Chapter 5

The Patient/Provider Relationship in Emergency Medicine: Organization, Communication, and Understanding

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ABSTRACT

Emergency medicine is a rapidly developing medical specialty which focuses on the diagnostic process, initial stabilization, and the treatment of patients suffering from acute illnesses or injuries. Emergency care can be provided in prehospital settings by emergency medical services, as well as in emergency departments. The primary providers of emergency care are: emergency medicine physicians, emergency nurses, and paramedics. Emergency medical personnel are required to be prepared to take decisive action at any time of day or night. It is essential for them to possess basic knowledge relating to psychology and an ability to utilize interpersonal communication skills. A critical role of medical workers in emergency settings is to provide a patient with emotional support coupled with medical assistance. Interpersonal communication skills depend on the personal abilities of an individual, however, these skills can be also enhanced through training and work experience.

INTRODUCTION

In this occupation, emergency medical staff frequently confront human tragedy. It is essential for them to possess basic knowledge relating to psychology and an ability to utilize interpersonal communication skills. Emergency medical personnel trained in the practice of interpersonal communication and

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psychology are able to establish a relationship with a patient based on trust. This type of bond helps to build a relationship between the patient and the medical professional that creates a level of comfort between the two parties. This level of comfort creates a situation where the taking of a patient’s history, performing a physical examination, or the starting of treatment, all become easier for both the patient, and the medical professional.

Working long shifts under difficult circumstances, frequent emotional involvement at work along with exposure to chronic stress, can lead to the emotional and physical exhaustion of emergency medical personnel. All these factors can be the cause of the development of professional burnout syndrome. Depending on the level of the advancement of burnout syndrome, proper steps should be taken by an employee, in order to regain a physical and mental balance. Treatment of burnout syndrome is based on rest and the establishment of the proper work/life balance. When an individual has reached the most advanced stage of this condition, professional counseling is required.

Due to exposure to chronic stress, resulting in burnout syndrome, many changes occur in the body’s physiological pathways. These changes can ultimately lead to a deterioration of an individual’s general health and the development of a number of serious diseases. The diagnosis of burnout syndrome involves psychological questionnaires and laboratory tests.

The diagnosis and prevention of burnout syndrome plays a crucial role in highly demanding professions, such as emergency medicine physician, emergency nurse or paramedic. In order to promote the prevention of this syndrome, it requires regular access to counseling, training in coping with difficult situations, and learning to maintain a work/life balance. The prevention of burnout syndrome should be the result of mutual cooperation between an employer and his/her employees.

Emergency medicine plays a vital role in the field of health promotion. Emergency medical personnel because of their education and training, are well equipped to provide the general public with basic information regarding first aid in case of emergencies. These educational programs are frequently organized for children in schools, employees in their workplaces, or among volunteers interested in this matter. Educational programs in first aid and basic life support aim to provide the general public with medical knowledge, which may now, or in the future prove useful in saving lives.

Emergency Medicine in Poland: How It Started

In November of 1999, a government program entitled, “Integrated Emergency Medical Services”, began in Poland. The program primarily included the creation, as well as, the formation of the organizational structures of the emergency departments including the training and development of specialized medical personnel. Simultaneously, new structures pertaining to prehospital emergency medical services were developed. These developments initiated the creation of a new wide-ranging emergency medicine system.

The state emergency medical services law (Ustawa, 1868) was adopted in 2006, and it altered both Polish emergency medicine and the emergency medical services system of the country. The law defined, in a straightforward manner, the composition of the system which included the emergency departments and prehospital emergency medical teams.

Structurally, the law’s goals were the integration of the units within the emergency medical services system, and the continuing educational and professional development of the specialized groups of medical staff working in the system. Another objective was to establish the positions of emergency medicine specialist (physician), emergency medicine nurse, and licensed paramedic. The last of these professions,