

Coping with Admissions: The Art of Disguise

[“The 7 Stages of Grief When Faced with an Admission”](#) struck a chord with many of our admitting medical providers out there. It is a new year and with a new year there are new ideas, and this year we hope to help our admitting providers cope with the stresses of admissions. In this review, we delve further into one common but still underutilized coping mechanism: the art of disguise.



Try to look like this in the emergency department

Most would argue the primary objective of an admitting provider is to transition a patient from the emergency department to a medical, surgical, or intensive care unit (ICU) for the purpose of further diagnostic work-up and therapeutic intervention. This is false. The primary objective of an admitting provider is to GET IN AND GET OUT of the emergency department AS QUICKLY AS POSSIBLE without being seen by any ED personnel. Any other objective is merely secondary. This includes patient care.

Many admitting providers have fallen victim to the ER. The ER is loaded with snipers, picking off admitting providers with unexpected curbsides and lemme-run-something-by-yous (LRSBYs) that ultimately lead to further admissions. (Beware of pleasantries: these are admissions masked by superficial banter.) ER booby traps, blitzkriegs, and bouncebacks have the potential to eliminate some of the most effective admitting providers. Disguise is a mechanism by which an admitting provider can try to protect himself or herself from being ambushed in enemy territory. Disguise is a way to keep admitting provider casualties to a

minimum.

The most successful admitting providers are trained in the arts of ninjutsu and parkour. They bring a patient in without ever being seen or heard in the emergency room. They always choose the path of least resistance. They know the quickest route between an ER entrance and a patient room, even if it requires dive rolls, wall flips, or crawling through air ducts. They also provide crucial intelligence for other admitting providers: “Johnson is working tonight; he’s a sieve.”

Equally as important as elusive, fluid, and stealth movements are choices of physical disguise. Admitting hospitalist Christina Ball explains.

“If you walk into the ER with [scrubs](#), a [white coat](#), or a [stethoscope](#), you’re a sitting duck,” explains Ball in a low whisper. “You’ll be finished just like that.” She snaps her fingers. Today, Ball has chosen to dress like a patient’s family member. She has skillfully concealed her [pager](#), phone, and stethoscope in an over-sized purse. She enters the ER, looking lost, and over-exaggerates a southern accent. “Excuse me, y’all? I’m a little lost. I’m the third cousin removed of Mr. Jones, where might he be? I’m so concerned about him!” As Ball is led to see her patient, she looks back and winks. *Just like that.*

The art of disguise is one of the most crucial disciplines in the art of medicine.

There are many effective disguises. Some successfully utilized disguises include: hobo, janitor, dining service employee, security, first-year medical student, police officer, circus clown, ninja, taxi driver, lion tamer, mime, Charlie Brown, Optimus Prime, and even [Darth Vader](#). No matter what disguise you choose, the underlying principle remains the same: Don’t look like you might be admitting a patient and you’re as good as gold.

However, there are times when despite one’s best movements and disguises, an EM provider is astute enough to discern a potential admitting provider. Short of neutralizing such a threat, it is best to have a backup plan to ensure a fighting chance of escaping the ER unscathed.

“If my life is in danger, I scream, ‘ABORT MISSION, ABORT, ABORT!’ and use a flash bang to make a quick escape,” states covert admitting physician Jean Payne, who plans to cause a power outage in a few minutes and enter the ER with

infrared goggles to locate his patients. "I can't tell you how many times I thought I was a goner." He starts to shed a few tears, his ER-induced post-traumatic stress disorder (ERI-PTSD) coming back in full force. "But I'm alright... I'm alright."

Now that we've explored the art of disguise, go stretch, find your best get-up or costume, and get ready to deceive your ER personnel. This is your survival at stake! Be safe, be nimble, and be smart! NOW GO GET'EM!!!