

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

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

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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

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

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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 troponine 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

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

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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-

niences bound to this technique.

Method: We performed a prospective survey from 01 February 1999 to 31 January 2000. All patients included were of either sex that had sustained serious burns for which the local treatment was done under general anaesthesia using ketamine, 2mg/kg, IV with spontaneous ventilation.

Results: A total of 60 patients, 33 female and 27 male, were included. The age ranged between 8 months and 60 years with 35% between of 0 to 5 years of age. The level of pain experienced was assessed for each of the patients: 15% signalled small pains; 30%, strong pains; and 55%, "atrocious" pains. 63.3% were very relieved of their douleurs; 6.7% experienced tiredness, even though the analgesia was sufficient; 30% could not express their point of view because they didn't have access to the language (preschool age). Undesirable effects associated with the technique occurred in 12 neurologically troubled patients: leses (delirium and hallucination) were experienced by 10%, follow-up of qualms and vomiting by 6.7%, and dizziness by 3.3%.

Conclusion: This technique deserves to be known and mastered by all anesthetists. This work permitted us to appreciate the level of pain experienced by burned patients at CHU Tokoin, and to deal it with means that we arrange. In a general way, this technique of analgesia increases the comfort of the patient, reduces the stress, gains time for taking care of it at the time of provision of the local cares, augments the acceptability of the treatment by the patient and the renewal of confidence of the patient for the personnel providing the care.

Key words: analgesia; anaesthesia; burns; care; comfort; effects; ketamine; treatment

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Experiences Using a Simulation Model for Training of Hospital Management in Major Accidents and Disasters

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Introduction: There are many well-established methods for training of prehospital management and performance in major accidents and disasters. However, very few methods have been developed for the training of the work in the hospital. There is a demand for such training, because of the increasing imbalance between available resources and need of resources created by an increasing need of medical care parallel to efforts to reduce costs.

Bringing consultants into the hospital is expensive and interferes with normal hospital activities; thus, it must be restricted. With plain computer simulations, it is difficult to illustrate a realistic situation to motivate the staff sufficiently.

Methods: Based on a previously demonstrated method for prehospital simulation with movable magnetic symbols and markers on white-board screens, a model has been developed for hospital management, in which all staff in com-

mand and coordinating positions can be trained interactively. Each training session gives a measurable result expressed in avoidable deaths and avoidable complication of different degrees. This method now has been used in exercises for 1,800 participants, 1,400 on national level, and 400 on international level organised by the WHO, EU, and countries in different parts of the world.

Results: The sessions were evaluated with regard to their accuracy and value, and when the same participants repeated the session, the results were compared. The value generally was very high (4.8 ± 0.4 and 4.4 ± 0.6, respectively, on a scale 1.0–5.0). When repeated training sessions were performed a significant improvement of outcome was registered.

Conclusion: The model so far has shown to be both accurate and valuable, and can be recommended for use for this purpose.

Key words: command; coordination; disaster; hospital; management; model; multicase incidents; simulation; training

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Work-related Burns: Eight Year Retrospective Study Bouelmik Mnarin; Elmi Hassen; Meberzi B; Messadi A

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A retrospective, multifactorial, epidemiological study of patients with burns injuries that occurred during work, who were admitted to the intensive care Burn Department in Aziza Othmana's Hospital, during a eight-year period from January 1992 to December 1999, was undertaken. A total of 316 patients with work-related burns were admitted. The mean of the patients' ages was 32 years. Males accounted for 91.5% of these admissions.

The mean value for the percentage of body surface area burned was 35%. Electrical burns were found in 116 cases (36.7%), chemical burn in 11 cases (3.5%), and thermal burn in 189 patients (59.8%). The mean time in the hospital was 16 days and 41 patients (13.0%) died as a result of their injuries.

Work-related burns are frequent and represent 26% of all admissions and have a high mortality rate (12%). More effort must be done to improve prevention of burn injuries during work.

Key words: burns, work-related; chemicals; electrical; mortality; thermal

The United States Public Health Service Noble Training Center

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The United States Public Health Service (USPHS) Office of Emergency Preparedness (OEP) is converting what was the 100-bed Noble Army Hospital, into the USPHS Noble Training Center (NTC). This facility, located on 20-