Foundations of Emergency Care

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In the Beginning

Every technician starts as a baby tech. How does one go from deer in the headlights to the 'all coveted role' of lead technician in emergency and critical care? Many will say training is needed. But no amount of training can give someone common sense, right? Wrong, you can train common sense. If you train common sense and the employee does not apply it, there needs to be human resource repercussions. Can you train for speed? Yes, you can but you run into a dangerous paradox if they become too speedy and mistakes happen due to the speedup. How do we create a work ethic or a passion for the "why" of everything we do? How do we create a culture of continual learning and growth? How do we get our team to apply the critical care thinking that is the hallmark of good emergency technicians?

Create the Culture to Foster Good Foundations

We have to rail against those who are bent on retaining knowledge and position for themselves. We have to ensure that no questions are treated as stupid. We have to give reasoning behind the how and why of what we do. We cannot lean on the old saying, "it is how we have always done it." We have to encourage those that question our methods. If our methods are truly the best for our patients and protocols, they will stand up to the questioning. We have to promote team members that foster growth with other team members. Do you have a team member who spends time befriending, mentoring, or training fresh staff? It is far less expensive to thank them with a gift card or a raise than to have to hire a new team member when the first does not work out or does not make it past the hazing period.

Don't allow a hazing period. Period. At my first volunteer emergency position, I was told that a particular supervisor would learn my name after I had lasted six months. That comment well-nigh guaranteed that I moved on to a new clinic when offered a position. Create a supportive environment where new employees are mentored instead of shadow shifted and then allowed to fend for themselves.

Create training programs that cover all required skills and knowledge. Be sure that the training programs have clearly delineated paths upward in terms of knowledge and status. Have leaders participate in the training levels to set the standard and create the culture.

Create learning opportunities such as lunch and learns. Encourage the whole team to contribute as nothing pushes home knowledge of a topic like having to present on the topic. Create a safe space for the team to present the first time. This may involve smaller group presentations or more than one presenter or dividing topics to make them more manageable. Those with a fear of public speaking can be encouraged instead to provide training homework or review sheets.

Encourage the team to develop required information that is always kept on them in the form of a "dumb book" or "nerd book." This not only encourages them to identify the most critical information but also writing the information can help them retain it as they learn.

Critical Thinking for the Masses

Nothing helps with critical thinking more than presenting cases in a group. As you begin associating disease process with their respective cases, the symptoms and associated physiological changes will become more ingrained. While technicians are not called upon to diagnose, we have all had that case where our astute physiological observation made a difference in the doctor's assessment and treatment of the case.

I will always remember the case where a straightforward single bite wound from the housemate became a treated snake bite as I found echinocytes on a quick blood smear check. We were able to get a jump on the golden period of treatment because of that fortuitous find.

The quickest way to stop critical thinking is to allow a team member to disregard information brought to their attention. For example, a TPR reveals an abnormal temperature or a patient with altered mentation. This may be old news, perhaps expected news, or even a presenting symptom. If the team member receiving the information treats it with gravity even if old information, the inexperienced staff member is encouraged to report more critical information. If there is something about that information that may be expected or insignificant use it as a teaching experience but be cautious to praise the find regardless.

Does your hospital round patients? Does it round patients without doctors involved? One of the best ways to build understanding of the disease process and the importance of astute nursing is by having joint rounds sessions. The doctors present the physiological side of the case, and the technical staff provides the perfect foil for the case by discussing the important status and nursing care changes. We can discuss urine output requirements all day long, but until we discuss how the kidneys are not producing adequate urine or how the bladder is affected by a blockage in a particular patient, technicians cannot attach the appropriate level of importance to the information. It is significantly easier to watch the disease process and its effect on a specific patient and assimilate that knowledge than to memorize the pathophysiology of a disease.

Recording Information

One of the hallmarks of a good emergency technician is the ability to inform doctors, residents, other technicians, and owners about the status of their patients. Mediocre technical staff see medical records as a necessary evil, whereas great technicians see them as a lifeline. Great technicians know that any changes in physiological status could indicate a trend or could indicate a worsening of condition. Are your medical notes complete, dated, initialed, and brought to the right person's attention when necessary? Sometimes it is busy, but medical notes are absolutely a part of the treatment.

Prioritization

Priorities are difficult. Do you prioritize by the doctor, by the flow, by the case needs, by the patient needs, by the staffing or by the client imperatives? If you walk in the lobby and ask your clients the greatest need is the ear laceration that bled all over the car interior. We know that the 8-year-old Great Dane that has a distended abdomen is the truly emergent case in our lobby. The answer is to prioritize by patient needs always. In managing in house patients this is true as well. You may have four 2 AM treatments, but they should be done in order of critical status.

Having a lead technician on the floor to manage incoming case assignment (based on technical needs of the case and matching that with technical abilities) and to determine order of go for any procedures or workups is imperative. This prevents a needy doctor from hogging all of the technicians and keeps the flow focused on the most critical cases instead of those designated critical by the doctor assigned to them.

Managing Speed of Work

We all have that one assistant or technician who is slower than molasses. How do we work on an adequate pace without risking mistakes from rushing? We need to start by looking at what is taking so long first. Is that technician getting drug into a full life story by a client? In that case, we need to work with them through role playing and scripts to give them an appropriate way to steer and curb the conversation. Is the delay a lack of planning? Perhaps they need a surgery checklist to ensure that they can quickly prep and get a patient induced. Is the delay due to inefficient skills? Perhaps they need an IV catheter workshop.

Next, we have to assess how much time they are currently spending on any tasks or treatments that they are doing. Once you establish current time spent. Assess if there is an opportunity to time them without increasing mistakes. Perhaps they don't go to the cage with all essentials and one treatment takes multiple trips. Perhaps they are spending too much cuddle time. Are there any Fear Free® techniques that could shorten their time spent? At this point give them a timer and a time just short of their current time spend. Keep shaving time off of their goal each week to speed them up.

You may have team members who refuse to put any speed into true emergency situations. For example, a CPR code is called, and that team member saunters over to the treatment area. For situations like this we use drills to speed the team. A favorite new drill for my emergency team is "hot lava" they have to make it to safety on a counter when someone calls out lava. After we have the result we want in terms of reaction, we change the shout to "code" to elicit a similar speed response.