

Interpersonal Skills and Professionalism

Professionalism: Professional status, methods, character, or standards.

Eighty-five percent of your success at your job will be from your interpersonal skills. Only 15% of your success will come from your technical skills. (Dan Miller. Forty-eight Days to the Job You Love). Good clinical skills require good interpersonal skills.

Health Care Team Members

- Patient
- Family/friends
- Patient's physician
- Transferring physician
- Nurses
- Patient care technicians
- Medical Receptionists
- Environmental services
- Respond / Psychiatric Menagerie
- Social Work Services
- Consultants
- Service center personnel
- Valet Parking
- Security
- Informatics
- Laboratory Services
- Billing
- Administrative assistants
- Hospital Administrators
- EMS – Metro, Others
- Life-Flight/Air-Evac
- You

You have the honor and privilege of leading the health care team when a patient comes into the ED where you are working.

- They are in your “home”
- Treat them as a guest in your home
- Emergency Medicine is perceived more as a “service” with the product being emergency health care and information about disease.
- Treat them like you would like a member of your family to be treated
- “Character of the team reflects leadership” Julius Campbell, Remember The Titans

1. Patient/Family

- The opening – It takes 10 seconds for the patient/family to form their impression of you
 - Introduce yourself (name and position)
 - Apologize for the wait...says...your time is important.
 - If the patient or family is upset over the wait or a bad interaction with registration, security, triage nurse, or whomever, let them voice their issue. It will be hard for them to give you any useful medical information until they are heard.
 - Shake hands (with appropriate grip) with the patient and entire family/group of friends (respect cultural differences)
 - Make eye contact with everyone
 - Identify the relationship of everyone in the room to the patient
 - “Are you family? – Friends?”
 - If they are family “How are you related?”
 - If a physician calls in, let the patient know that “Dr. Jirjis called and let us know you were coming.”
 - If they are stable, sit or kneel down – preferably lower than the patient
 - Create perception that you have been there a long time-->
 - Touch the patient frequently
 - Let them know the plan and approximately how long it should take

- Have the family find you in a time frame that is reasonable to check on a pending test: “Come look for me in about 30 minutes so I can check on the x-ray.”
- Can I get you a pillow, blanket, cup of coffee, a chair (get it yourself-Thurman Rule #15).
- Listen, intermittently summarize so as to demonstrate you are listening, but more importantly to ensure the accuracy of your information.
- Tell them what you are thinking: “I’m concerned you have appendicitis. I think it would be best if we obtain some lab work, and get a CT scan of your abdomen and pelvis.” “I’ll have the nurse start an IV and give you some pain medicine while we are waiting for the evaluation to be completed.” “I anticipate we will have the general surgeons see you after the evaluation is complete.” “I think it would be best to proceed with this plan, with your permission.”
- Do you have any questions?
- When you walk out of the room state:
 - “We’ll talk more after we get back some information.”
 - Let me know if there’s anything you need while we’re waiting for the evaluation to be completed”
- Interruptions during the “opening” (phone calls, x-ray, ECG, overhead page, called to see a sick patient, trauma alert)
 - Apologize for the interruption and state that you need to do....
 - On return, apologize for the interruption, summarize what you have been told and then pick up where you left off
- If the patient or family is anxious, remember this is the worst day of their life...help them through it
- Try to identify their expectations early
- An investment in time during the opening pays off during the course of the the patient’s stay
- The Update
 - Develop an internal “timeclock”
 - You must develop a sense of when tests should be back
 - If it has taken longer than expected:
 - Ensure you placed the order
 - Ensure the lab or x-ray received the order
 - Have the MR call the lab or MRI or CT
 - If it has taken longer than expected or longer than you stated to the family, see the patient and apologize and let them know the status of the evaluation
- The Closing
 - Include family on all the instructions--This empowers them and gives them responsibility.
 - Review the instructions with the patient yourself
 - Let the patient know that the nurse will be in a few minutes
 - Be sure the patient and family are comfortable with the plan: “Are you comfortable with the plan I’ve outlined?”
 - Are you going to be carry out this plan?
 - Is there anything else I can do for you?

Difficult Patient/Family Situations

- Expectation of being admitted
 - “My father is going to be admitted to the hospital, isn’t he?”
 - Treat with the philosophy of “Yes”
- Drug seeking behavior

- Call a commercial pharmacy to check drug use profile if you suspect drug seeking behavior
- Check old records
- Lortab take-home pack is the greatest invention for this issue
- Intoxicated or altered behavior that wants to leave AMA
- VIP medicine. – Very dangerous. – short cuts are taken—treat everyone the same
- You have done all these tests and you can't tell me what's wrong?
- I'm not leaving until you tell me what's wrong

Referring Physician

- Assume any other physician has the same concern and has the best interest for the patient.
- Don't criticize the care of other physicians in the ED
- Bushido

High Risk / Difficult Situations

- Patients are unsatisfied with previous care and are looking for information to support their dissatisfaction
- Patients that yell or snap at you:
 - Just remember that you are seeing them on the worst day of their lives.
 - Sometimes just listen
- Against Medical Advice
 - “What can I do to get you to stay?”
- Left without being seen
- Patient expects to see their doctor in the ED
 - “Hello, I'm Dr. Jones, one of the attending physicians here in the emergency department. Dr. Jirjis called us and told us you were coming to the emergency department. He asked us to see and evaluate you and then give him a call.
- Unexpected return visits within 48 hours
 - When patients return to the emergency room 75% of the time it is the fault of the health care people.
 - Therefore thank people for coming back.
 - Lower your threshold for more diagnostic studies
- Transfers (both sending and receiving)
 - Trust no one (obtain your own history and physical examination)
 - Assume nothing (evaluate the adequacy of the accompanying information)
 - Don't make decisions on bad information
 - Bad information = Bad decisions
- Patient sign out
 - Trust no one
 - Assume nothing
 - Be specific.
 - Be concise.
 - Present synthesized data.
 - Mr. Jones is in E-1 with nausea and vomiting. I think has gastroenteritis. After 2000ml of IVF and phenergan, he needs a recheck, a PO challenge and if improved, can go home. If not improved, I would send labs and do serial exams.
 - If your colleague states “I'm concerned about this patient” or “I think he is sick” be sure to check on the patient immediately after signout.
 - When you go see a patient that has seen by a colleague and you have received in signout, introduce yourself to the patient, stating that you are assuming care and

review the plan with them as outlined by the outgoing physician. This is just so everyone is in agreement on the management plan and knows what to expect.

- Ensure the patient and their family know your name
- Ask if there is anything they need as they wait for the evaluation to be complete
- Self-referred patient with prolonged symptoms, extensive evaluation by sub-specialist and wants a second opinion at 2AM Saturday night
 - “Did your doctor contact anyone here at our hospital?”
 - What has been done?
 - Did you bring any records?
 - Have your symptoms changed?
 - If your evaluation reveals no need for surgery or hospitalization suggest the PCP call one of our services (give number)
- Family member wants to direct care
- Family does not want an important diagnostic procedure done
 - No LP for septic work-up
 - Find out why they are afraid of the procedure
 - Get the PCP involved

2. Nurses – are your friends – they never forget

- Rita Baumberger – every doctor has at least 1 nurse that has taught them something that has changed their life
- They are your colleagues
- They protect the patients from medical students, residents, and attendings
- They do the work and make things happen (you can only enter stuff into the computer)
- They care for your patients, their families, the medical students, the residents
- Compliment the nurses in front of the patients: “This is Gail, she’s the greatest. She will take great care of you.”
- Take care of them
- Do the best you can to make work fun
- Know their names – make the new ones feel welcome
- Communicate with them
 - Identify barriers to effective communication
 - Pride – on our part
- Go to their social events when invited – they never forget if you were not there
- “Ask” them rather than tell them
 - Could you please give Mr. Jones 4 mg of Morphine rather than
 - Mr. Jones needs 4 mg of morphine
 - Give Mr. Jones 4 mg of morphine
- You are the health care team leader -> Leader = Servant
- Keep them informed
- Praise them whenever the opportunity arises
- Actively solicit their input – especially when a patient, family, or clinical situation is difficult.
- Acknowledge them always
- Always – Always – Always see a patient when they ask you to
- Always thank them
- Be a pleasure to work with
- Feedback from them is a gift – Always-Always-Always be grateful
- If a nurse tells you you’re a jerk and are condescending – you better adjust your behavior and thank them. If you don’t, you are an idiot.

- Do not get them angry at you.
- If you anger them, they tell everyone.
- Nurses never forget
- They never, ever, forget.
- They can seriously hurt you.
- They are in control.

3. Consultants – are your friends

- Make friends whenever possible
- Start early – when they are interns
- When they come to the ED – they are out of their comfort zone and in your “home”
- Introduce yourself
- “Let me know if there is anything they need”
- Help them find the patient
- Help them find the chart (and consult paperwork)
- Help them find the patient’s nurse
- Help them with the computer
- “Let me know your plan”

Consultant Phone Interaction -- Begin with the end in mind:

Rehearse your presentation in your mind or to your attending.

Patient who requires admission:

“I have a Mr. Jones in the ED who I feel needs to be admitted for pneumonia. He is 75 years old and has known coronary artery disease and diabetes. His temperature is 100.9 and he’s hypoxic with a room air saturation of 88%. I feel he is OK to go to the floor.”

Patient who you would like them to evaluate in the ED:

“I would like you to see Mr. Jones in Room E-1 in the ED who I think has flexor tendon injury and requires operative repair”

“I would like you to see Mr. Jones who I think has acute appendicitis....” “He has RLQ abdominal pain for 1 day, with rebound tenderness over McBurney’s point, fever, WBC of 15K.”

Patient that you would like advice: “I’m Dr. Jones one of the attending physicians in the ED and I would like your advice on a patient who was exposed to ticks 2 weeks ago who complains of fever, headache and has a WBC of 1.5, elevated liver enzymes and a platelet count of 37K. What do you think this could be? Do you suggest any additional testing?”

- Be sure you have it clear in your mind what you want from them so you can effectively communicate what you want from them:
 - patient admission
 - advice on patient management
 - evaluation for appendicitis
 - What question you want them to answer
- The more vague you are, the more frustrating it is as a consultant and the less useful information you will receive.
- Know when to be forceful on an issue. Decide ahead of time how forceful to be. For example, if an attending consultant asks for a certain study within reason and doesn’t harm the patient, even though you think it is not necessary, it is often best just to do the study. Be

open to suggestions but ask for sound reasoning from the consultant. Not just “I don’t think this patient needs to be admitted.” Remember, you are seeing the patient.

- Be concise.
- Be specific.
- Be prepared
- Anticipate questions they will ask.
Anticipate areas of resistance and be prepared to respond.

4. EMS – They are your friends and colleagues

- They have a difficult job
- Treat them with respect – just as you want to be treated
- Thank them for their report and for bringing patients to you
- They know the history – and usually it is well synthesized
- Teach them when the opportunity arises
- Do not get angry with them or criticize them if they bring you a patient while the ED or hospital is on diversion

5. Staff

- These are the people who get things done for you
- To the patient, the staff are a reflection of you
- Make their job enjoyable
- Know their names
- Thank them for their efforts

6. You

You are a work in progress

- The only one you can control (change) is you – accepting this fact will save you a lot of frustration and wasted emotional energy
- Don’t try to change the things you can’t
- You are not as good as the best comment a patient has said about you
- You are not as bad as the worst comment a patient has said about you
- Be thankful for feedback-it is a gift
 - Patient complaints
 - Faculty evaluations
 - Nursing evaluations (complaints)
 - Off-service evaluations
- Learn from your mistakes (Commandment #8)– if you don’t...you’re an idiot.
- Learn from other people’s mistakes – if you don’t... you’re an idiot.
- Pride gets in the way of constructive change and teachability
- Whenever possible, be helpful.
- If you can not be helpful, acknowledge this fact, apologize and move on.
- Do not ever pretend to be helpful and not be.
- How you treat the least desirable patient (homeless, malodorous, Cloverbottom, psychiatric) is the most accurate reflection of your professionalism.
- How well you treat the guy (girl) who sweeps the floor will reflect the quality of physician that you are
- Vanderbilt “Creedo” and “Elevate” are simply institutional reminders of what we should be internally driven to achieve – Excellence in patient care and personal interaction
- Be proactive, not reactive. Translation: anticipate difficult situations and have a plan to deal with them. This is often a planned “script” for a specific situation.