

FIRST IMPRESSION OF THE ED FROM A MEDICAL STUDENT'S PERSPECTIVE

My first impressions of the emergency department as a fourth year medical student were that it was a chaotically scary and overwhelming place. I did not expect the ED of a regional hospital in Tasmania to be so fast paced, and I was incredibly daunted as a result. I found myself hesitating, looking like a fish out of water; I had rarely felt so lost and awkward. What should I do? Where should I stand? How could I look like I was doing something important and not get in the way? I had no idea what was expected of me.

The uneasy feeling last about 15 minutes, until I could get a chance to break into a conversation involving the emergency specialist who was on that afternoon. Once I had stumbled through introducing myself, I was immediately put to work: 'please go and see the 52 year old female with abdominal pain'. What a relief, there is no nothing worse as a medical student than feeling useless and in the way. I would prefer to be given the task of cleaning up spilt urine than to feel like that. I went off to take a history from my first patient, while in my head the running through the various causes of abdominal pain in middle-aged females. Could it be biliary colic? Perhaps appendicitis? Unfortunately her history did not seem to fit any of the various molds I had conjured up in my head, I went back to the emergency specialist feeling silly, I had no idea what was going on. 'Non-specific abdominal pain' he said, a common phenomenon and something we see here very regularly.

Is this what ED often involved? Dealing with patients with vague complaints that did not seem to fit any textbook diagnosis? If so, it seemed like a difficult job. I said this to the emergency specialist, and he explained to me that yes, there's a lot of uncertainty that comes with the job and often you will not make a diagnosis. In fact, making the diagnosis is not really what your role is, your role is to consider the serious causes; diseases and injuries that may cause harm or even kill patients if they are not ruled out or dealt with immediately. That is the major responsibility of an emergency doctor.

It made sense, and as the shift went on, I kept this concept in mind. The next patient I was involved with was a man who had lacerated his forearm in a suicide attempt. I eagerly observed the approach taken to rule out life threatening problems and imprinted in my mind the fundamental primary survey.

Now a year later, I feel more confident about what my role is and how I fit in with the running of the emergency department. No two ED shifts are alike, and I am constantly learning and experiencing new challenges. To summarise the ED from a medical students perspective; it's exciting, it's perplexing, and it is always unpredictable.

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