

LINSEY SHEERIN SIZE 5

Audio Producer: Rachel Simpson

I am told my walk is very distinctive, so people can always hear me coming. My walking distance, every day, on average, probably, is about six miles. Walking round the emergency department multiple times and also walking to other areas within the hospital, because in the emergency department we interface with lots of other departments and areas and we're one part of a wider system and we all need to work together and to work together sometimes, the easiest way to get things sorted is by walking and talking to your colleagues. The choice of footwear is very much, will depend, and when I am wearing my own clothes that may be a higher heel, but when the uniform is on, the Converse are on. I don't have an office job, I definitely have a walking job, absolutely.

My name is Linsey Sheerin. I am the clinical coordinator for the emergency department at the Royal Victoria Hospital in Belfast. Very much I am a frontline nurse, and the other part of my role is the managerial aspect of it, looking at budgets and writing reports and investigating incidents. We have probably over two hundred staff in the department medical-wise and nurse-wise, so it's a really, really good team and there's a lot of camaraderie. I would definitely say many staff have a dark sense of humour. A few years ago, when I was a very junior nurse, I was able to send a porter up to the gynae ward for a set of fallopian tubes. Very naughty and obviously that was a long time ago. Working in a&e, it's good craic.

Patients are definitely the easiest part of my job. Yes. I suppose being I'm the manager of the department, and having to manage a team and different personalities, can be difficult. You know. Every staff member has things going on in their own lives and it's making sure when we're together as a team we're here to do a job, and sometimes you have to make tough decisions. So definitely looking after patients and caring for patients is definitely the easiest part of my job.

So, in the emergency department, if something serious is coming through our doors, the first thing you'll hear is the standby phone, which is a red phone within the department. It is the ambulance alerting to us that they have someone seriously or critically unwell. As a nurse, standing there, you definitely get palpitations. You do get the adrenaline rush. Then you will hear the ambulance sirens pull up and the doors will open and then you have to deal with that situation. So here in the corridor, just outside the resuscitation room, we have pegs and on those pegs are coloured bibs. There's different coloured bibs, there's yellow, navy green and blue and red and each one defines a role within the trauma team. The scribe nurse - we put on this yellow bib and it says *scribe* on the front and back and they know that their role is to document everything within the trauma resuscitation. Such as obs, who's in the room. You will have clinician A, which will be a doctor, nurse A, nurse B, clinician B, nurse C, clinician C and then you have a trauma team leader. Our role in the emergency department is to get you to definitive care, that may be the CT scanner. May be theatre. That may be to the intensive care unit, and by focusing a team on your care it means that you will rapidly go through the emergency system and not have delays in your care, so it is very focused, so it is.

A lot of my family were police officers and my big brother and sister, and I suppose, growing up in Northern Ireland, probably to do with the security risk, watching your dad check under your car every day, I don't know whether that maybe traumatised me in the slightest sense, but I just knew that I wanted to help people. So whenever my dad cut himself, whenever I was younger I was getting the tissue and wetting it and cleaning it up and putting the plaster on it and, I just, really, from then just thought I want to be a nurse.

During the day you may be allocated in different places. So, in the morning, you may be the triage nurse, assessing all the patients coming through the front door and the afternoon you maybe the

resusc nurse, and, obviously, it can be quite interesting, looking after critically unwell patients, and also, part of your role as well, is, you know, being with that family when someone has been delivered bad news, and sitting with the family, so it's not all about the fast pace adrenaline junkie sort of stuff. Sometimes it's just sitting holding someone's hand. We are human, you know, and we do cry with our patients or their relatives and we do laugh with them as well. So there's lots of emotions that you experience being an emergency nurse. You're human, you take stuff home with you, but I think we learn to put things in wee compartments, so we do, because what you see every day could actually, you know, really traumatise you. We adapt and we just don't let you know, so we can't let it affect our home lives.

Within Northern Ireland we're probably seeing a ten percent increase in attendances to last year. Northern Ireland does not have as many alternatives to the emergency department probably than our counterparts in England, we don't have NHS 111 where, in England, probably about ninety five percent of patients will be seen and treated within four hours - within Northern Ireland we probably have about seventy one percent of patients. This is a major area. We have ten cubicle spaces - all ten cubicles are actually full at the moment. And, unfortunately, we've had to move patients out to the centre here. And so these patients will be waiting on beds to go to the ward. It's not ideal. And we don't like that to happen, but we need to keep assessing the patients. The safest patients in the emergency department are the ones that have actually been assessed by doctors and nurses. We are concerned about the ones who actually haven't. And that worries us, whenever our waiting time increases. So we constantly need to keep the movement of patients in and out of cubicles, so we're ensuring that all the patients get seen in a timely fashion. We actually have meals for patients in the emergency department, so we provide breakfast, lunch and an evening meal and even soup and sandwiches in the evening time. That is quite a new phenomenon because, patients, generally when they present to the emergency department, it isn't supposed to be for a long period of time.

Yes my job is challenging, but, I suppose, why do it at all? Because I love emergency care and I want to be able to influence emergency care and I want to be able to make emergency care better. So I want to be the voice of my staff, my most junior staff, and it's having that voice for nursing and the nurses within the department, so that's why I may be that little bit ambitious, because I want to make things better. You know, for the staff and the patients. I love my job, so I do. Absolutely. I love my job because of the patients, because of the team that I work in, and I just love being around people, and I love being able to help people, and it's just being able to know that you've actually done a good job and that you've made a wee bit of a difference in someone's life.