

# Research is not the enemy... a New Brunswick emergency department perspective

By Jacqueline Fraser

**A**s emerg nurses, we all know that time is of the essence. We all have the experience of performing a head-to-toe assessment, starting an IV, administering meds, getting the equipment ready for the MD, mentoring new staff, **and** being the support person for the patient and family... Then those dreaded words are spoken.... "I suppose we could enroll this patient into the trial". However, in one New Brunswick Emergency Department (ED), these words are not so dreaded.

The Saint John Regional Hospital (SJRH) ED is an academic tertiary centre that sees approximately 56,000 people a year. Five years ago, the SJRH ED commenced its research program. One of the primary goals was to create a multidisciplinary culture that encompasses research.

It is scary to be a research coordinator. As an outsider, it can be difficult to work with rotations that are so closely knitted. To be on the receiving end of comments like "Oh great...what do they want us to do now?" I have been fortunate (and grateful) to have never had such negative experiences.

It has been a lot of work to garner support, but our department has grown to be open to the concept of research. To date, we have had nurses screen patients for studies, follow study protocols, assist in data collection, be a representative on research teams, and review manuscripts.


I think there are three main factors why research has been well received.

The **first** factor is (and most important) the recognition of impact on clinical staff time and workload, as the ED is hectic and spare minutes are precious. Any investigator-initiated research protocols are streamlined to be efficient and have minimal impact on clinical staff.

The **second** factor is choosing projects that impact the department. Projects that examined care and processes in our department have been well received. A great example was when we examined lab turnaround times. Clinical staff felt there was a slow turnaround from lab specimen collection to result and was directly impacting clinical care. We conducted a prospective study that reviewed lab times for two different specimen tubes; results confirmed turnaround times were

taking longer than an hour. The lab then reviewed internal processes and implemented many changes post. Staff are also curious about results of a study they participated in, so knowledge translation is also imperative.

The **third** and **core** factor is support. Administrative and departmental support has been key in our program development... but clinical staff support can make or break a research program. Support from staff is imperative for patient enrolment, study procedures, research ideas, and advice.

Research is not the enemy. It has given us our current practice and allows us to examine ways to improve process and care. So, next time you see the research team, surprise them with a "What's going on in research" instead of the possible "What now?" Trust me... it will make their day! 

## About the author



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## Bouquets

- It is with sadness that we say "good-bye" to Jane Daigle as NENA treasurer. Jane stepped down for unanticipated personal reasons. Thank you, Jane, for all your work for NENA and its members.
- Bouquets and thank you to Sharron Lyons who has offered to step in to complete Jane Daigle's term as NENA treasurer.
- Bouquets to Marie Grandmont and Colleen Brayman for their work in updating the NENA position statements and documents following the last NENA Board meeting in November.