

Alberta Doctors' Digest

Misuse of emergency room services

ER overcrowding has far-reaching effects

While we were somewhat aware of the challenges facing emergency rooms through our personal experiences before medical school, our training has given us deeper insight into the systemic impact of ER overcrowding, revealing its far-reaching effects on the entire health care system. As highlighted by Paul Parks, immediate past-president of the AMA and emergency physician, emergency rooms across Alberta, particularly in Edmonton, are consistently over 150% capacity, [creating delays for critically ill patients and contributing to provider burnout](#).

While many systemic issues drive this crisis, one often-overlooked factor is the misuse of ER services. As medical students (both authors in their second year at the University of Alberta), we are trained to recognize true emergencies and differentiate them from conditions that could be managed in other health care settings. However, despite widespread awareness among physicians about ER overuse, addressing this issue remains challenging.

In this article, we explore ER misuse from a medical education perspective and discuss what can be done at both the student and systemic levels to improve patient triage and health care resource utilization.

The medical school perspective: a shift in focus

In our training, there is a strong emphasis on recognizing what constitutes an emergency rather than an in-depth exploration of pathophysiology, which was more heavily emphasized in past curricula. This reflects the growing need for physicians to make rapid, effective triage decisions.

However, this knowledge is not universally shared among patients, many of whom may not realize that their conditions do not require immediate ER attention. Patients often present with minor ailments due to a lack of access to primary care, a desire for expedited specialist referrals, or uncertainty about what symptoms truly warrant emergency intervention.

This highlights a gap between what we learn as medical trainees and what patients understand regarding when to seek emergency care.

Contributing factors to ER overuse

While limited access to family physicians and urgent care facilities plays a major role, many patients also turn to the ER due to a lack of awareness about alternative options. As students, we frequently discuss cases where patients present with minor conditions, unaware that walk-in clinics, urgent care centres, or even a call to Health Link (811) could provide appropriate guidance. Additionally, some patients believe that visiting the

ER will fast-track them to a specialist or ensure quicker diagnostic imaging, further contributing to unnecessary visits.

These misconceptions not only lead to ER overcrowding but also divert critical resources away from those who need them most.

Solutions at the medical student level

While we do not yet have the authority to change health care policy, medical students are uniquely positioned to address ER misuse through education and advocacy.

- **Community outreach and education:** Engaging with patients through school initiatives, public health campaigns, or social media to raise awareness about when to seek emergency care versus alternative health care options. Educating the public on what symptoms truly require ER intervention could significantly reduce unnecessary visits.
- **Clinical encounters and patient education:** As we progress in our training, we interact with patients in clinical settings. Using these opportunities to educate patients about primary care resources and the proper use of emergency services can have an impact at an individual level.
- **Advocating for curriculum enhancements:** Encouraging medical schools to include more structured training on patient triage and system navigation. Ensuring future physicians are equipped not only to recognize disorders and emergency presentations, but also to guide patients toward appropriate health care access points. Some of this compromises the on-the-job learning in medical student clerkship years (third and fourth year at the University of Alberta), however having this as a formal curriculum standardized for each student earlier on in medical education may contribute to improvements.

Often patients are told to seek care from their family physician when they are inappropriately present at the emergency rooms, but many patients don't have a physician and walk-in clinics are unwilling to serve these purposes. Some patients don't even know how to go about finding a family physician beyond a Google search, as this is not a skill that is taught. Teaching medical students this allows them to act as a resource for patients, even prior to becoming physicians and entering the workforce.

System-level solutions

Although addressing ER misuse is not solely within our control as students, understanding broader systemic solutions is crucial. Some strategies that health care leaders could implement include:

- **Expanding primary care accessibility:** Increasing the availability of urgent care centres, extending hours for walk-in clinics, and strengthening nurse practitioner-led clinics could provide viable alternatives to the ER.
- **Enhancing public awareness campaigns:** Government-led or hospital-led education campaigns targeting common misconceptions about ER use.
- **Developing effective ER triage systems:** Implement policy to divert non-life threatening patient presentations from the ER to the most appropriate setting such as an urgent care centre or family physician's office. More patients should be made aware and use the nurse triaging available, though we should ensure they know that in life-threatening emergencies they should call 911 right away.

Insights

As medical students, we are trained to recognize emergencies, but this knowledge must extend beyond our cohort to the public. Bridging the gap between what we learn and what patients understand about emergency care is a critical step in reducing ER misuse. By taking an active role in patient education, advocating for improved triage training in medical curricula, and collaborating with health care professionals, we can contribute to a more efficient and accessible health care system.

Addressing ER misuse is not just a responsibility for hospitals and policymakers, it's a challenge that all members of the medical community, including students, must work together to resolve.

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