

Excited about emergency medicine

Me ilusionan las urgencias...

Pere Llorens

In a column published by writer Pérez-Reverte back in 2012, titled “Please Do Not Spit on the Doctor”,¹ he described—while accompanying someone in the emergency department (ED), among other things—: “Beneath the signs asking for silence, the shouting is unbearable. The beehive hums with loud conversations, rudeness, discourtesy, and disparaging comments about the functioning of Spain’s public health care system...” And that’s how it is—it’s not uncommon for us, health care professionals, to suffer aggression, rudeness, or unpleasant treatment from our patients. Why? For many reasons: long waiting times, disagreements about medical decisions, not prescribing what the patient requests, not ordering a computed tomography scan, magnetic resonance, or ultrasound, among others. We also receive angry comments of various kinds, often related to non-acute problems for which the system has not provided a solution, and we end up being the final link where the patient turns. However, the third wave of the Health care Barometer conducted by the Spanish Center for Sociological Research (CIS) last October showed that 39.3% of the Spanish population had visited a public ED in the previous 12 months — and that emergency services were rated as the best-valued in the Spanish National Health System.²

On the other hand, it’s common that when emergency physicians decide to admit a patient, that patient doesn’t quite fit within the health care model of our system, which is largely focused on acute episodes and struggles to manage patients with chronic diseases, especially those with complex chronic conditions, in whom there are varying degrees of comorbidity, dependency, and frailty³—or whose current illness affects more than one organ or system, or is associated with social problems—making them “no man’s land.” This often leads to conflicts with colleagues from other specialties, and finding the right place for such patients is not always free of discussions—and, let’s say, sometimes, and only sometimes, they’re not particularly pleasant discussions, or sometimes, and only

sometimes, they generate discomfort or irritation in the department where this “no man’s land” patient eventually ends up.

Working in emergency medicine carries a high risk of adverse events. It’s well known that EDs are among the hospital areas with the greatest risk of adverse incidents. After primary care, we handle the largest patient volume in the Spanish National Health System. The flow of patients is unpredictable and peaks during certain hours, increasing the likelihood of incidents and adverse events. Our work is defined by rapid, time-dependent decision-making, often with limited information about a patient’s history or condition—creating a high-risk environment. In addition, emergency medicine involves high interprofessional interaction, the execution of diverse procedures, and the use of high-risk treatments, all known as latent factors that favor adverse events.^{4,5} These factors, combined with the heterogeneity of our training, differences in competencies, service portfolios, and organizational structures, make it so that errors can occur at any time during emergency care.

And what are we like in the ED? Like anyone in another workplace, we are both “doves and crows.”

We are toxic, spreading conflict wherever we go. We are defeatist, with a low sense of self-efficacy in what we do. We are troublemakers, interrupting the work of others.

We are oppositional, always taking the opposite stance—whatever the reason—always having something to say, whether relevant or not; what matters is voicing our opinion. We are complainers—for us, “the world is unfair.” We speak only to complain about everything without offering solutions. Things never go well for us, we are never satisfied... we believe we are victims of bad luck and unequal treatment. We are absent-minded, unmethodical, and consequently unproductive—we spend too much time looking for things and wasting time.

We are slow—while everything around us moves quickly, our pace is calmer. We are gossipy, poking into matters that don’t con-

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cern us and staying overly focused on other people's personal lives. We are arrogant, thinking we know everything and that we are the best. We are lazy, failing to complete our tasks on time, seeming as though we never have anything to do, interrupting others, and showing little or no willingness to engage. But we are also:

And we are sociable — we enjoy interacting with our coworkers, we view life with optimism, and we like organizing events and socializing outside the emergency department. We are good communicators and interlocutors when problems arise, respected and appreciated by our colleagues. We are visible, we discuss current topics, and we know what our coworkers enjoy. We are charismatic, we know how to listen, we are positive and extroverted. We are perfectionists — we take work home with us, we can't get "that patient" out of our minds, and we're never quite satisfied with what we do. We are inflexible with ourselves and others, holding high standards and zero tolerance for mistakes. We are ambitious, great climbers, we love working on projects. We are idea champions — our minds are boiling with new thoughts and initiatives, we love taking the lead and setting projects in motion. We are multitaskers, able to perform several tasks simultaneously without losing focus and still deliver excellent results. We are efficient, intelligent, willing, and problem-solvers; we know when and how to complete what is asked of us. We communicate well, are loyal and honest, impeccable, highly methodical and organized, with a strong capacity for concentration. We are faithful, dedicated, and committed to emergency medicine — we love our work, stay motivated, and feel deep loyalty to our ED. We are soldiers, devoted and committed, with boundless loyalty. We are willing, always saying "yes" to every request — we never refuse an activity or project, never reject anything. We are comforters.

We are mentors — we combine the multitasker, the soldier, the precise speaker, the loyal one, the efficient

one, the comforter, the idea champion. We enjoy overcoming challenges and possess a strong sense of innovation, showing commitment and responsibility.^{6,7}

And within this often hostile and, let's be honest, not always pleasant environment — how do we endure, protect ourselves from ourselves, minimize the negative impact of this atmosphere,⁸ and stay inspired? By setting realistic, achievable, and rewarding goals that help us find purpose in our work, maintain motivation, and celebrate our accomplishments, however small they may be. We create a positive work environment: striving every day to be more of the mentor version of ourselves, and to distance the toxic, the arrogant, the defeatist, and the troublemaker within us.

We seek growth opportunities, learning new skills, taking on challenges and projects.

We find meaning in our work by reflecting on how we contribute to society, taking deep satisfaction in every problem we help solve for others. We remember the words of the founding fathers of ED, such as Professor Peter Rosen:⁹ "I did something useful with my life — I practiced Emergency Medicine." And those of the younger generation, like emergency medicine resident Dan Sandberg:¹⁰ "Emergency medicine is the 15 most interesting minutes of any other specialty." We also draw strength from our scientific society and its leaders. Let us recall the words of our mentor Dr. Pepe Millá: "I am certain that very soon, once our rightful goals are achieved, our SEMES will fully become a true scientific society — devoted to the proper training of all current and future emergency physicians, and to the pursuit of excellence in teaching, care, and research."

And remember — emergency physicians are specialists in discharges; anyone can admit a patient, but only we can send them home — and that's what makes us unique.

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