

diagnosis in a timely fashion. Detailed observation on the development of disease, practical and timely surgery, prevention, disposition of the syndrome and complications from the trauma, etc. are discussed.

Key words: bronchus; diagnosis; rupture; trauma; treatment

Prehosp Disast Med 2001;16(2):s92.

Does a Staff's Manner of Dress Influence Patient Perception of Care in an Emergency Department?

Gurkan Ersoy, MD, Aka Ulug Trakyalı; Huriye Gumus; Vefa Cakmak; Yasr Yildiz

Izmir, TURKEY

Objective: Emergency medicine training programs are a very new phenomenon in Turkey. To help formulate a set of standards for the branch of Emergency Medicine, as well as to bolster our position as one of the best hospitals in the country, we have conducted a prospective study. In this article, we investigate whether the staff's manner of dress influences patient perception of care in an Emergency Department.

Methods: Our centre is a community teaching hospital, and the medical care is handled by attending physicians, nurses, paramedics, and sixth year medical students. Everyday, an average of 100 patients are admitted to the Emergency Department. For the purposes of this study, three medical students were settled in the triage area of the centre during the night shift during a six-day period. All of the staff were informed previously about the study. For the first three days of the study, all of the medical staff that care for patients wore formal wear (white shirt, necktie, pantaloons, etc.), and for the last three days, they wore casual clothes (sweat pants and sweatshirt, etc.). As soon as the medical care of the patient was finished, he or she was given the standard questionnaire to be completed, and was asked to give a rating from 1 to 10 concerning his or her opinion of the clothes worn by the staff before being discharged. The main question was: "Did the way of dressing of the staff affect your feelings towards the medical care that you received?"

Results: A total of 116 patients were surveyed. A total of 60 were male and 56 were female. A total of 87 patients (75%) gave a rating of >8. Twenty (17%) patients gave a rating of <8, and the other nine patients (8%) had no comment. All the patients were categorised according to their gender, their education, job, marital status, and age group. We perceived that there was not a statistically significant difference between any group.

Conclusion: Despite the small size of the study group, a tentative conclusion still can be drawn. The staff's way of dressing does not seem to affect patient's perception of care in our Emergency Department. More extensive studies are required for more definite conclusions.

Key words: appearance; clothes; dress; emergency department; perceptions; staff

E-mail: gurkan.ersoy@deu.edu.tr

Prehosp Disast Med 2001;16(2):s92.

Diagnostic Concordance in Discharges with Thoracic Pain at a Hospital Emergency Service

Emilo Montero Romero; I. Garrido Auz; M. A. Mantilla Sanz; J. M. Sousa Vaquero; C. Barba; M. L. Mendndez Calle; T. Alvarz Seguara; A. Caballero Oliver;

Seville, SPAIN

Objectives: To know the diagnostic concordance in discharges of patients evaluated for Atypical Thoracic Pain and Stable Angina at the Emergency Section of the Critical Care and Emergency Service.

Methodology: Observational transversal study of discharges with a diagnosis of atypical thoracic pain and stable angina, including haemodynamic angina, during a period of seven weeks, from 08 May to 25 June 2000. A Clinical Story data sheet was designed that included: 1) vascular risk factors; 2) requested complementary tests; and 3) patient's disposition. A phone survey was carried out 30 days later among all the patients included in the study. The following events were assessed: 1) death due to heart disease or sudden death; 2) admission for an acute infarct of the myocardium; 3) unstable angina or malignant arrhythmias; 4) consultation at the Emergency Service for the same reason with a different diagnosis; and 5) ischemic heart disease diagnosis in consultation with the Cardiology Service.

Results: The total number of discharges evaluated was 106. Of these, 93 (88.7%) had a diagnosis of atypical thoracic pain, 9 (8.5) of stable angina, and 4 (3.8) of haemodynamic angina. The average age was 52.7 years; 56 cases (52%) had no vascular risk factors, and only six cases showed the four factors gathered: tobacco habit, arterial hypertension, diabetes, and hyperlipemia. An ECG was recorded in 90 patients (85.5%), and X-ray of the thorax was taken in 83 (78.3%). A CPK level was measured in 63 patients (59.4%) and troponin levels in just 4 (3.8%). Three types of events occurred: 1) corresponding a consultation with a different diagnoses in the group of atypical thoracic pain; 2) unstable angina; and 3) death. This latter case was a senile female patient with serious co-morbidity.

Conclusions: The low number of events that occurred indicates an acceptable diagnostic concordance for the thoracic pain in our Emergency Service. The general use of ECG in these patients would be desirable.

Key words: angina; atypical; chest pain; concordance; diagnoses; electrocardiogram; events; heart disease

Prehosp Disast Med 2001;16(2):s92.

Anesthesia for Local Treatment of Burns in CHU Tokoin (Lomé)

Ouro Bang'na Mamam; Aboudoul Eastaou
Lom'e TÔGO

Objective: We undertook this work to evaluate the pain experienced by burned patients, in order to study the techniques used for the provision of analgesia during the time of baths and bandaging while holding amount of our environment, so as to demonstrate the advantages and inconven-