Public Relations in the Emergency Department

Cyril T. M. Cameron

PUBLIC RELATIONS IN THE EMERGENCY DEPARTMENT

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Robert J. Brady Co.
A Prentice-Hall Publishing and Communications Company
Bowie, MD 20715

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For information, address Robert J. Brady Co., Bowie, Maryland 20715

Library of Congress Cataloging in Publication Data

Cameron, Cyril T M
Public relations in the emergency department.

1. Hospitals—Emergency service. 2. Public relations—Hospitals. 3. Medical personnel and patient. I. Title.
RA975.5.E5C24 659.2'936218 80-15894
ISBN 0-87619-746-2

Prentice-Hall International, Inc., London
Prentice-Hall of Australia, Pty., Ltd., Sydney
Prentice-Hall of India Private Limited, New Delhi
Prentice-Hall of Japan, Inc., Tokyo
Prentice-Hall of Southeast Asia Pte. Ltd., Singapore
Whitehall Books, Limited, Petone, New Zealand

Printed in the United States of America

80 81 82 83 84 85 86 87 88 89 90 10 9 8 7 6 5 4 3 2 1

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Executive Editor: Richard A. Weimer
Production Editor: Michael J. Rogers

DEDICATION

This book is dedicated to all those who work in Emergency Medicine, or are closely associated with it, or who assist the Emergency Department staff:

Physicians (and especially our radiologist colleagues)
Unpaid helpers (hospital volunteers)
Business personnel (especially secretaries)
Licensed Practical Nurses (LPNs)
Interns (a few still exist!) and Residents
Cardiac Care Unit personnel
Respiratory Therapists
Emergency Medical Technicians of all grades
Law enforcement officers
Aides
Technicians (laboratory, X-ray, ECG)
Internal Services (housekeeping and others)
Orderlies; Ombudsmen
Nurses (RNs) and Nurse Anesthetists
Social Workers

Quite intentionally, and with some etymological serendipity, the first letters of each category of helper spell out PUBLIC RELATIONS, to the improvement of which all of us should in turn dedicate ourselves.

In particular, this book is dedicated to all my colleagues and co-workers, past and present, in the Emergency Department at Samaritan Hospital in Troy, New York.

Foreword

Sometimes, this small section of a book seems like the detonating plunger-box used in blasting. It is connected to the main charge by a conducting wire, and the appropriate impetus can create a very nice result if the dynamite is properly configured. One hopes the plunger is depressed by someone who is positively disposed to do it—and who has "checked out" the subsequent parts of the system.

The analogy above has several components relevant to this specific book. It suggests that the Foreword should put the book in context; that this book should address its subject in a clear, well-ordered fashion; that the book will benefit the reader, and that the writer of this Foreword has really read the book.

To deal with the last item first, I *have* read this book—three or four times. It is good reading, and it addresses a subject which is all-too-often downplayed or ignored by "professionals" when dealing with "patients."

In the setting of episodic medical encounters, the patient is often forgotten. The disease process is too frequently the focus to such a degree that the patient becomes the disease. Our orientation is to "through-put", to "processing", to efficiency, to systemization, routinization, and cost-effectiveness—in fact to almost *anything* except the humanization of this important moment in the experience of that fellow human whom the malign gods have decreed to be, now, a "patient." In our zeal to be efficient and effective; in our psychologic need to deny in our own heads that *we* could ourselves be dependent upon others; in our self-hidden fears and doubts of our abilities to help, we sometimes become—or seem to be—detached to the point of coldness or aloofness. Patients sometimes never share in the driving humaneness that made us be health professionals in the first place. We are too busy defending ourselves from the doses of misery that are the part of the human condition in which we've *elected* to involve, and which we seek, to ameliorate. We have chosen to care for, work with, and be part of the human melange of fear, blood, pain, and of the quick and the dying—and never to be wrong. That's a helluva heavy number, Harry.

This book is a "how-to" volume. How does one establish rapport in 30 seconds? How does one let patients know we *are* involved with *them*—not their diseases? How does one gain the instant introspection and sensitivity so vital in the therapeutic interaction? After all, that is what interpersonal relationships are—especially in episodic medical care. Our patients are frightened people, hurting in some way, facing an unknown situation with an ill-defined outcome, dependent on strangers with unknown skills who will probably cause more pain. Our patients haven't the sophisticated discriminatory skills to be effective self-advocates able to make appropriate judgments for themselves. They *expect* us to be competent. They bet their lives and limbs on that expectation. Part of our own *angst* is that we feel the burden and bear the onus for meeting that expectation.

This book tells us how to deal with ourselves and our patients in our patients' emergencies. It is the distilled reflection of a thoughtful, introspective, mature physician on a lifetime spent in the care of people. Cyril Cameron is a person with a highly polished ability to communicate. His background is wide and varied. He has been a teacher, practitioner, physician, and patient. All of these experiences have been culled for the kernels of truth that impact on his subject, and this book is dynamite—properly configured.

The plunger has now been depressed. All the components are in order and working. It is hoped that the plunger-box is connected to the charge. Read on—you will have a blast!

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January, 1980

Preface

From discussions with hundreds of people, both outside and within the medical profession, it is evident that there is scarcely a person in the United States who does not have some "horror story" to tell about the care received in an Emergency Department somewhere. As told to me, some of these incidents were experienced personally, some were observed to happen to a friend or relative, and some were purely hearsay. This is not to say that people do not have similar stories to tell about their treatment in hospitals or in offices by surgeons, physicians, family practitioners, dermatologists, or indeed by the members of any other branch of the profession. However, as a specialist in Emergency Medicine, I am interested more in any complaints directed particularly at the treatment given in any ED to any patient. Most of the "horror stories" do not involve the quality of the medical care, but are more likely to be related to some incident that occurred while that care was being rendered. This book is written with the aim of helping all ED staff, especially physicians and nurses, to improve their relationships with patients to reduce the incidence of complaints and ED care.

The practice of full-time Emergency Medicine is an experience which is at various times joyful, tiring, frustrating, rewarding, humorous, and heart-breaking; but I have never found it dull. I have profited immensely from various contacts with all types of people and all diseases, far more so than in my previous 20 years of general surgical practice, both academic and private. For the first time in my life I have been forced to learn a great deal more about public relations than the average practicing physician knows. Many of these things a physician should know if he or she is to practice medicine in the best interest of his or her patients.

In committing my ideas to writing, I have been able to recognize not only the faults of others but also my own weaknesses. Most of the latter I have been able to correct, and some I am still trying to eradicate; a few though, by the very nature of man, I shall be unable to erase completely. Although I am still learning, I know that my understanding of, and relationships with, patients has improved greatly as a result of practicing Emergency

Medicine. For the benefit of any readers outside the medical profession, I must explain that a physician continues (or should continue) to learn for all of his practicing days. There is never a time when a new disease or a new set of circumstances requiring the exercise of a new technique in public relations may not present itself.

Having had the opportunity to observe Emergency Department care in hospitals of varying sizes throughout the United States, I noted that, while medical care in general has a high standard, the public relations aspects of this care often leaves much to be desired. Ruminating, I realized that this was not to be unexpected for two particular reasons. First, medical care is stressed in student and post-graduate training, but the subject of medical public relations is almost completely ignored. Secondly, good public relations come naturally to few if any people, and rarely to those, such as physicians, who may have been taught or may have come to believe that they are of especial importance. A physician who performs well is in no real way superior to any other person who also performs well. A physician who performs poorly is inferior to any person who does a job well.

This book is based largely upon my observations of the staff and patients in one particular Emergency Department, upon frequent visits as a surgical consultant over a period of several years to a major teaching hospital ED, and upon varying periods, from a few days to a month, spent in many other EDs in several states.

My own impressions have been strengthened by discussions with many physicians, nurses, patients, EMTs, aides, orderlies, residents, students, administrators, and public relations officers. Much of the book's content is necessarily subjective, and some of it may not be entirely in accordance with the observations of others working in the same field. I am also well aware that many of my observations are colored by the attitudes, expressions, impressions, and general characteristics of the patients and the staff of one particular ED. However, almost all of what follows will apply to every ED.

I believe that those of us who practice Emergency Medicine, by continued exposure to large numbers of patients and to an unending variety of medical and social conditions, are more likely through necessity to develop good public relations than most members of the profession. (I use the term "profession" to embrace all the members mentioned in the preceding paragraph.) I ask my readers to agree with only one of my many positive

statements: all of us need to improve our public relations, and all of us need to practice our improvements continually.

The case reports in this book are all factual. Most I have encountered personally or have seen in consultation; all have been so altered as to preserve anonymity and professional confidence. Some of the cases have been reported to me by colleagues in this and other countries.

To any members of the public who may read this book, let me explain the term "Emergency Department," which you usually know as "Emergency Room". Years ago, ERs were often just that—one or two rooms where a few patients were seen every day. Now, EDs consist of several rooms, contain great quantities of modern equipment, are usually staffed by skilled, fully-trained physicians—not just by interns as was done before—and nurses with special training, and are capable of handling every condition from toothache to the most serious injuries.

Because of my love and understanding of English, readers will not find in this book such current and (to me) nauseating terms as "delivery of health care", "consumer of health care", "portal of entry into the health care system", and so forth. Medical advice or treatment (health care) on the other hand, is provided (delivered) to patients (consumers) in EDs, offices, and others (portals).

I prefer to write in English rather than in the American dialect, but have tried to use the latter spelling and syntax in most cases. However, all quotations attributed to other people are recorded exactly as said, however ungrammatical. For the benefit of non-medical readers, quotation marks in reference to what a patient or another author has said indicate that those were the exact words used by that person.

The paucity of references is an indication, I believe, not so much of my lack of searching as to the little attention the medical profession has so far paid to public relations. The fact that almost one-third of the references are to the author's own publications may indicate a desire to reiterate his own utterings or to be proof of the previous remark. In any event, an author quoting his own works is unlikely to misinterpret them.

I do not pretend to have discussed every conceivable aspect of PR in the ED in these few pages. However, I believe that I have covered the important ones.

Some books are written to make money; this one certainly is not. All books, I believe, are written primarily for their authors'

enjoyment; this one certainly is. Nonetheless, it contains certain essential lessons in public relations for all members of the medical profession, and even a few for the public.

We emergency physicians, supported by all our co-workers may, I believe, feel justifiably proud that we are the last group of physicians who will see any and every patient at any hour of the day or night.

List of Abbreviations

ACEP	American College of Emergency Physicians
AMA	American Medical Association
BP	Blood Pressure
BUN	Blood Urea Nitrogen
CBC	Complete Blood Count
ECG	Electrocardiogram (traditionally abbreviated EKG)
ED	Emergency Department
EDNA	Emergency Department Nurses Association
EMT	Emergency Medical Technician
ENT	Ear, Nose, and Throat (surgeon)
ER	Emergency Room
IV	Intravenous (infusion of fluid)
JCAH	Joint Commission on Accreditation of Hospitals
PR	Public Relations
PRF	Patient Resistance Factor
UAEMS	University Association for Emergency Medical Services
VD	Venereal Disease

CONTENTS

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Public Relations in General

THE NECESSITY FOR GOOD PUBLIC RELATIONS

It has been estimated that over 60 million visits will be made to Emergency Departments in the United States during any particular year.[1] This does not mean that every fourth person will seek ED treatment, because many people will make several visits, having no other physician available or willing to provide medical care. Many of these people will be seeking medical treatment for themselves or relatives for the first time in their lives, or at least for the first time in many years. Accordingly, any one patient's entire impression of the medical profession, and of the particular hospital concerned, may often be formed from a single visit to an Emergency Department. The importance of that care, therefore, cannot be over-emphasized: the ED is the hospital's greatest public relations forum.

As a medical student in Australia, I was taught that "it's not what you do for a patient, it's how you do it that counts." In other words, the public relations aspects of the care are of extreme importance. The expression also makes reference to the fact that most of our patients (probably 80 percent of all who seek medical care) would recover from what ails them without any treatment other than a sympathetic or understanding ear. Furthermore, the expression indicates indirectly that patients are probably more likely to follow the treatment plan of a physician in whom they have confidence than one whose manner did not impress them favorably.

Judith Matthews,*[2] a multi-talented young woman (with degrees in education and nursing; a teacher of paramedics) takes the Australian expression a step further. She states that it is really

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*Roommate and wife of Carl Jelenko (so-called with her permission).