

Etiquette Based Medicine

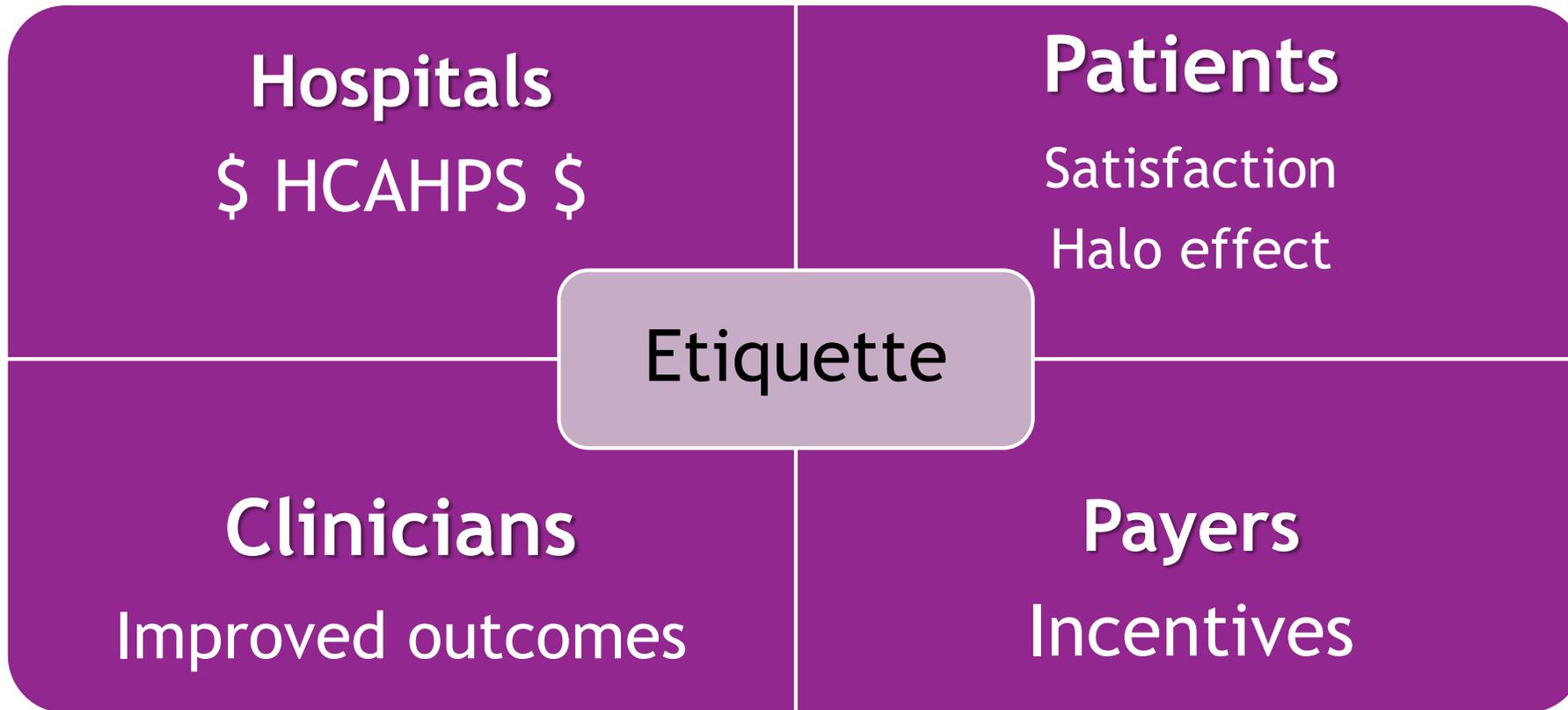
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- 
- ▶ “Patients ideally deserve to have a compassionate doctor, but might they be satisfied with one who is simply well-behaved?”
 - ▶ (Kahn et al. 2005)

Who cares?



Is compassion born or made?

▶ Infectious disease → **Hand washing**

▶ Compassion/Empathy → **Etiquette Checklist**



Etiquette-Based Medicine

Michael W. Kahn, M.D.

- ▶ Focus on Behaviors- “...it's simpler to change behavior than attitudes”

Checklist :

- ▶ Ask to enter the room; wait for an answer
- ▶ Introduce yourself, showing ID badge
- ▶ Shake hands
- ▶ Sit down, smile if appropriate
- ▶ Explain your role on the team
- ▶ Ask the patient how he or she is feeling about being at the hospital

Implementation of strategies

- ▶ Inpatient setting
- ▶ Observation of 24 hospitalists in 226 patient encounters
- ▶ 6 behaviors recorded



Appraising the Practice of Etiquette-Based Medicine in the Inpatient Setting

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Demographics

12/12 male/female physicians

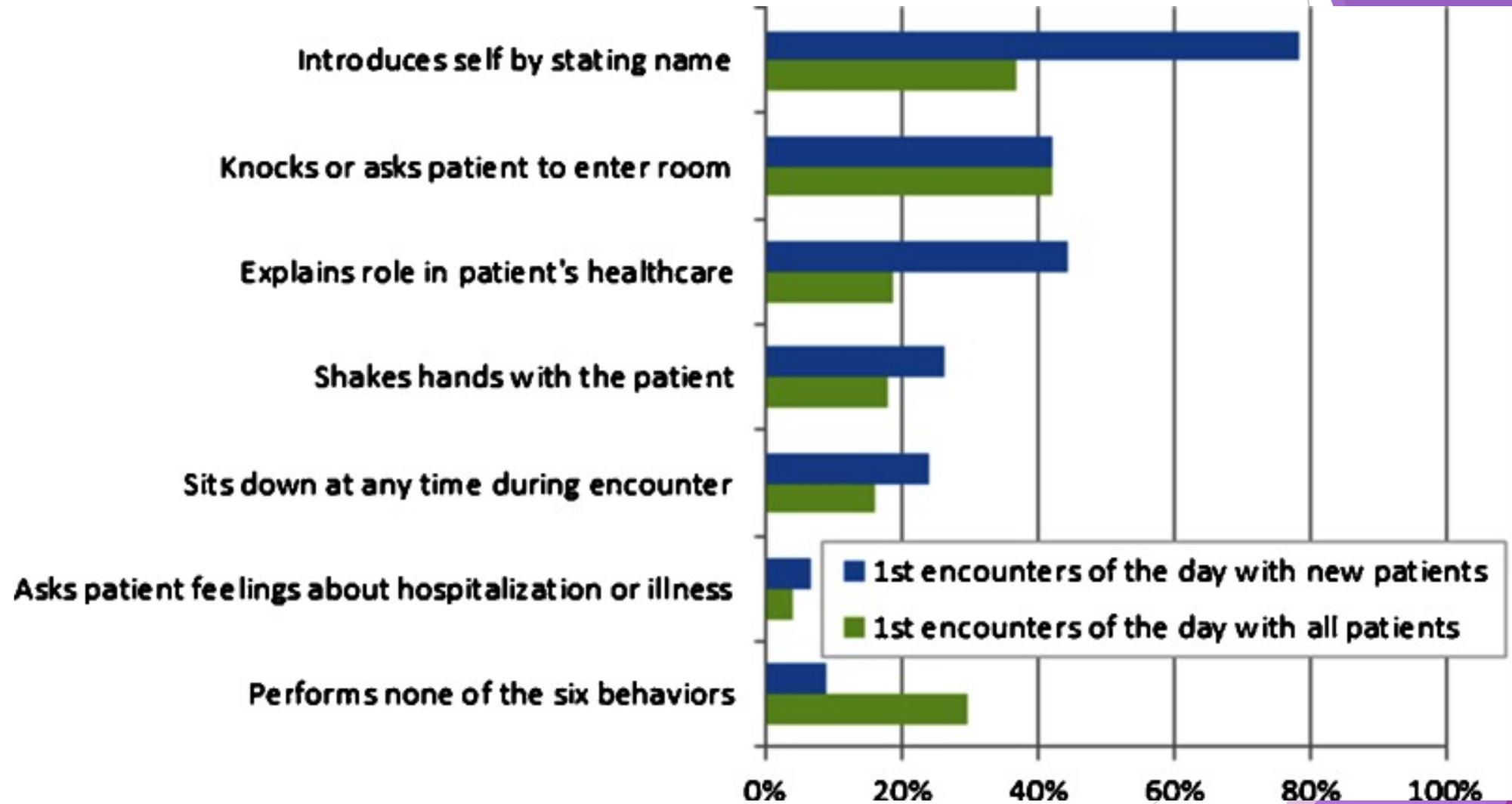
Mean age of 35 years

Average shift 9.9 hours

Average encounters per shift 16.2

Results

- ▶ Of the six measured behaviors, NONE were performed with a majority of patients
- ▶ Physicians performed NONE of the six behaviors with almost a third of patients
- ▶ Introductions were performed most frequently



Journal of HOSPITAL MEDICINE

Brief Report

Do internal medicine interns practice etiquette-based communication? A critical look at the inpatient encounter

Lauren Block MD, MPH^{1,*}, Lindsey Hutzler BA², Robert Habicht MD³, Albert W. Wu MD, MPH^{4,5}, Sanjay V. Desai MD⁴, Kathryn Novello Silva MD³, Timothy Niessen MD, MPH⁴, Nora Oliver MD, MPH⁶ and Leonard Feldman MD⁴

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Issue

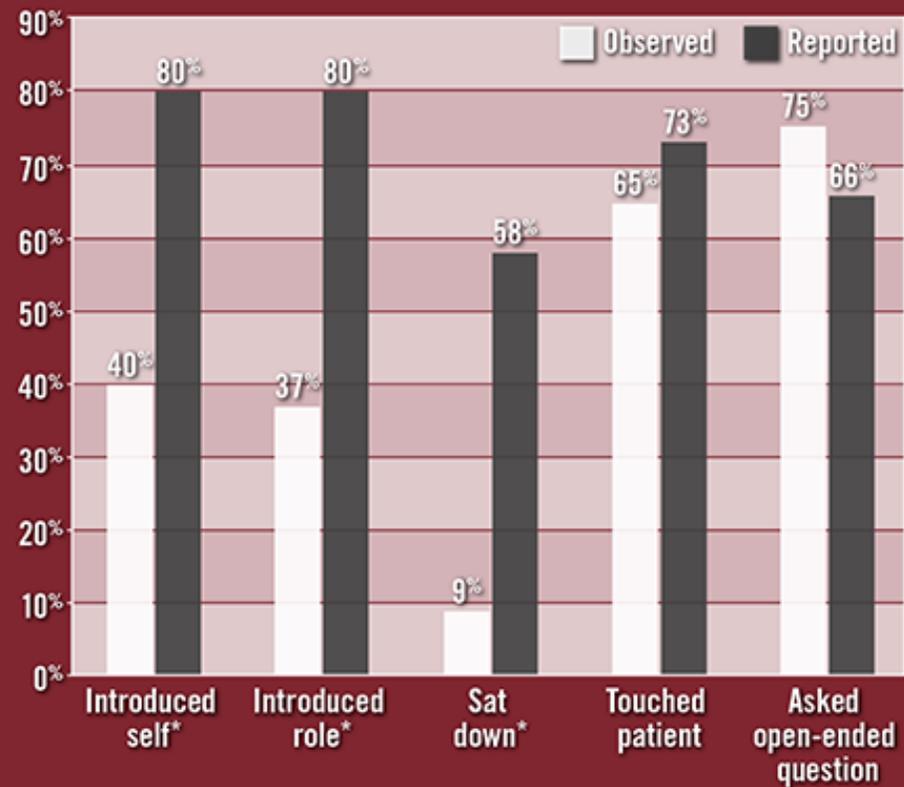


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- ▶ 29 clinicians
- ▶ 732 encounters
- ▶ 5 key behaviors
- ▶ Survey of participating clinicians

Figure Comparing Observed & Self-Reported Performance

The figure below depicts a comparison of observed and self-reported performance of etiquette-based communication behaviors among interns at Johns Hopkins Hospital:



* $P < 0.01$ comparing observed and reported values.

Source: Adapted from: Block L, et al. *J Hosp Med*. 2013 Oct 12 [Epub ahead of print]. Available at: <http://onlinelibrary.wiley.com/doi/10.1002/jhm.2092/abstract>.

Neonatal Care- From a parents' perspective

- ▶ *1. Say my baby's name, regardless of how odd or misspelled it may be to you. Know my baby's sex.*
- ▶ *2. Don't label my baby. My baby is not a diagnosis. She is not the "T-18," the "23-weeker," the "tiny critter," or the "horrible BPDer in room 8."*
- ▶ *3. Say your name. Tell us who you are, what your profession is, and why you are here. Don't assume we know and don't assume we remember.*
- ▶ *4. Listen to me. When you enter my baby's bedside, acknowledge my presence. Sit down if you can. Ask me how I think my baby is doing. Embrace silence. Expect us to be upset. Don't take it personally.*
- ▶ *5. Speak my language. Every parent is different. Some of us want numbers, predictions, and statistics. Others don't. We generally want to know whether our baby's course is comparable with other babies with similar conditions or gestational age. Adapt your language to fit our needs.*

Contd.

- ▶ *6. Speak with one voice. We are overwhelmed with health care team members—nurses, students, residents, advanced practice nurses, respiratory therapists, and more. Limit the number of providers attending deliveries, difficult conversations, and code situations. Limit the number of people who examine my baby. Communicate with us in a consistent way.*
- ▶ *7. Know my baby. We expect you to know everything about our baby. Take ownership and be responsible. Give us the results that are important to us the same day. Know the facts. Never tell us, “I’m just covering for today.”*
- ▶ *8. Acknowledge my role. I contribute to my baby’s care too. I spend hours at the bedside; I pump my breast milk. I may be juggling a job or other children, operating on little sleep, and exercising continuous worry. Please understand and acknowledge this. Your acknowledgment of me in the role of a caring parent strengthens my resolve to be that good parent.*
- ▶ *9. Don’t label me. Remember you are meeting me under the worst of circumstances. What is routine to you may be the greatest stress I’ve encountered in my life. Avoid the expression “difficult parents.” Instead, talk about “parents in a difficult situation.” If you feel the need to complain about a family, do so in privacy.*
- ▶ *10. Know how important you are to me. I am placing my child’s life in your hands. Do not underestimate how important you are to our family.*

There is room for improvement....

The background features abstract, overlapping geometric shapes in various shades of purple and magenta, primarily concentrated on the right side of the frame. The shapes include triangles and polygons of different sizes and orientations, creating a layered, dynamic effect. The overall aesthetic is modern and minimalist.

J Am Med Womens Assoc. 2003 Spring;58(2):69-75.

Effects of physician gender on patient satisfaction.

Bertakis KD¹, Franks P, Azari R.

Am J Med. 2005 Nov;118(11):1279-86.

What to wear today? Effect of doctor's attire on the trust and confidence of patients.

Rehman SU¹, Nietert PJ, Cope DW, Kilpatrick AO.

J Surg Educ. 2012 May-Jun;69(3):393-403. doi: 10.1016/j.jsurg.2011.12.002. Epub 2012 Feb 2.

Send it: study of e-mail etiquette and notions from doctors in training.

Resendes S¹, Ramanan I, Park A, Petrisor B, Bhandari M.

Thank You!!!!!!