***Nightintales* Podcast Transcript**

# **Episode 6 – Emergency Department RNGuest: Christine Reppke, BSN, RNMichigan Medicine Emergency Department, Ann Arbor, MI**

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00:00:01 Host:

Welcome to *Nightintales*. This podcast was created during *the International Year of the Nurse and Nurse Midwife*, and what a year that was. This podcast is dedicated to telling stories of nurses from across our profession. Our goal is to introduce you to the seemingly infinite possibilities in nursing and encourage you to find your true passion within this work. I'm your host Jessica Spruit, and I'm so glad you're here.

00:00:27 Host

Thank you for joining us for another episode of Nightintales. Today we have Christine Reppke joining us. Christine is an emergency department registered nurse at Michigan Medicine and we are so grateful, Christine, for your willingness to spend some time with us today and tell us about this really exciting role in this opportunity within nursing in the specialty of emergency medicine.

00:00:47 Guest

Thank you for having me. I'm excited to be here.

00:00:52 Host

If you don't mind, why don't we just start? Can you tell us a little bit about your background? Like where did you go to nursing school? Where did you? What was your first job? Have you always been in the emergency Department or what's kind of lead you down the path that you've taken?

00:01:05 Guest

Yeah, so I've been a nurse for 14 years this year, which sounds crazy to say, but it's super exciting. I graduated from Madonna University in Livonia in 2006 and my goal, when I started when I chose nursing, my goal was always going to Pediatrics. It was always my drive behind it. I wanted nothing else out of my career.

00:01:28 Guest

That going through clinicals I enjoyed my pediatric rotations and I was offered new grad positions at Children's Hospital in Detroit. I decided that the units that I was offered positions on were not a good fit for me and so I kept looking around. So, my first job I took was actually in an adult and pediatrics, split on marrow transplant unit at Karmanos. They kept the kids at Karmanos for about the first year that I worked there and then they expanded that unit into the oncology unit that children.

00:02:00 Guest

And so, I went over there contingent and cause I didn't always like working with the kids, but it actually took me realizing working in that environment with both kids and adults that I actually really preferred the adult population in oncology. There are so many different challenges working with adults and kids.

00:02:16 Guest

And I actually found that adults a little bit easier to work with. But that was a really great start for me. I learned a ton working here, but it was also very, very slow. I think as much as I learned, I realized there was a lot else out there and for me. I personally got a little bit tired of the routine of it. Working in-patient, you have a lot of you know your day is very structured in your 12 hours.

00:02:39 Guest

You have to do certain things at 7 and certain things at 8 and you go through 12-hour shift and unless something bad happens but you're never hoping for. Your days are pretty much the same day today, so when I started looking around for something different just to see what else I could find in my career, I found emergency medicine.

00:02:57 Guest

It was something I was kind of interested in in nursing school, but it's not something I had an opportunity to spend much time looking into. I was a patient care tech at Beaumont in Royal Oak and I was a float position. So, I had a couple of days where I got to shadow in the ER to learn how to start IVs.

00:03:16 Guest

And I was always kind of interested in that. And then when I graduated, I was intimidated by the environment of the emergency Department. It's a lot to take on as a new nurse, and I was young. I went through nursing school. You know, I went straight high school college nursing. I was probably a little bit immature when I graduated, but not the case for everyone. Uh, you know where I work now?

00:03:39 Guest

We have a new grad program and they do a really great job training brand new nurses to work in emergency, and I think that you know something like that probably would have been a better fit for me when I started and even with three years of experience, when I jumped into it, I felt overwhelmed by it at first. But I really I, you know, I've stayed for the last 11 years, an emergency, and I don't know what else I would do.

00:04:02 Guest

I thought about moving just for a change of scenery, but here is exciting and every day is something different, which is something I think that you know, like the intensity level of it and a variety of it is really what keeps people there for a long time.

00:04:16 Host

Sure, before we talk a little bit more about your typical day, you said something that really struck me that at first you felt really intimidated and overwhelmed in a new environment like that, you gained such specialty knowledge of bone marrow transplant. It sounds like, and so I'm curious, what did you do that helped you persevere and then really grow expertise in your new role?

00:04:37 Host

Because it sounds like you went from a role that you know you were pretty comfortable and you had become. You know, pretty acclimated to that unit and had become pretty expert in the skills required. What did you do when you were feeling overwhelmed and worried like that?

00:04:51 Guest

I think one of the first things they did when I got the job in the emergency department was I bought a wonderful book called Emergency Nursing for Dummies. I read that a lot in the in my early stages of orientation there just to kind of, you know, ease some of my worries and realize that there was some place that I was always going to be able to learn and grow. Something that stands out to me in emergency medicine is what, uh, teamwork kind of area it is.

00:05:21 Guest

You're never alone and you're never...I felt like before there was a lot of there was a bit of a hierarchy to it. You know you always have like one person that was your go-to person. You had a resident or a follow or somebody that, you know, this was the only person you talk to you. Maybe, you know, working in oncology when you are attending but they were like these far away people that we had like, a foreign concept of, like, wow.

00:05:41 Guest

This is, you know this is the head of the Department and some amazing but not really have much of a dialogue with them on a day-to-day basis. Emergency medicine is the exact opposite. If you can't work together with your support staff, your text and your housekeepers in your respiratory therapists and your residents and your attendings, your PAs, everybody that works there, you kind of struggle. So, everybody has to work together.

00:06:05 Guest

Yeah, there's a lot of team effort involved in it, but you also learn so much when you're doing that and you're bouncing all of your ideas off, you're advocating for your patients. Especially working in a teaching hospital, there's always the opportunity to say, hey, this is not something I've done before, and maybe it's common for other people who have seen it before. But you know, this is something new for me and there's always somebody willing to help you walk you through that.

00:06:30 Host

Yeah, that makes a lot of sense and it also helps, I think frame our next question so you said you're working at a teaching hospital and so we know you know that this is a really large academic environment. You know, with very high acuity patients and probably also patients who are chronic who receive specialty care. That's very unique to the institution that you're currently working at. So, if you don't mind that I know this will be probably really hard, but what does a typical day look like for an emergency department nurse in an institution such as yours?

00:07:01 Guest

Yeah, I think that's, I think that's kind of a challenging question to answer. When you asked me that when I was working on college, I could have told you exactly what I did every hour, right? You know, when you work in emergency, I think a typical day looks different a little bit depending on where you work. You know a typical day can be taking care of, you know, kind of a more a less exciting typical day is if you have your, you know, depending on where you work 3 to 5 rooms, you know, and they are filled with patients who come in with acute problems. You know the goal is to find out if they're having an emergency.

00:07:40 Guest

If they're not, they either need to follow up in the hospital or they need to follow up outpatient and you, you know, the ideal day would be to get them in and out of the door or get them into a room and then admitted to the hospital with whatever resources they need to help them get better.

00:07:57 Guest

Unfortunately, a lot of times they are just get backed up and we take care of admitted patients too. Get a bit of floor nursing with emergency nursing and I think that's kind of become a trend across definitely across Michigan but across the country as well, which is not an ideal trend in emergency medicine. But sure. It is kind of the way things are going right now.

00:08:18 Guest

A different day that could also be completely typical is if you're working in, like, a trauma or resuscitation area and your whole day is running from room-to-room, either between cardiac arrest and strokes or trauma patients. And there are days that you know there are days that we have more trauma or resuscitation patients, then we have space for them so.

00:08:40 Guest

You make things like that happen in a regular room, which is not something that you want to happen, but you know a big part of the ER nursing is being able to adapt to any situation that happens, whether you know you think your day's going along just fine, and then your patient’s condition totally changes and you get a patient in with a totally different back story is your typical day really has a lot of variety. A typical day is very busy in the ER. It's rare that you're sitting around or having time to social. Wise, because there's always something that you can do either to help a teammate or patient.

00:09:14 Host

Right, yeah, that makes sense and I think you started to touch on two different areas that you can be assigned day-to-day, so you talked about the trauma and resuscitation. I imagine there's triage and then other assignments within the department.

00:09:28 Guest

Yes, so you definitely different areas of the department have different trainings that go along with them too, so you know as a newer nurse you typically don't work in triage. They do try to train newer nurses to work in the resuscitation area just so you have more backgrounds. You're more comfortable with more emergent situations.

00:09:49 Guest

Triage is a whole different beast, and then we also have we call them team leads, but they're basically float nurses for each area. So, if you need another set of hands you need, you know you're really tied up with one sick patient, you have another one. Somebody will pass medications for you and that person's job is to float around and help people. So, you really have a huge variety of both areas. You can work as well as types of patients that you can take care of

00:10:12 Host

No, yeah, it definitely sounds like an exciting and also really challenging environment to be in when you're never quite certain what will come in the door next or what you know skills you'll need to mobilize to provide take care to that patient.

00:10:27 Host

I was curious what kind of certifications, what advanced training do you need to be a proficient emergency Department nurse? What other things have you done in addition to, for example, your basic life support?

00:10:40 Guest

Yeah, definitely. So emergency nursing actually requires more certifications as a requirement than I think any other department. We have to stay up on three certifications with advanced cardiac life support and then trauma nursing roles. Both pediatric and adults, so those are all separate classes that have to be recertified every two to four years.

00:11:03 Guest

So, it is a lot that we are expected to keep up on. Most nurses also have pediatric life support also, depending on, you know, which Department you work in, they…some are required for some and some are required for others but we have to continue having all of them. So, it is a lot of classes and things like that. But those are the kinds of things that make you more comfortable when something happens cause you're always reviewing the what-ifs for case scenarios as well as like ideals for treatment, these classes get updated every couple of years too, so there's always a little bit more to learn with those.

00:11:39 Host

That sounds really helpful because I feel like the practice that you know nursing science and nursing practice continues to evolve at such a rapid pace that having those check-ins every couple of years would be really helpful. In addition to the education that I imagine you get within your unit and the support that you have there from your team as you described.

00:11:58 Guest

Yeah. Absolutely. It's also, you know, working at a research facility of teaching hospital is super interesting cause we're always running some sort of study too. We've had studies that have been between us in another country that we've rolled out. We have, you know, we have a critical care area in the emergency department.

00:12:17 Guest

That's one of the first of its kind in the country, so there's always something interesting and something new to learn, especially, you know, in the world that we live in today where there's new medical problems coming about, that the whole world is trying to figure out. And you know, we're kind of at the forefront of that on a day-to-day basis.

00:12:32 Host

Right, yeah, so that brings me, you know, I think to the next question which is really timely as we think about you know where to go in nursing and what challenges we might encounter in nursing. But I've had such admiration and respect for nurses across the country who are caring for patients in the middle of a pandemic with a disease that we really don't know very much about at all. Especially, you know when this disease did hit Michigan in March, I think very little was known and we had very little evidence to support the care that we were providing to patients and I think it was scary enough for those of us within the profession who weren't directly interacting with those patients.

00:13:07 Host

But I always thought of the emergency room nurses who were going to work every day not knowing you know what they would encounter, how sick their patients would be, and to your point earlier, whether or not you would have an opportunity to transfer them to the floor quickly, or if you would be managing them and then also just concerned about your own safety, and I'm curious how you negotiated that experience this you know, thankfully, is not something that happens regularly, as we all know, this is kind of once in our lifetime so far, but I do think that you never know what kind of patient may walk in the door or what threats to your safety may happen in that day. So how did you negotiate that? How did you manage it and keep yourself going? Despite what I imagine would have been some fear.

00:13:52 Guest

Yeah, absolutely. It was really tough. There was a lot of anxiety attached to it. A lot of fear attached to it, you know, just fear of the unknown is hard no matter what you're doing. So, in the face of something that nobody really knew anything about, the best we could do every day was just show up and kind of hope for the best. You know we did everything we could to protect ourselves with the knowledge that we had.

00:14:16 Guest

I think that the United States in general was fortunate that this didn't start here, so we did learn quite a bit from other countries as things rolled out. And you know, even still we look at studies from other countries just cause they have bigger sample sizes for things. But the stress, the stress was definitely real and you know, we saw a report from other countries of so many nurses who are caring for these patients who were getting sick themselves.

00:14:39 Guest

So, we did the best because we had our management was able to increase staffing for us, so most of the time it had an assignment where you knew you were going to be taking care of COVID patients in the ER.

00:14:49 Guest

You had a buddy so, you could kind of watch each other. Like put on and take off your protective equipment to make sure you're not missing something, doing something out of order that you would accidentally contaminate yourself. So, I think our response overall was really good, but that didn't really make it less stressful, just cause it was fear of the unknown and we were fortunate in the first wave that our area didn't get it as bad as like Detroit did, or New York or someplace like that so, you know, we still don't know what's to come, but hopefully all of the planning that was done before it to, you know, have surge plans and things like that would be still easy to roll out if they needed to be.

00:15:26 Host

Yeah, I think when you talk about having a buddy to watch, you put on your protective equipment. It sounds kind of silly because we all learn that in school and you know, I mean donning and doffing your gloves, right? That's kind of one of the early skills, but I think that we forget in an environment like that when our anxiety is so high in, patients are perhaps rapidly to compensating. How easily we could break some of those techniques and how nice it would be to have a colleague to help hold us accountable to them.

00:15:51 Guest

Yeah, for sure and seeing you know as other things moved across the world that we didn't see as much here, like the other viral outbreaks like SARS and MERS were all things that we have to be educated on.

00:15:52 Host

Yeah.

00:16:03 Guest

Or even things like Ebola where we had multiple trainings to make sure that if somebody came through that we would know you know how to react to them in the early stages of their care. And then how to protect ourselves so that we can continue to care for them, right?

00:16:17 Host

Yeah, do you have any tips for like self-care or how you balance that so that when you left work you were also still able to be present in the rest of your life. Right? Anything you would tell someone who is new in this field.

00:16:29 Guest

Yeah, that's really tough. I think one thing that I like made a note of that I wanted to talk about was think nursing is not great at this in general, but your nurses more specifically is that we're terrible at debriefing. Our lives are stressful. Our jobs are stressful and we don't always do a good job of saying like wow, that was a really hard day and like that's really weighing on me. You know, if I see somebody. Man that, like, I can really relate to in some way, like you know, this person reminds me remember my family or with the COVID stuff.

00:16:57 Guest

You know this 30 something year old who just got intubated reminds me a lot about of me and my health. And you know, it's hard to not let those things way. When you when you leave so you know it's important to talk about how you're feeling about things. Like I said, I think we're classically bad at debriefing, but we kind of do it informally with each other. You know, some of it's in the form of, just like venting about how hard your day was with a coworker you know are coming home and like hopefully our family can tolerate a little bit of medical talk over dinner, so you can just kind of let it out.

00:17:30 Guest

And I think it's just important to you know to have something in your life, you know that's a stress relief, whether it's exercise or just chatting with a friend or just cutting some time out to, you know, do yoga or just have some time to collect your thoughts so you can move through and not let it beat yourself up too much.

00:17:47 Host

Sure, I think you're right. Debriefing affords a really unique opportunity to talk to people who probably understand what you've been through better than anyone else because they do the same job alongside you every day. But it's true when we're so busy and especially, I imagine in the midst of a crisis like this that there wasn't a lot of time or even attention to that indeed, that makes sense, and recognizing that and then maybe advocating it for it would be perhaps really helpful.

00:18:13 Guest

Yeah, for sure. I think part of the helpful thing too is just a lot of people forget that they have resources. You know in our Department we have a great social work Department and they are absolutely willing to be there for us too and make suggestions on you know if we're having if we're struggling with something like they're there for our patients and our families, but they're also willing to help us.

00:18:34 Guest

So, I think remembering resources in general, whether it's a stressful situation or something, you just need more education on, more help with. There's always resources in emergency medicine.

00:18:44 Host

Right and we should never feel too proud I think to ask for those. Or you know, I'm an emergency department nurse, like, I have to just shut it up. That's what I do or what I chose to do, you know. And it doesn't mean that you have to somehow be void of that fear or those feelings or those experiences, right?

00:18:59 Host

So, I think you're right, advocating for yourself and seeking out those resources would be really valuable. Christine, this is this is such a good overview. Is there anything else that you would want to share with people who are considering a career in emergency medicine or who maybe are in their first or second job and realizing that it's just not the right fit for them?

00:19:20 Guest

Yeah, I think that it's definitely an interesting thing to consider. Anything that you can do to learn more about it is great. I know a lot of departments allow shadowing, some don't. But one of the unique things about nursing in general is that if you try something you that you are really excited about and it's not a good fit, you always have an opportunity to change into something else. Uhm, one thing about emergency medicine that's so exciting as a nurse is that it really lays a foundation for just about anything else you might want to do.

00:19:53 Guest

Uhm, you know most jobs when you pull them up it says you need two to three years of experience in whatever an emergency is almost always listed as one of them. So, it's a great steppingstone. So, if it winds up not being a good fit, it's still a really great learning opportunity. It also seems to lend really well to people who want to continue to advance their education.

00:20:11 Guest

I work with a lot of people who go on to, you know, NP School, CNA School, cause you need emergency for those types of things. Some nurses choose to become peeds [pediatric nurses] after they work in the emergency Department. So really you just have so many opportunities that stem from emergency medicine. And I think that's really, you know, it's a great steppingstone, but for me it's been, you know, it was something I wasn't so sure about it first and now it's really just been a great fit cause it's so exciting most of the time.

00:20:38 Host

Right, well, it seems like it's become your destination, but something that challenges you every day in an exciting way. Yeah, definitely any anything else before we conclude today that you wanted to share.

00:21:00 Guest

I don't know. I don't think so. I had made a few notes, but I think we kind of covered everything you know, one thing that I had made a note of too is just emergency medicine is exciting, but it's definitely not what you see on TV. So, we have a lot of interesting things that happen. We also, you know, we do get to have a little bit of fun and we're in general just a great team.

00:21:28 Guest

But the dramatics are not usually there. One other thing that I always tell newer nurses when I work with them is, and we kind of touched on this too, there is no such thing as a stupid question. There's always, you know, it's always the right thing to ask if you need help or you know, say you know what I just am not super comfortable with this and there's always somebody willing to help and I think that's really one of the huge defining things about emergency medicine that I found versus working other places, and so you always have the opportunity to learn and grow and it's not shameful, but it's expected. It's just how people, it's just how people behave that you're always, you know, there's always an opportunity to learn something.

00:22:08 Host

Now this has been so helpful. Thank you so much for sharing all this information and your experience and especially your you know most recent experience dealing with something that our whole country is dealt with in a variety of ways. So, thanks for your time, Christine. And we really appreciate you.

00:22:24 Guest

Yeah, thank you so much.

00:22:28 Host

Thank you for listening to this episode of *Nightintales*. As you do, we encourage you to consider the unique nature of each person's journey through this profession. The views shared on this podcast are those of an individual, not the academic institution, that they graduated from, their employer or the professional organization that they are active in. The stories of their career path and progression are not intended to suggest that there is a uniform approach to achieving similar accomplishments, but to open your mind to all that is available to you. Each journey in nursing is as unique as each individual that we serve. We hope you'll listen again next time.