
Clinical nursing experience in the emergency department

By **Tayne Batiuk, RN, BSN**

An outbreak of MRSA/VRE and subsequent closure of the 4D nursing unit forced the University of Saskatchewan College of Nursing to seek alternate sites for clinical experience. Fortunately, the two emergency departments were able to accommodate the Year III students. Although the course intents are levelled for care of patients admitted to a hospital unit, we believe that with adequate supports and supervision, junior students can acquire some of the competencies required in an emergency department. Normally in the University of Saskatchewan BScN program, emergency is a fourth-year experience. The College of Nursing is currently working with the Regina Qu'Appelle Health Region to increase the numbers of students receiving that experience.

In the last weeks of March 2008, a small number of nursing students from the Nursing Education Program of Saskatchewan (NEPS) were able to have clinical experience in the emergency department (ED) of the Pasqua Hospital. Each clinical group consisted of approximately five to eight students and their clinical instructor. Students were paired with staff nurses in both the ED and the Reassessment Unit (RAU) and remained in the ED for the full 12-hour shift. The students were in the last two weeks of their third year of nursing school and were preparing for their final fourth year practicum.

This experience was invaluable to the students, as the opportunities to heighten and enhance clinical skills, both new and established (i.e., IV initiation, catheter insertion, assessments, vital sign monitoring, ECG interpretation, etc.) were plentiful, as opposed to sporadic occasions on the ward on which they had initially spent their rotation. Proficiency in assessment skills was gained as students performed head-to-toe assessments on each patient, as per ED protocol. Students felt that they also gained confidence from the repetition of such skills.

The students were not allowed to administer medications during the shift, which was appropriate given the pace and unfamiliarity of the ED itself, and the difference in workings/routine of the ED, as opposed to the ward (med/surg) in which the students had been in the previous weeks.

The ED is a unique and appealing area for nursing students. Motivation to work in the ED is often the unknown presentation of the clients who are served there, the continuous pace that one does not often experience on the ward, the constant turnover of clients (thus, never losing interest), and the potential to continuously practise skills and learn new procedures and protocols. As a clinical educator, I support clinical experience in the ED as it provides a stimulating environment from which students gain both competence in skill and confidence in self, and are able to apply theory to practice. There

is also transference of knowledge from senior staff to students, assisting in growth of the student on an academic and professional level.

Below are some comments from student journals regarding their ED experience. They were aware when they wrote the journals that excerpts might be used in future regarding this subject. I have edited some of their comments for space, and have not attached names to the comments for reasons of confidentiality:


“I think that it was a good opportunity being able to see just the path patients go through to get to the ward if they come through emergency. The experience of going to the ER helped us, as students, identify more with the patients.”

“It was a really good place to be and I feel that, as third-year students, we have several skills that would provide as valuable in that type of setting, especially with catheters, dressings, assessments, intravenous starts. I liked the staff – they were all very friendly and helpful explaining and walking us through things.”

“I was amazed at how well the team worked together to get everything set up and organized. It was amazing to see a team work like that and how they were constantly giving support and encouragement to each other the whole time.”

“I feel that if this had happened at the beginning of the rotation, it would have been really stressful. I feel that getting to know your patients and doing the research along with the concept maps is important for the first few weeks. Plus, we also got to build up our confidence and skills before going to the fast-paced environment that is in the ER.”

“I believe it is of great benefit and advantage for third-year clinical students to experience the ER department. The opportunities to practise skills such as: IV insertion, catheter insertion, and assessments are countless, and although these opportunities can present themselves on the wards, there is no guarantee.”

“The assessments alone, which are crucial to perfect as a nurse, are different because in the ER there is no diagnosis for patients right away, so it is up to the skills of the nurse to incorporate the chief complaint, past history, medications the individual is on and all known information to formulate or guide their assessment. On the unit, the diagnosis is known and assessments focussed accordingly. By spending time in the ER, I gained a better understanding of the nurse's role in emergency practice and was exposed to new opportunities. Emergency nursing and the inner workings of an ER department are very different than ward nursing. There are differences in charting, protocols and in pace of the day.” 

In addition to teaching nursing students, Tayne Batiuk works in Regina's Pasqua Hospital Emergency Department and is enrolled in the MSN program at the University of Saskatchewan.