



## **Abeni**

Emergency Department Nurse

Sir Charles Gairdner Hospital

### **How long have you been a registered nurse and worked in the Emergency Department?**

I graduated in August 2017. I was lucky enough to get a grad program at Sir Charles Gairdner Hospital where I started working on a ward for 6 months and then moved to ED for my second rotation.

### **What do you enjoy about working in the ED?**

Well, I am still only in my first year of working in the ED, but I find it to be one of the most supportive places to work. There is a big focus on education of staff. It is very team orientated, I love being part of such a team achieving goals together. Even though you might have an allocation of 2-5 patients, you might have a patient that is quite unwell. You never feel like you are on your own. You help each other. Critical thinking – on the ward can be quite task orientated and routine. In ED is fast paced, and rapidly changing. You can have patients who are deteriorating and you have to think on your feet and piece together what is going on. It is almost like detective work finding out a history from the patient, assessing their symptoms, interpreting their vital signs, diagnostic tests such as bloods tests or an ECG. Really understand what is going on with the patient. You have to think about the big picture, but this is what I love about working in the ED. It is so empowering as a nurse to have these skills. Since working in the ED my learning curve has been huge. I've seen such a change in myself and how I handle situations and my understanding about prioritising care and my understanding about different patient conditions. I now have a much better understanding of patient assessment and how important it is to be a critical thinker.

### **What does an average day involve?**

Every day is different which is what I love about ED. You never go into work thinking it is going to be a rerun of yesterday. Different patients and circumstances. We usually start our day with a beginning of shift team meeting, followed by a bedside handover from the nurse you are taking over from. As a graduate nurse I generally work in the lower acuity areas such as fast track (minor injury) or medical and surgical assessment areas, or the observation ward where patients might require an overnight stay. For example, in the fast track area you might see sprains, fractures, burns, wounds, whereas in the med/surg assessment areas you tend to see lots of cardiac patients, abdominal pain, diabetes, septic patients, falls, overdosing, alcohol intoxication, acute mental health problems. There really is quite a wide variety of presentations and is great for gaining experience and clinical skills. You are able to really improve on your patient assessment skills whilst providing quality nursing care. We get to rotate between the areas per shift, which keeps things interesting.

Once I have more experience and completed the learning packages, I will then move to the resuscitation area and triage. The other thing that is fantastic, we have a daily teaching session, where we learn about a variety of different ED related topics. We have an array of presenters. Sometimes it is the staff development educators and sometimes we take it in turns to present sessions on all sorts of issues. We also have specialists who come in to share their knowledge in a particular subject area such as diabetes or wound care.

### **Can you describe some of the challenges that you face working in the ED and how do you overcome these?**

The biggest challenge for me personally, and I know has been for other nurses that work in the ED, is the negative stigma that can sometimes be perceived by ward-based nurses. It's really important that we work together as one big team but at times I think this can be a problem. As an ED nurse we are working in a very challenging and demanding area, which requires us to provide a great amount of care in a short period of time. We have a fast turnover of patients that go through the department, which means that sometimes you are not able to do absolutely

everything for the patient. It is about prioritising what is most important. This is reality. We focus on the acute health issue, providing interventions for the immediate symptoms. I guess you can say, stabilising the patient prior to transferring them to the ward for the next phase of their continuation of care. Sometimes ward staff may misinterpret this as if basic nursing care is incomplete. I think it's just that they don't really understand the demands of an ED nurse's role. At times this can lead to a bit of tension and can be stressful. I believe having an acknowledgement and appreciation on both sides would improve working relationships and improve transition of care between departments. Perhaps if there were some form of an education program between certain ward's and ED staff, where maybe given the opportunity to work in the opposite area or directed education session, would be beneficial in building a stronger collaborative working relationship.

I still don't have a lot of experience behind me yet. However, as a graduate registered nurse I am still enhancing my skillset. You do get to see and experience a lot as a nursing student which is a good foundation, but when you graduate you have more of a personal challenge to show that you are capable and competent of performing your role well, and learning fast. Stress and burnout can be a challenge due to the high intensity environment and the demands that come with being an ED nurse. What I will say is that the support is excellent and help to combat these challenges. There is always someone to ask for help or plenty of computers around to research things. You never feel like you are just struggling on your own. You do have to be self-directed in your learning, which sometimes can be difficult when you are time poor. I do feel I have learnt fast and have become more confident with my abilities and have adapted well into the ED environment.

**Can you describe the skill set required for working as a registered nurse in the ED and how you are supported in these?**

Of course, you need to have all the clinical skills required of a general registered nurse. However, to work as an ED nurse you need to have a greater emphasis on things like resilience and being adaptable when providing care and working within the ED team. Sometimes there can be a bit of staff conflict as there are a few strong

personalities – be adaptable in your approaches of how to engage with different people, I've found this works best for me. I think it is important to not take things to heart, know there is a lot of support around and know how to de-escalate. I just think about how all these experiences are helping me to grow and become more confident.

Other skills I would say include having compassion and understanding, having a non-judgemental and welcoming attitude toward patients and staff members. It is really important to be good at patient assessment as you need to be able to draw on knowledge and clinical skills such as palpation and auscultation. These skills are really valued here in the ED and this information can provide a better picture of what may be going on with your patient. It is important to be a good team player, have excellent communication skills and of course be a critical thinker, but remember to be human, sometimes you are faced with really challenging emotional situations and you need to put yourself in your patients or family members shoes – be empathetic. You really need to refresh your knowledge on pathophysiology and pharmacology and really understand what is going on. It's always important not to forget basic nursing care to ensure patient comfort.

**What are some examples of clinical presentations you see and how do you provide safe and high-quality nursing care in this fast-paced clinical environment?**

During my 6 months here, I have seen a lot of different presentations. Often there are similar presentations for instance cardiac problems like angina, myocardial infarctions, strokes etc. We see many patients coming in with sepsis, a lot of mental health presentations. Patients with seizures, fractured neck of femurs, no matter what the presentation I continue to learn, whether it be knowing what specific questions to ask, interpreting an ECG or blood results or responding to a deteriorating patient appropriately. Thinking back to a patient having a seizure I have had to think quick and methodically in the care that I have provided, as well as knowing when to engage the help of other clinical staff and escalating his care to senior staff. At times I have also looked after patients who have presented following

domestic abuse. This can be challenging as building good rapport with the patient is vital and requires a different approach to other patients to ensure they feel safe. I have found this to be very satisfying. Sometimes it has been as simple as being a good listener. Code black patients are always interesting and require the use of many different clinical skills to ensure not only your own safety, but the patients and also the rest of the department whilst remaining with the least restrictive, yet building a positive therapeutic relationship: very challenging. I did look after a lady who had her nose bitten off by her dog you don't see that everyday.

### **Can you recall a memorable incident that really captures your role as an ED nurse?**

I think for me one case that stands out was when I was looking after a 19-year-old aboriginal lady in the Observation Ward. She was a victim of domestic abuse and her boyfriend had been forcing her to take crystal meth and abusing her whilst using. This was quite a difficult situation as she was non-compliant and aggressive. After reading her notes I discovered her mother was still living in the house with the boyfriend while she was in hospital. She ended up really opening up to me and telling me about what had happened to her in her own words. With her consent I ended up referring her to the social work and drug and alcohol support teams. This was a really big thing for me, as I felt I played a big part of giving her appropriate care, empowering her to make positive changes in her life. I walked away from that experience feeling like I had really achieved something and had formed a really good relationship with this patient, which was really satisfying.

Still the most memorable experience for me relating to ED is from when I was a student nurse. I was on clinical placement at Sir Charles Gairdner Hospital ED and a massive trauma came in and I was given the opportunity to observe. I had absolutely no intention of wanting to become an ED nurse. I always wanted to be a Midwife, but after this experience I just knew this is what I wanted to do and knew that this is where I wanted to have my graduate program after qualifying. This man had fallen 20 metres while painting from some scaffolding without safety equipment. He sustained a head injury and multiple fractures. I will never forget it. There was a huge

team of nurses, doctors, specialists coming together with one common goal to preserve this man's life. It was so amazing to see how this team worked seamlessly drawing on each other's expertise. It felt like chaos, but organised chaos. Everyone had a role and knew what they were doing. I remember thinking definitely want to be a part of this team. This is exactly what I want to do. Unfortunately, the patient passed away, but there was ongoing support through debriefing sessions to how this had affected each nurse and how we could learn. It really made me think what a community.

**What learning opportunities does the ED provide for you as an aspiring ED registered nurse?**

There is a huge focus on education and professional development with a big emphasis on attending study days and enhancing your skillset. We are also expected to complete learning packages to meet competencies, so that we can progress and work in different areas in ED. We also have the opportunity to mentor nursing and paramedicine students which I really enjoy, as I am able to share the knowledge I have learnt. There are always opportunities for expression of interest to act in particular roles or upcoming promotions so there is lots of scope for career progression.

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