

Patient Education in the Emergency Department

Evaluation of methods, target groups, and costs of discharge instructions

1. Providing discharge instructions to patients is an important part of care in the Emergency Department. (*This thesis*)
2. Verbal discharge instructions only are not enough, as it will lead to insufficient comprehension and recall of those instructions. (*This thesis*)
3. Even though reported post-concussion symptoms increase, written and / or video discharge instructions should be added to verbal discharge instructions in MTBI patients because they achieve less return visits and higher patient satisfaction. (*This thesis*)
4. Mild traumatic brain injuries have severe consequences for daily functioning and participation, especially at work with increased risk of reduced work performance and sickness absence. (*This thesis*)
5. Research on discharge instructions is challenging because by doing research you will influence the treating physicians and nurses and thereby influence the effect to be studied. (*This thesis*)
6. A physician often does not realize enough that the patient's perception of 'emergency' is not the same as the doctor's perception of 'emergency'.
7. The use of point of care ultrasound in the Emergency Department improves quality of patient care.
8. Casino shifts are the answer to improve physician wellbeing at work.
9. All emergency medicine residents should have a mentor. Physicians with a mentor are more confident and have improved career satisfaction and development.
10. Think twice before running a marathon.
11. You'll never walk alone. (*Lee Towers*)