



### **Simon**

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

I have been a registered nurse for 5 years now. My mum was a midwife so from an early age I knew I wanted to follow a career in healthcare. After finishing university, I went to Royal Perth Hospital for a year and during my graduate program worked on the Cardiothoracic unit, Urology surgery and then the specialist

Respiratory unit. I saw they were offering a clinical enhancement program at Joondalup Emergency Department, which allowed me to start my career in Emergency nursing. I enjoyed it so much that I decided to stay.

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

I like that every day is different and having a high turnover of patients with different conditions: you learn a lot. I wanted to do something that was less routine than working as a ward nurse. I like the fast pace, not knowing what is going to come through the door. The technical side is great and getting to look after intubated patients. There is lots of decision making and prioritising care which I love, knowing that I can make a difference and impact positively on someone's life.

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

I would start the day by finding out in which role I would be working. I now work in all of the roles which gives me great variety. This can range from shift coordinating to working on the floor. If I was working on the floor it would firstly involve obtaining a clinical handover using ISOBAR and A-E nursing assessment, to fully understand what is going on with my patients. I would also do a set of vital signs to determine

the stability of my patients. I would then find out about their presenting complaint and history, what their plan is, whether they are being admitted, going home, investigations etc.

I am also mindful of patient flow so that patients are brought into the department as soon as possible. Once new patients come in, it is a matter of using your assessment skills to gather clinical information, vital signs, auscultation, palpation, investigations relevant to their presentations. Often you can have a quite few patients at a time so it is important to have good prioritisation skills so that you can provide optimal nursing care. The observation charts for example are colour coded to alert the nurse that there may be a need for more regular taking of vital signs, or perhaps if a patient is unstable you may need to communicate with the shift coordinator that you require further help. It is important not to get fixated on the little tasks and to remember the bigger picture. Thinking ahead of the possibilities, making life easier by setting up monitors read at specific time intervals. I always try to pre-empt what complications might arise and how I might deal with them if they were to occur.

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

The biggest challenge we have is access block, as we often have limited scope to move patients quickly in the department. This can be difficult as we continue to have patients arriving by ambulance, or walk ins. It can often lead to staff feeling burnt out and patients can become frustrated which can lead to verbal abuse towards staff. I think I try to overcome this by trying to move patients up to the wards as soon as possible, optimising all the available bed spaces within the department. It does require really good team work skills with good communication with both staff and patients. Often patients can become verbally abusive, particularly when there are long wait times, but it is really about having honest and open communication, listening to them, by explaining the situation this usually diffuses things. This is particularly important for the triage nurse who has direct responsibility for the patients in the waiting room. Patients can often have some pain, or uncertainty about their condition, so reassessment or even starting treatment in the waiting room or

sending them for investigations such as a chest x-ray, ECG or taking bloods can help settle things down.

We also have a high number of behaviourally disturbed patients that come through the department. So, there is often a need to focus on your own safety, not standing too close, alerting the shift coordinator early if you think someone may be aggressive, so that they can liaise with security in case they might need to intervene. It is also about keeping up to date with study days around aggression and behaviour management. It really is about working together as a team, making sure that everyone is on the same page and knows what the plan is if things start to get out of hand.

Working in a constantly changing multi-disciplinary team can also have its challenges. For example, the doctors and some of allied health services such as physios and occupational therapists tend to rotate to other clinical areas every 10 weeks. This can be quite unsettling as we adjust to new members of the team who are not used to the fast pace of the Emergency Department after coming from the wards. This is all about having good communication, being welcoming and friendly, teaching them early about the processes, being helpful. The collegiality of our team and positive culture within the department are why I decided to stay. The relationship between the medical and nursing team is very open, respectful and proactive. The doctors are very receptive of nurses' ideas and input. There is a willingness to listen to what the nurses have to say and try new ways of doing things.

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

Having sound health assessment skills based on your body systems, abdominal, cardiac, respiratory neurological etc. What is really important is good time management and prioritisation skills. Many of these skills we learnt at uni, but things are taken to the next level through self-directed learning packages and study days which cover a large number of subject areas. These include areas such as toxicology, airway and ventilation management and trauma. A couple I have attended recently was on history taking. We learnt about how to document

effectively, as well as revisiting pain assessment and incorporating clinical skills such as auscultation, palpation and percussion. We also attend simulation training using high fidelity manikins which is fantastic for learning in a safe and controlled environment. This is an interprofessional exercise where we team play with the doctors to manage acute patient presentation. This is great for our learning, as we get to visualise and act out in real time how we would problem solve in these situations. We explore a multitude of patient problems ranging from medical and surgical to maternal, obstetrics, mental health and paediatrics.

When I started in ED, I was keen to progress and made a point of always being enthusiastic and proactive to seek learning opportunities, or set myself goals to achieve competencies and improve my knowledge and skills. The education team is very proactive to promote role progression and while there is a lot of encouragement it really does come down to your own self-motivation; otherwise you are at risk of being left behind. It is great to know that you have the support from senior nursing staff to move beyond your comfort zone and boost your confidence. ED can be quite a competitive environment and there can be a lot of strong personalities, but you learn not to worry too much about what others think and focus more on improving yourself professionally, knowing that this will only improve patient outcomes. I am now involved in staff development which allows me to be actively involved in mentoring new ED nurses.

**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?**

Probably one of our most common presentations is chest pain. This is presentation that needs to be taken very seriously, so it really starts with the triage nurse to determine if it is cardiac in nature. There is a lot to think about from history taking, cardiac physical assessment, early ECG's, bilateral blood pressures, chest x-rays, bloods, IV access, and analgesia.

We also see a lot of acute mental health patients ranging from children with anxiety and depression, to the elderly who have advanced dementia. Patients also present

with drug overdoses, drug induced psychosis, self-harm and suicidal ideations. Mental health is an area that comes across as quite daunting, but after attending study days and a lot of exposure, I feel a lot more confident working with this patient group.

Can you recall a memorable incident that really captures your role as an ED nurse? I think this was when I was shift coordinating on a night shift. A patient was found to be in asystole which eventuated in a full resus. Fortunately we were able to successfully resuscitate the patient, although he was in total heart block, a life-threatening arrhythmia which required external pacing. Unfortunately, he crashed again so after another successful resuscitation attempt it was decided to do the pacing procedure in the ED. This was a highly stressful situation, particularly as it happened on a night shift. However, the outcome was a positive one as the patient was discharged from hospital 3 days later. It was exciting to be involved in the care of this patient, but a great feeling to know that he had survived.

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

There are a lot of learning opportunities for a new RN coming to work in the ED from lots of study days, simulation, self-directed learning packages. When I first came to the ED I started on a program called the clinical enhancement program which was designed for novice ED nurses to learn, over a 12-month period the basics about nursing in the ED and learning core skills. Once I was established and knew ED was where you wanted to be long term, then I was able to enrol in the post-grad in Emergency Nursing which is a year-long course. It has both theoretical and practical components where I really get to learn in depth about all the conditions you come across in the ED, as well as learning technical ED nursing skills. You also get to work clinically alongside an experienced staff development nurse to consolidate learning.

### **A final word...**

I think as much as I enjoy working in ED, I think it is important to remember that you learn a lot from having had some ward experience beforehand, as you do learn a lot

of skills in a more controlled environment that can be transferred when working in the ED. This includes basic nursing care, knowing how to talk to patients, time management and prioritising skills, decision making and problem solving. It just makes the transition a lot easier if you already have these skills in place. I also think it is important to have a good sense of what you want to do and to work out a plan as to how you are going to get there. You definitely need to be a good team player and know when you need to ask for help. I also think it is important to find a nurse that you aspire to, someone who has the same core values to become a mentor. This for me has been such a positive experience which has been great for my confidence and learning. I really can't speak more highly of ED nursing. I have loved every minute of it and know this is what I want to do.

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