it means returning to the stretcherside where it all began.

For Gillespie, who continued working as a stretcherside emergency nurse for five years after earning his PhD, the advanced education is incredibly beneficial in direct care of patients.

“I believe a great clinician at the stretcherside can have a doctoral degree,” Gillespie said. ●

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## Fly-Over Degree

For some emergency nurses, skipping the MSN for a direct path to a DNP is the wise career move

By Judy Harvey

ENA CONNECTION CONTRIBUTOR

Although a master's in nursing is a valued degree, some educators suggest a doctor of nursing practice should be the ultimate goal to pursue.



Joan Stanley, PhD, MSN, CRNP, FAAN, FAANP

When it comes to choosing an academic institution to learn at, the biggest factor is what the nurse wants out of the graduate work and advanced degree, said Joan Stanley, PhD, MSN, CRNP, FAAN, FAANP, chief academic officer for the American Association of Colleges of Nursing.

Candidates should know their career goals and interests before diving into the school selection process, Stanley explained. They should be aware of their options, such as becoming a nurse practitioner, clinician, nurse leader, researcher, administrator or educator. Many of these disciplines are best served by emergency nurses with DNPs.

"When looking for a master's program, we recommend looking at the availability of transitioning to a DNP," Stanley said. "That will be the degree they will want to have for their career path."

Stanley said pursuing a DNP makes practical sense. Rather than spending two to three years on a master's and then another three to four years to become a DNP, some nurses can cut out the first stage and go right into a DNP program.

Also worth considering is that schools are looking to fill more teaching positions, roles that often require doctorate degrees.

"We encourage those who want to be on faculty [at a college] or teach at their health care system to get a DNP," Stanley said.

But that direct move to a DNP isn't necessarily the best route for all nurses, and many nursing roles can be achieved through a master's preparation, observed Jacob Miller, MS, MBA, ACNP, FNP, ENP-C, CNS, CFRN, CCRN, NRP, an Ohio flight nurse practitioner who is currently enrolled in a DNP program. And clinical experience is a significant boost for everyone's career.

"My experience has been that employers in clinical practice continue to look for clinical background and other qualifications rather than the degree held by the nurse," Miller said.

DNP or not, research is crucial in choosing a post-graduate nursing program. And once the degree and career goals are determined, the candidates can begin investigating schools that offer the desired degree and guidance.

Typically, nurses will first look at schools in their region, online and in person. College websites are often thorough, but on-site visits provide a broader understanding of the school, even if you plan on doing all your coursework online. Talking to students on campus will be valuable in determining the fit between the nurse and the institution.

The Nursing Common Application System at <https://nursingcas.org> enables candidates to search schools by state and degrees and is a one-stop place for applying to multiple schools — much like the system undergraduates use to find their schools.

For online programs, post-graduate nurse hopefuls should examine the quality of peer mentoring, faculty and tech support presence, the program's longevity, digital library access and accreditation history.

"The same services should be available to both in-person students and those online," Stanley said. ●



## U.S. News & World Report Rankings

One of the more comprehensive school reviews is offered annually by U.S. News & World Report. Typically, large research universities will get the higher marks, but the site reviews thousands of schools and fully explains its assessments.

U.S. News adjusted the definition of an online program to “the vast majority of required coursework for program completion is able to be completed via distance education courses,” instead of “all required coursework,” according to its website.

Below are a few of the top-rated for post-graduate nursing schools in 2021:

### No. 1 (tie)

Rush University: Chicago, Illinois  
University of South Carolina: Columbia, S.C.

### No. 3 (tie)

Duke University: Durham, N.C.  
Ohio State University: Columbus, Ohio

### No. 5 (tie)

St. Xavier University: Chicago, Illinois  
The Catholic University of America Conway School of Nursing: Washington, D.C.

### No. 7 (tie)

George Washington University: Washington, D.C.  
University of Nevada-Las Vegas: Las Vegas, Nevada

### No. 9 (tie)

Johns Hopkins University: Baltimore, Maryland  
Stony Brook University-SUNY: Stony Brook, New York  
Texas A&M University Health Science Center: Bryan, Texas

Source: [www.usnews.com/education/online-education/nursing/rankings](http://www.usnews.com/education/online-education/nursing/rankings)

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## Patient Care on the Go

### Transport Nursing Career Requires Certification, Fast Critical-Thinking Skills

By **Melanie Padgett Powers**  
ENA CONNECTION CONTRIBUTOR

**S**haron Purdom, BSN, RN, CFRN, CEN, NREMT, spent 17 years as a helicopter transport nurse, flying to car crashes, heart attack victims and home accidents. Unlike in the ER, she was often able to focus on only one patient at a time.

She absolutely loved it.

“I always wanted to be a flight nurse since nursing school. I’m intrigued by trauma care,” Purdom said. “What appealed to me is the fact that you are going to transport that patient to the highest level of care.”

Purdom, who lives in Marengo, Illinois, is now a national flight nurse and clinical coach with Med-Trans Corporation. She staffs and trains new transport teams at Med-Trans locations across the United States.

On land and in the air, transport nurses seem to have exhilarating, fast-paced, exciting careers. Yet it’s also a demanding career, requiring fast critical thinking, strong communication skills and a never-ending desire for learning, according to those who work in the specialty. A great transport nurse also needs to have deep critical care and pharmacology knowledge and must take the time to learn more about disease pathophysiology.

There are three types of transport nurses. Ground typically transports a patient from one facility to another. Fixed-wing transport nurses help in rural areas that have no access to tertiary care. Many fixed-wing and helicopter transports are interfacility for specialized procedures or treatments not available at a facility, Purdom said. Helicopter transports bring patients from incident scenes, such as a car accident or a workplace or home. Fixed-wing airplanes can respond to a scene, and EMS will meet the team at the closest airport.



Transport nurses have considerable autonomy with their patients and must have quick critical-thinking skills

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Many transport companies require transport nurses to have three to five years of experience plus certification in critical care and/or emergency nursing. There are two separate certifications a company will likely require you to have or to obtain within the first year of your position: the Certified Flight Registered Nurse credential or the Certified Transport Registered Nurse credential from the Board of Certification for Emergency Nursing.

The Air & Surface Transport Nurses Association recommends all transport nurses attain the CFRN or CTRN credential. Also, the Commission on Accreditation of Medical Transport Systems requires nurses at accredited transport programs to be specialty certified within two years of hire. Purdom recommends joining the association before landing your first transport nursing position so you can learn more about the field and make connections.

Training for flight is more involved than ground transport, noted Christopher Benson, BSN, PHRN, CEN, TCRN, CFRN, a flight nurse with Mercy Flight Western New York and a transport nurse with Port Area Ambulance Service in Port Allegany,



**Christopher Benson,**  
BSN, PHRN, CEN,  
TCRN, CFRN

“Being an ED nurse really prepares you for being a flight nurse because you don’t know what you’re getting — it’s the unexpected.”

— Sharon Purdom, BSN, RN, CFRN, CEN, NREMT



Pennsylvania. For flight, the nurse also must learn about radio communication, command structure and how to take care of patients in a helicopter or plane.

Transport nursing is driven by sets of protocols and standing orders, and joining the profession requires memorizing them, Benson said.

And, it helps to be a quick critical thinker, Purdom added.

“Being an ED nurse really prepares you for being a flight nurse because you don’t know what you’re getting — it’s the unexpected,” she said.

Anyone looking to become a transport nurse should consider picking up a few extra shifts in the ICU, especially the neuro or cardiac ICU. Obstetric experience can also be helpful because there are ample OB transports, Purdom said.

To prepare to become a transport nurse, consider joining the local ambulance service, which will provide experience in hand-offs and radio communication, Benson said. Most transport services will allow potential candidates to do a flight ride-along to ensure you are comfortable flying in a small plane or helicopter.

Transport nurses must also have stellar communication skills and be comfortable with autonomy, yet also able to work well with a partner, such as paramedics, respiratory therapists, other nurses or, sometimes, physicians, Benson and Purdom said.

“The autonomy is unbelievable; you don’t have a doctor right there,” Purdom said. “It’s just you and your partner, and you’ve got to make make critical decisions for your patient.”

Weather often is a factor in performing the job. Helicopters in particular can be grounded because of poor weather — either before or after reaching the patient. Safety culture is a primary focus.

Both Benson and Purdom stressed that transport nurses must be self-motivated to always learn more.

“You have to seek out the issues in which you’re weak and learn more about them,” Benson said.

“It’s a very, very humbling specialty,” he continued. “You might be a crack ED nurse, but then you get into flight and you’re going to get into stuff that you’ve never encountered before.” ●

## Changes to Transport Nurse Certifications

The two transport nurse certifications — Certified Flight Registered Nurse and Certified Transport Registered Nurse — now have separate, distinct exam content outlines.

For each certification program, every five years the Board of Certification for Emergency Nursing conducts a role delineation study. An advisory committee of transport nurse experts oversaw the transport study and recommended that the previously shared outline be separated for the two credentials. The CFRN update took effect Aug. 31 and the CTRN will take effect on Feb. 28.

There are more than 5,000 CFRNs and 360 CTRNs, and the CTRN program has grown year after year, according to BCEN.

“Medical advancements, regionalization of specialty care and the pandemic response have led to more ground transports, which underlined the need for ground transport nurses to have ground-specific knowledge in order to deliver the best possible care to every patient,” explained BCEN Director of Certification and Accreditation Amy Grand, MSN, RN.



Learn more at <https://bcen.org/cfrn> Amy Grand, MSN, RN

# 9 Big Ideas for Leadership Innovation

Transformational Management Tips  
from Emergency Nursing 2021 Sessions

By Shelly Strom  
ENA CONNECTION CONTRIBUTOR

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Current and aspiring leaders who took advantage of the on-demand content during Emergency Nursing 2021 received some valuable pearls of wisdom about leadership in the emergency care setting. The presentations covered a broad range of topics, from emergency department operations and human resources management to professional development and improvement through innovation.

Below are nine practical tips from four of the leadership presentations:

**1.** ED nurse managers and leaders must be well-versed in data-driven ED operations as they are tasked with continually assessing ED processes and outcomes, such as throughput metrics. This requires a different set of competencies than stretcherside nursing.

**2.** Operational metrics in the ED, such as turnover, absenteeism, injury and patient safety, tie into workplace culture. As such, ED leaders should practice transformational leadership and strive to cultivate a “just culture” as well as a work environment that is safe and empowering.

**3.** Before a position needs to be filled, a leader must understand recruitment and hiring processes by building relationships with people in the relevant departments. Find out who within the institution is authorized to make a job offer and understand the timeline for recruiting and onboarding.

**4.** Staffing is one of the largest expenses for a hospital, which means leaders must understand how their staffing delivers financially. Executive leadership look at two key acronyms, EBITDA (earnings before interest, taxes, depreciation, and amortization) and ROI (return on investment). ED managers need to build connections with colleagues who can help teach how ED staffing and scheduling influence EBITDA and ROI. Getting to know the hospital CFO or members of their department can be a key step in the training.

**5.** All emergency nurses must know how to manage conflict. Managing it well involves effective communication, recognizing triggers, the ability to solve problems and having a knack for negotiation. How emergency nurses react to a variety of ED situations influences their ability to build trust and safety for their team.

**6.** Research suggests charge nurses, in general, are woefully unprepared to lead their teams, and many receive little to no specific training before taking the role. Ideally, ED charge nurses should receive a formal orientation that covers job duties, leadership concepts and skill-building — and take advantage of ongoing professional development opportunities. ED leaders should support their charge nurses by working and rounding with them and regularly meeting one-on-one.



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**7.** Leaders looking to solve problems and improve processes often run into resistance, frequently being told: “This is the way it’s always been done.” To build successful teams and departments, nurse leaders must overcome that thinking with an innovative approach to change management and implementation.

**8.** Thought-provoking questions can help engage staff and unearth significant obstacles. For instance, a leader could ask: “If you had a magic wand and could fix anything in the department, what would it be?” Responses can help hone focus to understand what to do next.

**9.** Think outside the box for solutions. Nurse leaders should identify and recruit the best staff to accomplish the ED’s goals, even if those recruits aren’t health care providers. Brainstorming with the team helps identify businesses with parallels to health care in terms of throughput, customer experience, quality and staff retention. ●

## Sources

The tips presented here were collected from three “Introduction to Emergency Department Leadership” sessions: **“ED Operations”** by Susan Domagala, MSN, RN, NEA-BC, and Jonathan Green, DNP, MBA, RN, CEN; **“Human Resource Management”** by Rita Anderson, BSN, RN, CEN, FAEN, and James Thomas, MSN, RN, CEN; **“Professional Development”** by Beth Estep, DNP, RN, CEN, and Denise Bayer, MS, RN, FAEN. ENA Board member Dustin Bass, MHA, BSN, RN, CEN, NE-BC, offered additional tips in his session **“Moving your ED Forward with Innovative Leadership.”**

## ENA Launches Diverse Voices Research Fellowship

The ENA Foundation, ENA’s Diversity, Equity and Inclusivity Committee, and Emergency Nursing Research Advisory Council announced in January the launch of the Emergency Nursing Diverse Voices Research Fellowship.

The ENDVR Fellowship seeks to support and mentor the next generation of nurse researchers and encourage new researchers from underrepresented communities — including, but not limited to, nurses who are Black, Latinx, Native American, Alaskan or Hawaiian Native, LGBTQI+ or disabled.

“We’re looking to approach emergency research in a more holistic way,” explained Altair Delao, MPH, ENA Emergency Nursing Research senior associate. “How could research attempt to solve a problem for a particular community without engaging members of that community? We need their voices at the table for this to be successful. Research is more likely to succeed if it’s in the spirit of ‘nothing about me without me.’”

The fellowship will help introduce emergency nurses to the research process within a fully supportive environment. Fellows will receive mentorship and financial assistance to attend Emergency Nursing 2022 and 2023, and meetings of the Research Advisory Council. Additionally, the foundation will provide seed grant funding up to \$500 per fellow for research project expenses.

Ideally, this program encourages fellows to pursue advanced education and continue to conduct research in the emergency care setting.

The submission deadline is March 3. Visit <https://ena.org/foundation> to learn more and visit <https://ena.smapply.io> to apply.

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# ENA Board of Directors December Meeting Highlights

By Ashley Schuring  
ENA CONNECTION CONTRIBUTOR

In December, the ENA Board of Directors met at ENA Headquarters for its final quarterly board meeting of 2021. In addition to ENA governance, board members joined with members of the ENA Foundation Board of Trustees in a volunteer trip to the Kenneth Young Center, a nonprofit that offers behavioral health support for the suburban Chicago community.

During the business meeting, the board discussed the following:

### **2022 Budget and Organizational Goals:**

The board approved ENA's 2022 annual budget and organizational goals, which are focused on achieving the priorities set forth in the association's 2020-2025 Strategic Plan.

Key areas of focus this year include advancing ENA's Healthy Work Environment initiative to educate, support and advocate for a healthy and safe work space for emergency nurses; developing and launching new educational offerings to expand the scope of ENA University; and increasing the impact of the ENA Foundation. ENA will also work to amplify its voice in triage through the development of new educational offerings.

The board reviewed the performance to date on 2021 organizational goals, marking successful accomplishment across several key initiatives, such as the launch of ENA University, the start of work developing emergency nursing quality measures, an increase in membership and a record-breaking year for the ENA Foundation.

**Diversity, Equity and Inclusivity:** The cultivation and growth of a diverse and inclusive environment is vital to the success of any organization. In alignment with ENA's core values to embrace inclusion and diversity in all interactions and initiatives, the board heard an update on the Diversity, Equity and Inclusivity Program Charter, including key activities completed in 2021 and planned activities to support the DEI strategy in 2022.

ENA has taken meaningful steps to advance the conversation on issues associated with diversity, equity



and inclusivity. To encourage and acknowledge advances made by individuals, state councils, emergency departments and hospitals in these areas, the board approved the creation of a DEI Initiatives of the Year Award. This award will recognize individuals and organizations whose efforts to create or lead innovative initiatives that align with ENA's DEI program charter and demonstrate a measurable impact on the delivery of health care.

For more information related to ENA's commitment to DEI, visit the DEI-focused webpage at <https://www.ena.org/ena/dei>.

**Triage First:** ENA recognizes that rapid and accurate triage decisions are crucial for successful ED operations and optimal patient outcomes. As the leader in emergency nursing education, ENA continually focuses on creating educational opportunities for nurses to improve their triage competence.

The board approved the acquisition of Triage First, and ENA now offers a suite of courses that take emergency nurses along the continuum of triage education, beginning with the fundamentals of assessment training in the emergency severity index. ENA Triage First expands an emergency nurse's knowledge base, promotes clinical



Members of the ENA Board of Directors and Foundation Board of Trustees rolled up their sleeves to help at the Kenneth Young Center in suburban Chicago. The leaders dusted and cleaned furniture, shelves and blinds, and helped sort toiletry packs



expertise and helps the nurses establish a fluid ED workflow that incorporates an empathetic approach to patient care.

These online courses take a comprehensive approach to patient triage using evidence-based practices, while also delving into topics such as obstetrics, urgent care and high-acuity patients. ENA Triage First benefits emergency nurses of all experience levels who are looking to further develop or reinforce their triage skills.

**ENA Foundation:** The ENA Board of Directors and ENA Foundation Board of Trustees participated in a shared orientation process, setting the tone for strong collaboration between the groups and providing a strong base of best practices in governance and leadership. The Board of Directors and Foundation Board of Trustees approved the 2022 ENA Foundation budget. ●

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# Heart of the Matter

## *Grant Helps Researcher Study Nurses' Knowledge of Cardiac Symptoms*

By Elizabeth Stanton  
ENA CONNECTION CONTRIBUTOR

**N**urse researcher and educator John Blakeman, PhD, RN, PCCN-K, was drawn to science and teaching early in life. At 3 years old, he donned pint-sized scrubs and a stethoscope and even declared he would be a cardiologist. Over the years he watched his mom teach and listened to stories of his grandparents, who were also teachers. He felt a calling to do both.

Blakeman would go on to pursue those two courses of study, and he has replaced those kid scrubs with real ones, as an assistant professor at Illinois State University — Mennonite College of Nursing, in Normal, Illinois. His love for the human heart has also continued, in the form of research. Today, he studies cardiovascular disease and symptom science, and has nine current studies on his research plate.

Blakeman was awarded a 2021 ENA Foundation/Sigma Theta Tau International, Inc. Research Grant to help him pursue this research. Annually, this jointly funded grant awards up to \$6,000 to nurse researchers focused on advancing the specialized practice of emergency nursing and patient care.

Blakeman's ENAF/Sigma funded study, "A Nationwide Study of Emergency Department Nurses' Acute Coronary Syndrome (ACS) Symptom Knowledge and Triage Decisions," was set to launch early this year and will focus on the perception, reaction, and management of ACS symptoms and diagnosis by ED nurses.

Since ED nurses are often the first to assess patients presenting with ACS symptoms, their triage decisions are



**John Blakeman, PhD, RN, PCCN-K, received a 2021 ENA Foundation/Sigma Theta Tau International, Inc. Research Grant to help survey emergency nurses' knowledge of acute coronary syndrome. Blakeman's interest in heart health goes back to when he was 3 (left)**

crucial. Yet, Blakeman writes in his proposal, there is "little literature available" related to their knowledge and assessment process.

Nurses often rely on a variety of factors in assessing patients, such as personal experience, medical history, gender, and presenting symptoms. Subsequently, these factors can impact decisions that delay necessary treatment. According to ENA, approximately 80 percent of U.S. hospitals use the Emergency Severity Index to assess patient acuity. Blakeman said research has shown there are documented delays in assessment and incorrect triage level assignments for patients presenting with ACS symptoms.

Blakeman's study will use a variety of survey questions and tools to find out why and how.

For one part of the study, the team will engage the 30-item Nurses' Cardiac Triage Instrument, developed by Cynthia Arslanian-Engoren at the University of Michigan School of



“This is just a great example of what we really want to do in the foundation, which is to support research that will improve our practice, improve the care we give to patients. This is what changes practice more than anything.”

— ENA Foundation Chairperson Jeff Solheim



Nursing, which uses patient cues to make determinations about a patient's status. Blakeman said they plan to use exploratory and, hopefully, confirmatory factor analysis to learn how well the instrument performs.

To assess if nurses think differently about male and female patients with ACS symptoms, the study has adapted the Acute Coronary Syndrome Symptom Checklist, a 13-item instrument including the most common ACS symptoms, into questions that will examine this topic.

While previous studies on this subject have involved small samples of ED nurses, this nationwide study aims to recruit 600 to 750 ED nurses through a variety of tools, including mailings to 18,000 ENA members. Blakeman emphasized the goal of the study is not to point out what is wrong but to learn what is working and what isn't.



Stephen Stapleton, PhD, MS, RN, CEN, FAEN

“We're really wanting to highlight what is going well and what we can improve on as well,” he said. “And at the end of the day it's about patients and promoting positive patient outcomes. That's our focus.”

Blakeman, a member of Sigma, partnered with longtime ENA member and educator, Stephen Stapleton, PhD, MS, RN, CEN, FAEN, on the study.

The two met at Illinois State University, where Blakeman was pursuing his PhD, and Stapleton was Blakeman's advisor.

Stapleton, who is now the nursing department chair at Concordia College in Minnesota, called Blakeman “the perfect student.” So, when Blakeman proposed the study collaboration, Stapleton agreed without hesitation.

“John is a very astute researcher and he'll have a long research career ahead of him,” he said. “He is building his cadre of research projects. And it's very exciting to be a part of working with someone who I know is going to add a tremendous amount of research to the profession of nursing.”

Stapleton knows firsthand the power of receiving funding from the ENA Foundation — he received a \$5,000 grant from the foundation in 2012 for a study looking at touch screen data collection in discharged ED patients.

Blakeman, Stapleton and three co-researchers applied for the jointly awarded ACS grant.

“High-level research, high-quality research, really is a team sport, and it takes a team of researchers that all bring different expertise to the table to really pull it off,” Blakeman said of the group.

The \$6,000 grant will be used to pay for printing, gift card incentives, postage and address lists. It has special meaning for Blakeman, as it is the first outside research funding he has received. He was overwhelmed when he heard the news.

## Two Research Grant Recipients

Read the October 2021 ENA Connection for details about the other recipient of a 2021 ENA Foundation–Sigma Theta Tau International Research Grant. Research by Carolyn Harmon, DNP, RN-BC, will examine the unintended consequences of electronic health records and cognitive load in emergency nurses.





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"If you'd ask my girlfriend, she'd probably say it was like a second Christmas for me," he said. Around the same time, the research team was awarded a \$3,000 grant from the Xi Pi Sigma Chapter, for the study, which accelerated their planning.

"Having organizations like ENA, like Sigma, support nursing research, it really helps us to continue to shape professional nursing practice. It allows nurses to continue to practice at the highest level possible," Blakeman said.

The research team hopes their findings lead to adaptations or interventions that reduce assessment time and improve triage categorization.

ENA Foundation Chairperson Jeff Solheim, MSN, RN, CEN, CFRN, TCRN, FAEN, FAAN, said he is looking forward to seeing the impact of Blakeman and Stapleton's research. And, he hopes it encourages other nurse researchers to look to ENA Foundation grants as a funding source.

"The potential implications this study has on our practice in the future is huge," he said. "This is just a great example of what we really want to do in the foundation, which is to support research that will improve our practice, improve the care we give to patients. This is what changes practice more than anything — research and advancing our knowledge." ●

## Emerging Professional Liaison to Serve Second Year

Amie Porcelli, BSN, RN, CEN, TCRN, the emerging professional liaison to the ENA Board of Directors, will serve in the advisory role for a second year. Porcelli is the fourth EPL to serve on the board, which has traditionally been a one-year position.

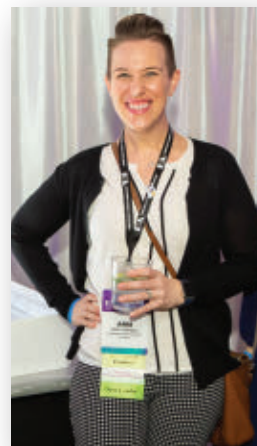
The non-voting role, added to the board in 2018, helps ENA leaders hear the perspective of an emerging professional — nurse members with five or fewer years of experience. The board will evaluate this year whether the EPL position would be more effective if structured as a two-year term.

Porcelli, an emergency nurse at Penn Presbyterian Medical Center in Philadelphia, said the position on the board has allowed nurses like her to grow into a national leadership role. And, she's thrilled to serve a second year.

"I feel like I reached the end of the year and there was so much more I wanted to do," Porcelli said. "We have this beautiful blank canvas to fill in the year ahead. It's going to be great."

ENA President Jenn Schmitz, MSN, EMT-P, CEN, CPEN, CNML, FNP-C, NE-BC, lauded the energy and enthusiasm Porcelli brings to the board's work.

"Amie offers a great perspective from the bedside," Schmitz said. "She demonstrates professionalism and a high level of commitment to her role and to ENA. We are fortunate to have her continue for another year to see how the role can develop and grow in a two-year term."



Emerging Professional Liaison  
Amie Porcelli



## ENA is your source for triage education and resources

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Recently Published Articles Highlight Nurse Response to Workplace Violence, Assessing Suicide Risk and Burnout Among SANEs

ENA is proud to offer what has consistently been ranked one of the top benefits to membership for decades — the *Journal of Emergency Nursing*, the association's official scholarly journal. *ENA Connection* is equally proud to provide its readers a glimpse into the pages of *JEN* with a sampling of the best clinical, research and practice improvement articles ENA's flagship publication has to offer.

The full-length articles and case studies highlighted in this section are summarized from the most topical and interesting original works presented in the latest issue of *JEN* or from the "Articles in Press" section on <https://www.jenonline.org>. These summaries will often include analysis from the *JEN* editors who review, accept and publish some of the best research in emergency nursing today.

*JEN* is published bimonthly and offers dozens of article types, including full-length research, case studies and editorials, as well as regular focused articles on the many topics that make up the multidisciplinary emergency nursing specialty. Many *JEN* articles offer continuing education credits for eligible readers who complete designated CE tests.

### From the January Issue

#### **Experience of Violence and Factors Influencing Response to Violence Among Emergency Nurses in South Korea: Perspectives on Stress-Coping Theory**

Seung-Yi Choi, MSN, RN; Hyunlye Kim, PhD, RN; Kwang-Hi Park, PhD, RN

Workplace violence remains a persistent and largely underreported problem for health care workers. Workplace violence most affects those health care workers who have the most direct patient contact, such as nurses and nursing aides.

Choi, Kim and Park sought to learn what factors influence the response of emergency nurses to verbal violence, physical threats and physical violence. Using a cross-sectional study, they examined the experience of violence, perceived stress and resilience of emergency department nurses. Researchers administered a questionnaire to 131 nurses in two South Korean cities.

Significantly, the research indicated internal factors, such as the perceived level of stress and resilience, were more likely to influence a nurse's response to violence than by the experience of violence itself.

The authors expected their results would serve as assessment data for organizations creating interventions and policies to help coping with workplace violence directed toward nurses.

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#### **Risk Assessment of Self-Injurious Behavior and Suicide Presentation in the Emergency Department: An Integrative Review**

Isabel Stewart, BSc, RN; Liz Lees-Deutsch, PhD, MSc, BSc, RN

Research indicates that each year, 70 to 80 percent of patients who present to the ED with suicidal intentions die by suicide. Despite ongoing efforts to reduce suicide mortality, the number of people worldwide who die by suicide each year has remained relatively constant at about 800,000.

With a focus on how ED clinicians can help, Stewart and Lees-Deutsch sought to determine whether using risk assessment tools in the ED would be effective in identifying patients at high risk of repeat self-harm, suicide attempts or death by suicide.

They examined nine studies and discovered two risk assessment tools with good predictive ability for suicidal

ideation or self-harm; three others had modest success predicting patient disposition. The researchers could not, however, find sufficient evidence to show the impact risk assessment tools can have on reducing the risk of suicide in high-risk ED patients. But they emphasized factors that work well for determining patient risk, such as clinical judgment and experience in evaluating patients. They urged further education and training to improve risk assessment within the ED.

## Articles in Press

### **Burnout and the Sexual Assault Nurse Examiner: Who Is Experiencing Burnout and Why?**

Stacie Zelman, MD; Elizabeth Goodman, DNP, MSN, BSN, FNP-C, AFN-BC, CEN, SANE-A; Audrey Proctor, BSN, RN, AAS, RRT, BA, SANE-A, SANE-P, FNE, NREMT-P; David Cline, MD

Sexual assault nurse examiners play a crucial role in treating survivors of sexual assault, providing trauma-informed care, completing thorough documentation and obtaining forensic evidence.

But the highly charged patient interactions and vicarious trauma involved in this work are significant contributors to nurse burnout. This burnout could in turn lead to higher turnover and less availability of nurses with SANE training.

In a cross-sectional study, Zelman and her co-authors surveyed 95 practicing sexual assault nurse examiners in North Carolina anonymously using the Maslach Burnout Inventory. The responses indicated dual function nurses — those who practice both as an emergency nurse and sexual assault nurse examiner — are more likely to meet a burnout threshold than those who only perform the SANE role. SANEs who had 40 percent or more of pediatric patients on their caseload were more likely to meet burnout thresholds indicating emotional exhaustion than those who had fewer pediatric patients.

The authors recommend more research into the relationship between dual function work and burnout, and the effects of a higher pediatric case mix on SANEs.



### **A Comparison of Two Different Tactile Stimulus Methods on Reducing Pain of Children During Intramuscular Injection: A Randomized Controlled Study**

Mürside Zengin, RN, PhD; Emriye Hilal Yayan, RN, PhD

Pediatric patients brought to the emergency department frequently need intramuscular injections, an obvious source of pain and anxiety. Zengin and Yayan designed a parallel-group, randomized controlled study to evaluate nonpharmacological interventions with the potential to reduce the needle-related pain children feel.

The research studied 159 children aged 7 to 10 who received a single injection during an ED visit. Children were randomized into three groups — those given a Palm Stimulator, a ShotBlocker or a control group. The children's preprocedure fear levels and their perceived pain level during the procedure were scaled, and parents and observers completed pain level scores. Children who held the Palm Stimulator — a cylinder with blunt protrusions that offer a tactile stimulus of the palm — had the lowest scores for perceived pain compared to the other groups. ●



# LIGHTING THE WAY: Hudson Valley ED Battles COVID, Continues to Innovate

By Alexandra Pecci  
ENA CONNECTION CONTRIBUTOR

Just as Northwell Health has become synonymous with musical excellence after its now-famous nurse choir reached the finals on “America’s Got Talent,” the health system’s Phelps Hospital in Sleepy Hollow, New York, has become synonymous with ED nursing excellence.

Mary McDermott, MSN, RN, APRN, NEA-BC, senior vice president of patient care services and chief nursing officer at Phelps Hospital said that after achieving Magnet status, the team was eager to “keep the momentum” and earn an ENA Lantern Award, too.

The facility accomplished its goal in 2021.

“We had the motivation, and we had the commitment from the ED staff,” McDermott said.

The team also weathered significant surges of COVID-19 cases, exemplifying commitment and resiliency along the way.

“The index patient in New York was in New Rochelle, which is very close,” McDermott said. “Our small community hospital was hit like a ton of bricks very quickly.”

Amid the onslaught of infected patients, staff faced frequently changing policies and procedures brought on by the unavoidable uncertainty that comes with a rapidly spreading novel infection.

“We didn’t know what we didn’t know,” she said.

Through it all, McDermott watched the ED nurses respond with continued resiliency and innovation.

“It was really important the ED staff, in addition to all the other staff, become flexible and adaptable and really be able to pivot based on current knowledge and policies,” she said.

Beyond working through the pandemic, the team also kept innovating and improving elsewhere.

“I think that was really impressive, especially with the stress the ED staff felt during this unprecedented time,” McDermott said.

Whether reflecting on new nurses joining the specialty for the first time during the pandemic or experienced nurses who

continue to advance their education and gain certifications, McDermott said the Phelps ED showed a commitment to resilience and patient care.

“They really elevated the profession of nursing,” she said. “I’m proud of all the efforts that went into becoming a successful and very patient-centric ED.” ●



The emergency department staff at Phelps Hospital in Sleepy Hollow, New York



The ED staff at UC Davis Medical Center in Sacramento, California.

## Agility Through Shared Governance

### *Front-Line Staff Contributions Improve Throughput at Sacramento ED*

By Alexandra Pecci  
ENA CONNECTION CONTRIBUTOR

Even with the resources and top-notch nursing staff that come with large urban hospitals, nimble change can be challenging.

“It makes it a very difficult ship to turn,” said Justin Winger, PhD, MA, BSN, RN, clinical nurse leader in the ED at UC Davis Medical Center, a level I trauma center in Sacramento, California.

Despite its size, however, the UC Davis Health facility earned a 2021 ENA Lantern Award for the ED’s agility — making changes and improvements when necessary.

“I think we’re a very innovative department,” Winger said. “We’ve become very adept at gathering data about our operations, using it to find problems, and then coming up with innovative solutions to address those problems.”

Rupy Sandhu, MBA, BSN, RN, executive director for emergency services, agreed, suggesting success comes from having a clear focus and direction.

“You’ve got to get everybody aligned on where we’re headed and recognizing which pieces we can effect change on,” she said, noting that having the right people working on the right problem is critical.

For instance, the team tripled the number of shared governance committees, including those dedicated to triage, critical care and disasters. Some are run entirely by

front-line ED staff while others, such as a committee on process improvements, are multidisciplinary.

One major effort involved improving the department’s throughput, which needed to be adjusted in 2018, when ED boarding volume and hours exceeded 50 percent of ED capacity. Sandhu worked with hospital leadership to form a patient flow committee, which identified root causes of flow barriers and decreased ED patient wait times. The committee developed initiatives such as a hospital-wide expedited admission workflow, centralized transport services to move patients from the ED to inpatient rooms, care order transitions and naming a “bed czar” within the department.

Winger said listening to the ED nurses and giving them the tools and power to effect change is a significant contributor to the department’s success.

“We empower nurses to be involved and really be innovative,” he said. “There’s no sense that only leadership can do this kind of thing. Any nurse in our department can identify problems and propose the solution.”

And Sandhu is incredibly proud when the front-line staff rise to the occasion.

“I’ve been in emergency medicine for many years, and I’m deeply impressed with the amount of change this team has done,” she said. “I believe the staff will continue to do amazing work...this is just the beginning.” ●

# Exceptional Engagement

## *Houston-Area ED Keeps Nurses Satisfied, Safe*

By Alexandra Pecci  
ENA CONNECTION CONTRIBUTOR

**A**t a time when front-line nurses are leaving the profession in droves and many others are trading their permanent positions for lucrative travel nursing contracts, the emergency department staff at Houston Methodist The Woodlands Hospital are staying put.

Administrators said the ED nurses at the 2021 ENA Lantern Award-recognized facility are engaged, enthusiastic and happy.

“Our employee engagement is unlike any ED I have ever worked in during my tenure, and our employees love what they do,” said Samantha McBroom, MSN, RN, CEN, NE-BC, director of nursing for emergency services at Houston Methodist’s Woodlands campus.

McBroom said she was “elated” with their nurse satisfaction scores, noting department turnover has been unrelated to preventable resignations. She also noted the facility garnered tier-one nursing satisfaction scores for three consecutive years.

“All domains were in the top 10th percentile, ranking above both the national average and organizational average,” she said.

That excellent engagement creates a ripple effect of positive outcomes throughout the department.

For example, stretcherside nurses created the ED Hold Team to improve the continuity of care for admitted patients held in the ED. The team provides hospital beds instead of stretchers, as well as meals, telephone access, chaplaincy and toiletries.

“They worked with ED leadership to create a structure targeted to not only improve our patient satisfaction but improve the patient experience as a whole,” McBroom said.

The program resulted in fewer patient complaints and more compliments regarding the care they received, she said.

That commitment to care extends to the administration, which developed a robust response to violence against ED



Members of the ED team at Houston Methodist The Woodlands Hospital

staff. After two employees were injured by patients, hospital leaders initiated a new protocol that requires a security presence for interactions with patients issued emergency detention orders or peace officer warrants, McBroom explained.

“This was approved and funded to ensure our staff’s utmost safety,” she said. “As a result of the new protocol, we had zero staff injuries.”

It all points to a staff with a deep commitment to patients and each other.

“I believe our ED received the Lantern Award because we exemplify quality, safety and innovation,” McBroom said. “Our team is very engaged with keeping patients at the center of all that we do, and it shows!” ●

ENA’s Lantern Award recognizes EDs that exemplify exceptional and innovative performance in leadership, practice, education, advocacy and research. EDs receiving the Lantern Award demonstrate a commitment to quality, safety, a healthy work environment and innovation in nursing practice and emergency care.



ENA Connection is featuring each 2021 Lantern Award recipient in an issue of the magazine.



# Staff-Driven Change

## *Nurses Have Strong Voice in Improvements at Torrance Memorial Medical Center ED*

By Alexandra Pecci  
ENA CONNECTION CONTRIBUTOR

Collaboration, teamwork, and staff-driven change are three keys to success at the Lantern Award-recognized emergency department at Torrance Memorial Medical Center in Torrance, California.

“Whenever we have any projects or ideas of things to help us improve in the ED, we reach out to our own staff,” said Giselle Gerada, MSN, CNS, RN, CEN, clinical nurse specialist for the ED. “The staff kind of drives that process.”

As a result, ED leaders ensure change initiatives are staff-driven, rather than implemented without staff nurse input.

“We can throw all of these processes at them,” Gerada said, but if those systems don’t work in the real ED environment, “it doesn’t make any sense for staff to do it.”

With this emphasis on staff input, Torrance Memorial’s ED nurses have a strong voice.

“When processes don’t work for them, they are very vocal about it,” Gerada said. “When we hear them, we want to do something about it, help with their processes. We make sure that it’s all evidence-based.”

For example, when unit secretaries began receiving a heavy influx of calls about possible COVID-19 exposures, a dedicated “Ask a Nurse” phone line was created to enable

ED nurses to help field the inquiries. The nurses staffing the line could tell callers when they didn’t need to come to the ED, Gerada said.

Often, nurses would say, “It sounds like you’re looking for a place to just get tested,” and would offer a list of screening sites, Gerada said.

With the line for COVID-19 questions, nurses kept the ED phone lines — and the ED itself — from becoming clogged.

Collaboration and nurse input were also important to an initiative that teamed ED nurses and physicians to standardize a procedure for prescription medications provided at patient discharge — an especially challenging obstacle for patients discharged after pharmacies had closed.

“We would supply a certain amount of the prescription for them to hold them over until their primary pharmacy was open the following day,” Gerada said. Nurses help identify which patients would benefit from this practice, such as those needing prescription-strength pain medication.

The constant pushing for improvement reflects the pride Torrance Memorial’s ED nurses feel in their work.

“It’s a reflection on how we work as a team and the type of treatment that we put out there,” Gerada said. ●

Members of the ED staff at Torrance Memorial Medical Center in Torrance, California



## Acquisition Helps ENA Expand Triage Education Offerings

With an eye to bolstering the triage skills of emergency nurses around the world, ENA in December acquired Triage First's Comprehensive Curriculum with plans to incorporate its trusted courses into the association's training suite for triage education.

For nearly 25 years, emergency nurses have used Triage First's online courses to expand their knowledge base and boost their triage competencies.

The acquisition of Triage First complements ENA's existing commitment and focus on enhancing the triage skills of emergency nurses, said 2021 President Ron Kraus, MSN, RN, EMT, CEN, ACNS-BC, TCRN. ENA will develop and enhance the Triage First curriculum as part of its larger plans for triage resources.

Since 2020, ENA's triage education lineup has included ESI training courses centered on the widely

used five-level emergency triage system. With the addition of Triage First's courses — which include a focus on topics such as obstetrics, urgent care and high-acuity patients — ENA now offers nurses of all experience levels a continuum of triage-focused education.

"Whether at the front desk or stretcherside, emergency nurses are constantly triaging patients to determine the best course of care," Kraus said. "Having high-quality triage training and education is a must for emergency nurses, emergency department workflow and, of course, achieving optimal patient outcomes."



2021 ENA President  
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