

Multitasking in the Emergency Department, is it feasible? Van Asbroeck PJ, Hendrickx I, Schwagten V

Department of Emergency Medicine, Jessa hospital, Hasselt, Belgium



Background:

Imagine yourself in your Emergency Department on a very busy winter evening. You are running from examination room to examination room, convert an atrial fibrillation, anesthetize a wound, when the ambulance arrives with a 20-year old in persistent ventricular fibrillation. Doing this all together demands a lot of you.

Do you multitask or not?



We perform task switching instead of multitasking. True multitasking is only possible when two tasks are automatic, for example walking and talking.

Non-automatic tasks require conscious, deliberate attention and are limited to the capacity of working memory. Providers often perceive that they are multitasking when in reality they are often task swtiching.

Novice practitioners may not be able to react to a sudden clinical change while intubating a patient. They are required to task switch.

In contrast, an experienced clinical may be able to multitask to make a diagnostic or therapeutic decision while performing the intubation.

Tips for improving patient flow and task switching:

- If all patients are stable, initiate simple cases before engaging more complex ones. For example send an ankle to X-ray, anesthetize the wound you plan to close, then initiate your assessment of the 90-year-old patient complaining of feeling weak and dizzy for the past decade.
- Fasttrack is fasttrack, but recognize the zebra's
- Benign neglect: is diagnosing a tumor with a demented 92-year old COPD-patient useful?
- Refer quickly if diagnosis is obvious
- Don't forget yourself, and plan breaks. You need short windows of time to attend to your basic needs.



- Create no interruption zones. Giving the increasing body of literature documenting the association between errors and interruptions it is reasonable to create closed working spaces where physicians and nurses can work without being disturbed.
- Make use of all available spaces. People that can wait in the waiting room should wait in the waiting room.

Conclusion:

We perform task switching rather than multitasking when working with patients. It is important to take short moments for yourself which may help recharge and refocus.