A Man in Tears and a Woman with Dogjaw

Adam Gray
Department of Internal Medicine
University of Kentucky

COMFORT
ZONE

Learning Objectives

Describe how compassion is a cornerstone to excellent patient care and clinical teaching

Identify specific bedside actions to model and teach compassionate patient care

Share a few patient stories

“The secret of the care of the patient is in caring for the patient”

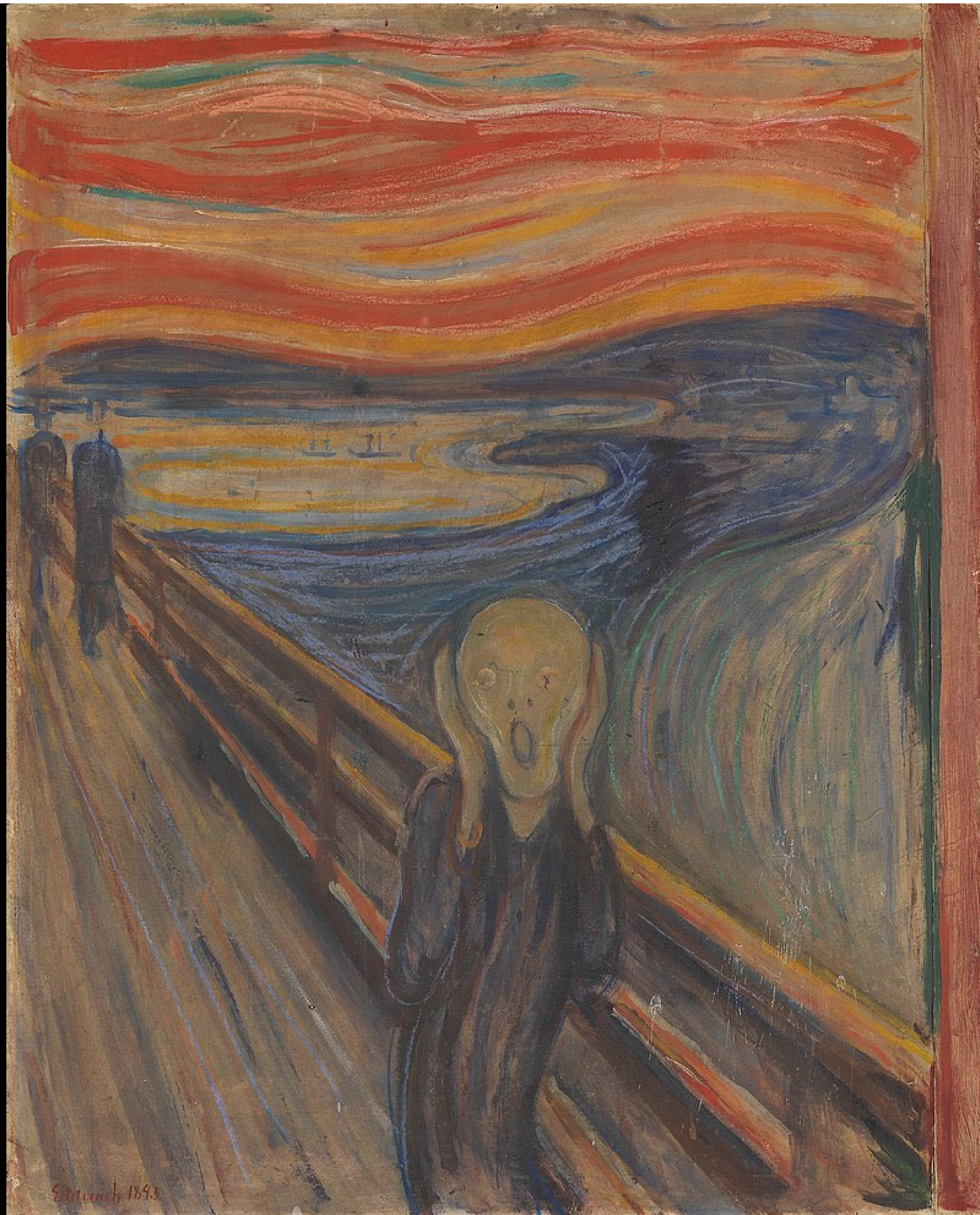
I WAS A CARE BEAR
ONCE
THEN I TRIED METH

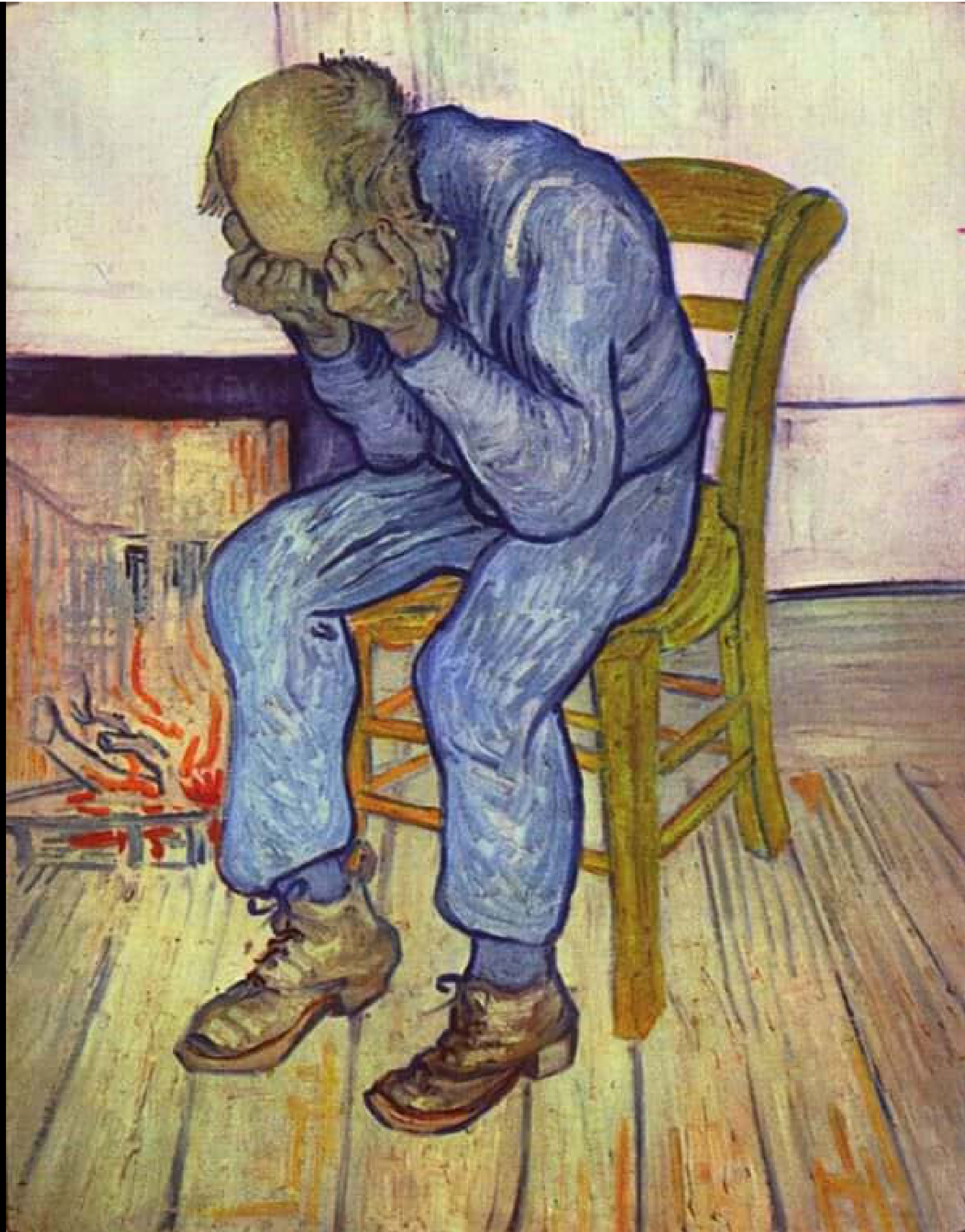
Burn Out

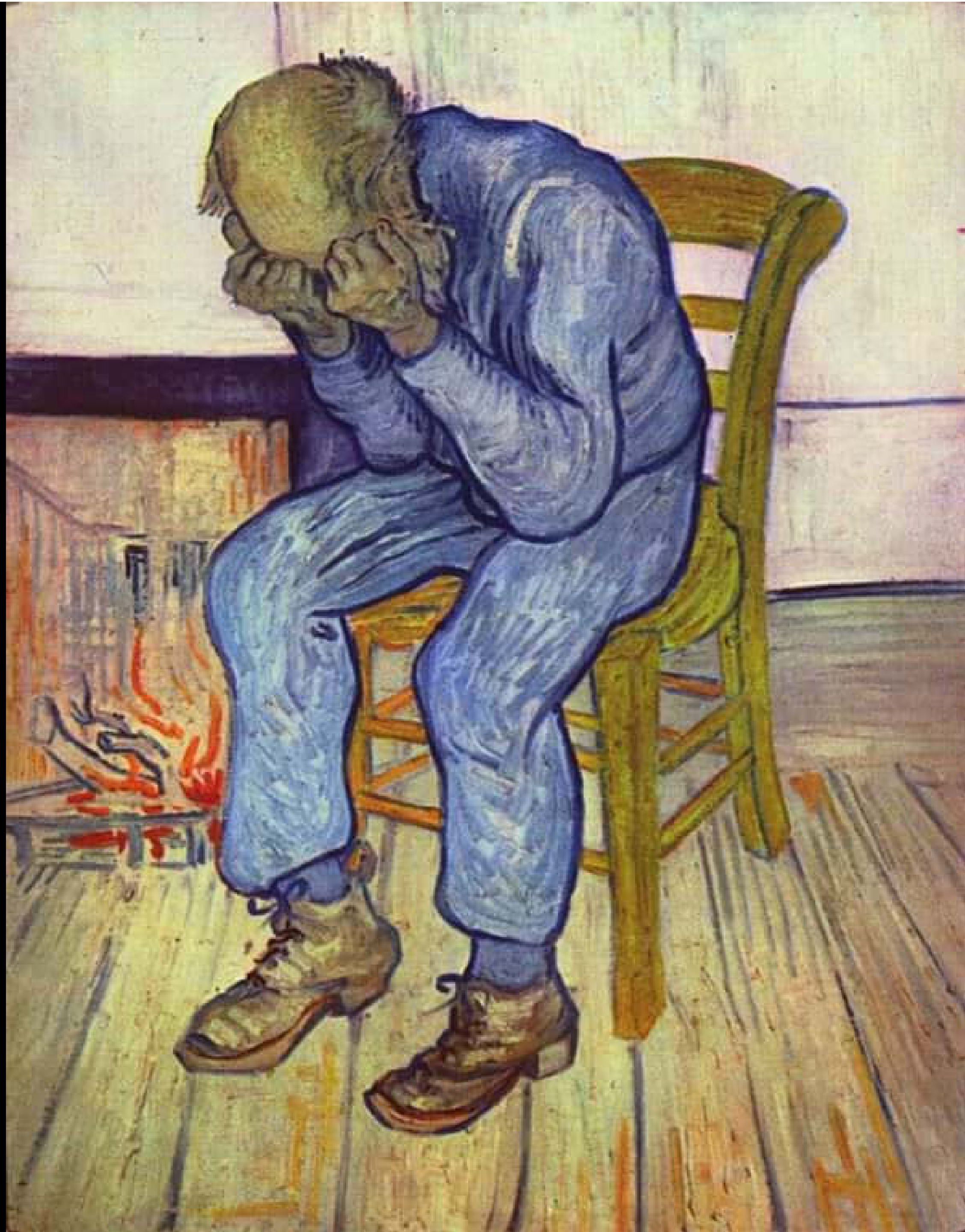
Emotional exhaustion, depersonalization, feelings of decreased personal achievement

60% of physicians report signs of burnout at least once per week

Depersonalization is lack of empathy for or negative attitude towards patients


EMunch 1893





“The secret of the care of the patient is in caring for the patient”

ORIGINAL RESEARCH

How Exemplary Teaching Physicians Interact with Hospitalized Patients

Sanjay Saint, MD, MPH[1,2,3*], Molly Harrod, PhD[2], Karen E. Fowler, MPH[2], Nathan Houchens, MD[1,3]

[1]Medicine Service, Veterans Affairs Ann Arbor Healthcare System, Ann Arbor, Michigan; [2]Center for Clinical Management Research, Veterans Affairs Ann Arbor Healthcare System, Ann Arbor, Michigan; [3]Department of Internal Medicine, University of Michigan Medical School, Ann Arbor, Michigan.

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MAY 2022 NO. 5 VOL. 17

www.journalofhospitalmedicine.com

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Exemplary Teaching Physicians

Observed rounds of 12 attendings recognized as outstanding educators

Focused on patient interactions, group interactions, and teaching approaches

Interviews and focus groups with attendings and learners

TABLE 2. Key Approaches for Effective Patient-Physician Interactions

Care for the Patient's Well-Being

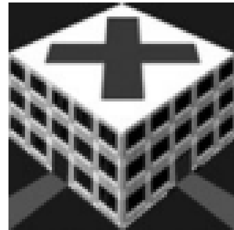
- Be a patient advocate and attend to each patient's comfort.
- Talk with the patient about topics other than medicine to form a bond.
- Use touch to comfort the patient.

Consideration of the "Big Picture"

- Explain so the patient and family can understand.
- Use teach-back techniques to ensure the patient and family understand the plan.
- Consider what the patient needs in the outpatient setting upon discharge.
- Inquire about the patient's social situation and support system to anticipate problems the patient may face in the outpatient setting.

Respect for the Patient

- Shake hands with the patient when entering and exiting the room.
- Introduce the team members who are present or have them introduce themselves to the patient.
- Leave the room and the patient the way they were found.
- Consider using appropriate humor to make the patient or family members feel more comfortable.
- Speak with the patient at eye level by either sitting or kneeling when the patient is lying in bed.



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

Sean Tackett, MD[1], Darlene Tad-y, MD[2], Rebeca Rios, PHD[1], Flora Kisuule, MD, MPH[1], and Scott Wright, MD[1]

[1]Division of General Internal Medicine, Johns Hopkins Bayview Medical Center, Johns Hopkins University, School of Medicine, Baltimore, MD, USA; [2]University of Colorado Anschutz Medical Campus, Aurora, CO, USA.

Etiquette Based Medicine

Identified six EBM behaviors

Observed 24 hospitalists and the frequency they demonstrated the behavior

Each EBM behavior was performed less than half the time

Etiquette based medicine

Practice emphasizing good manners and behaviors when communicating with patients

How quickly do we make a 1st impression on patients?

100ms

PSYCHOLOGICAL SCIENCE

Research Article

First Impressions

Making Up Your Mind After a 100-Ms Exposure to a Face

Janine Willis and Alexander Todorov

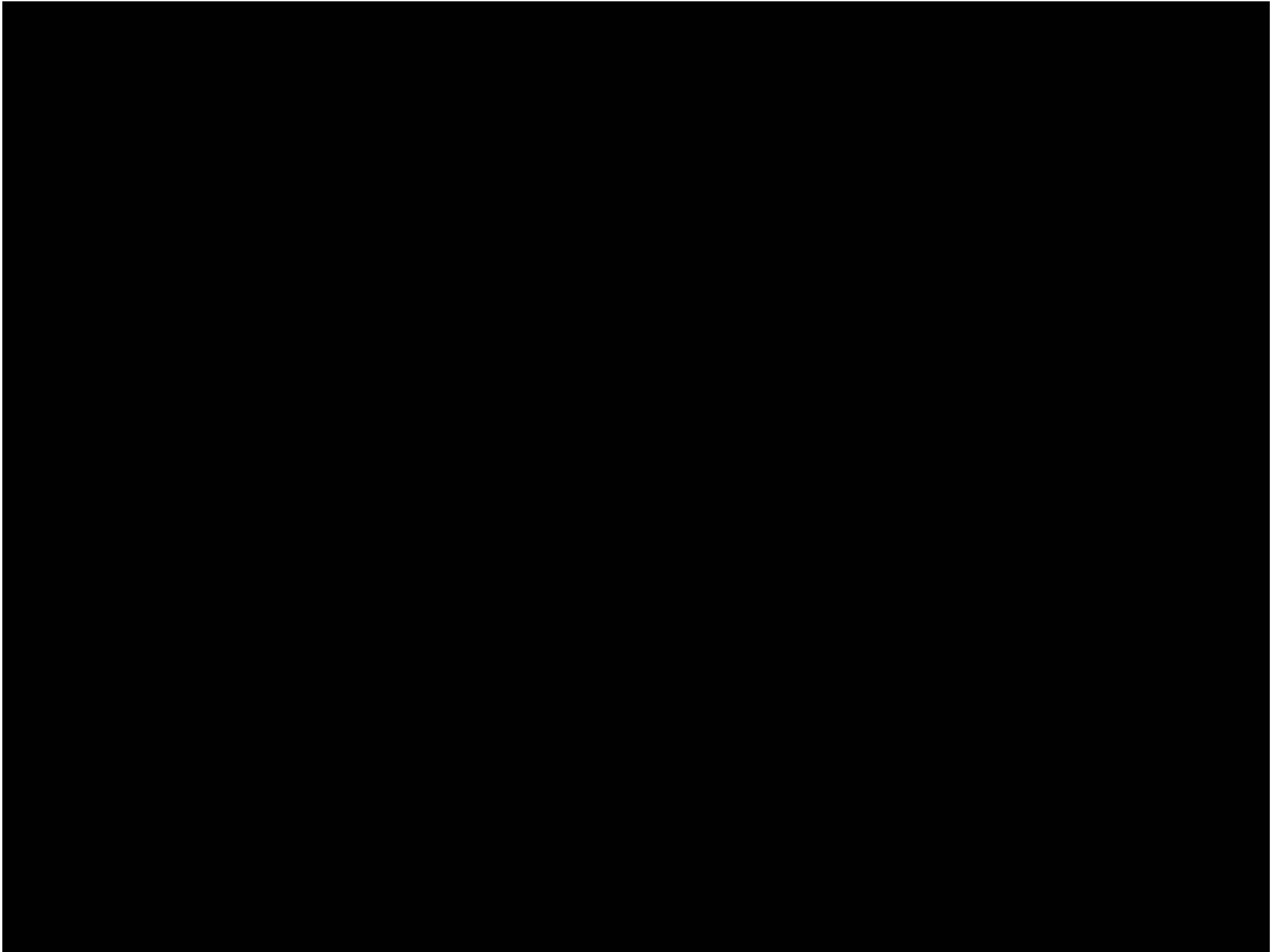
Princeton University

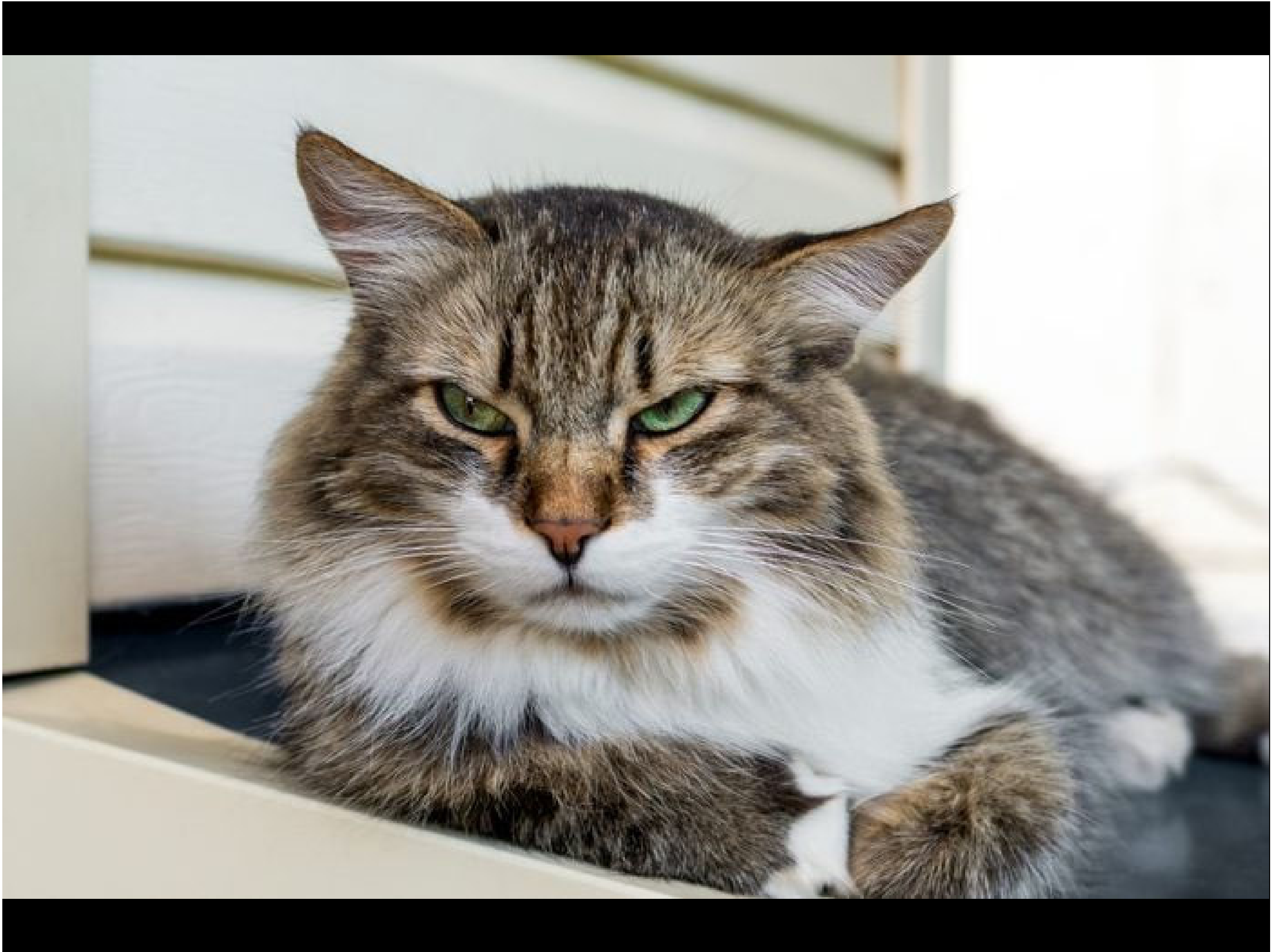
First Impression

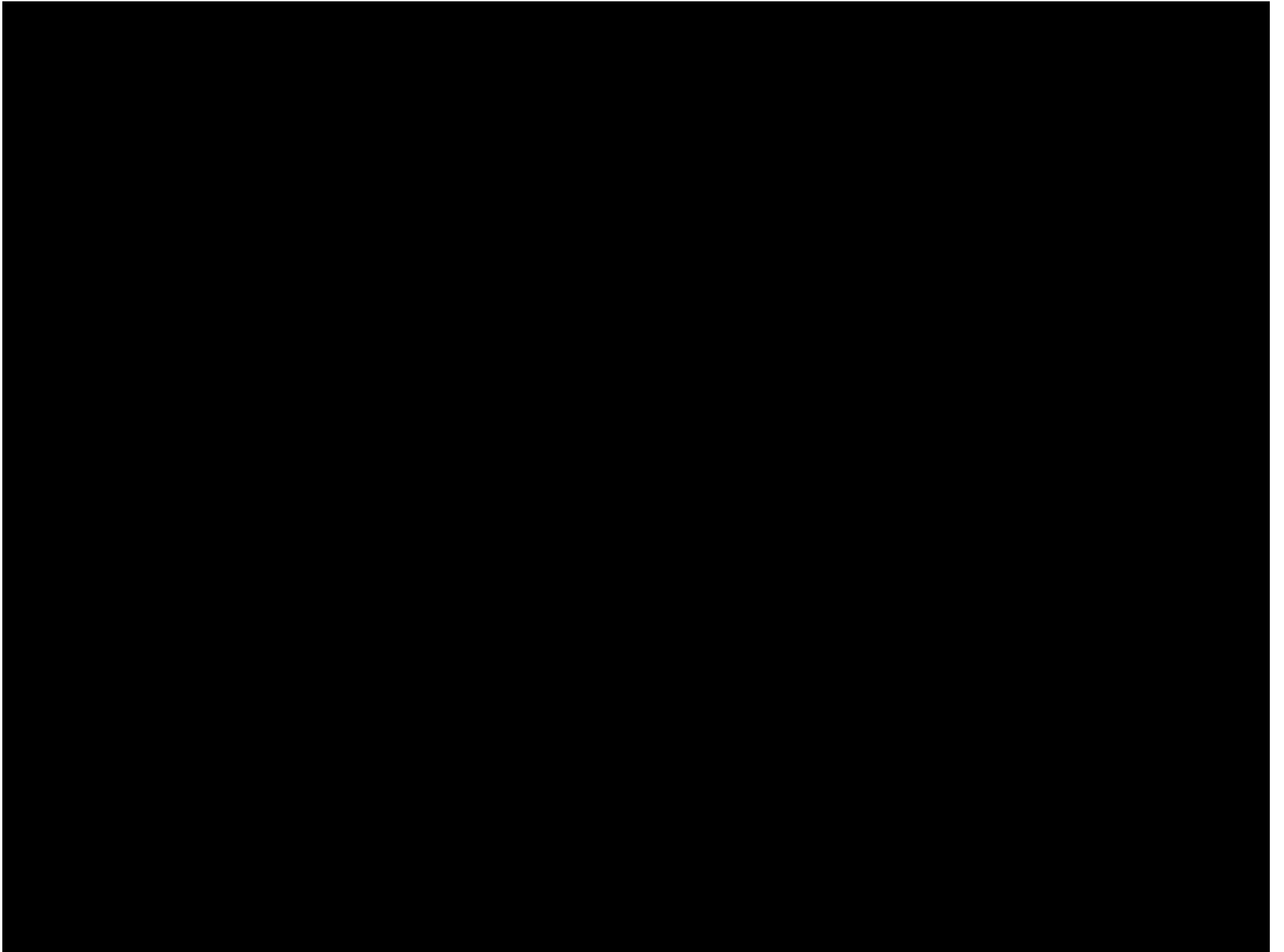
People make trait inferences from facial appearance

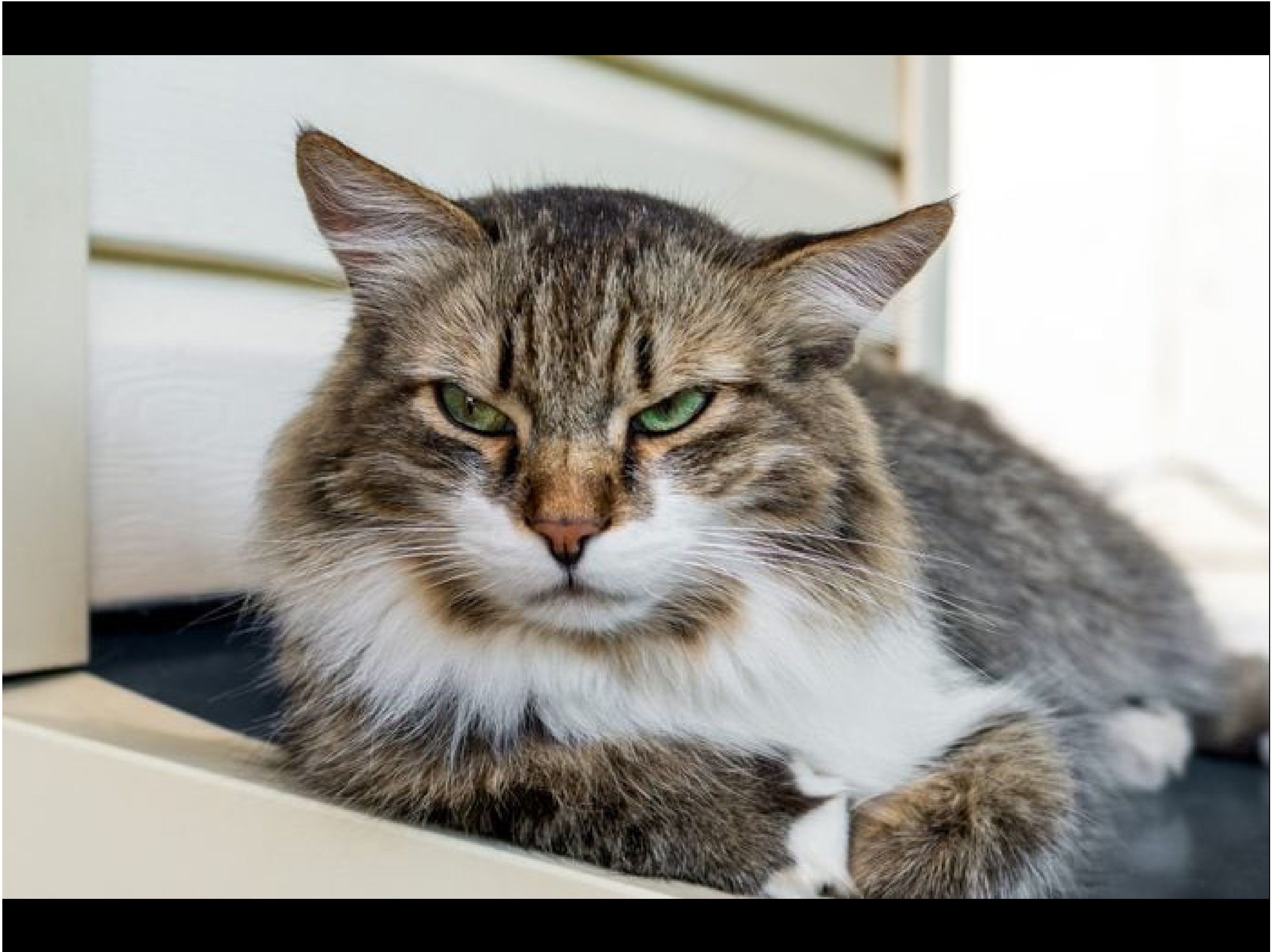
Judged on traits such as trustworthiness, competence, likeability

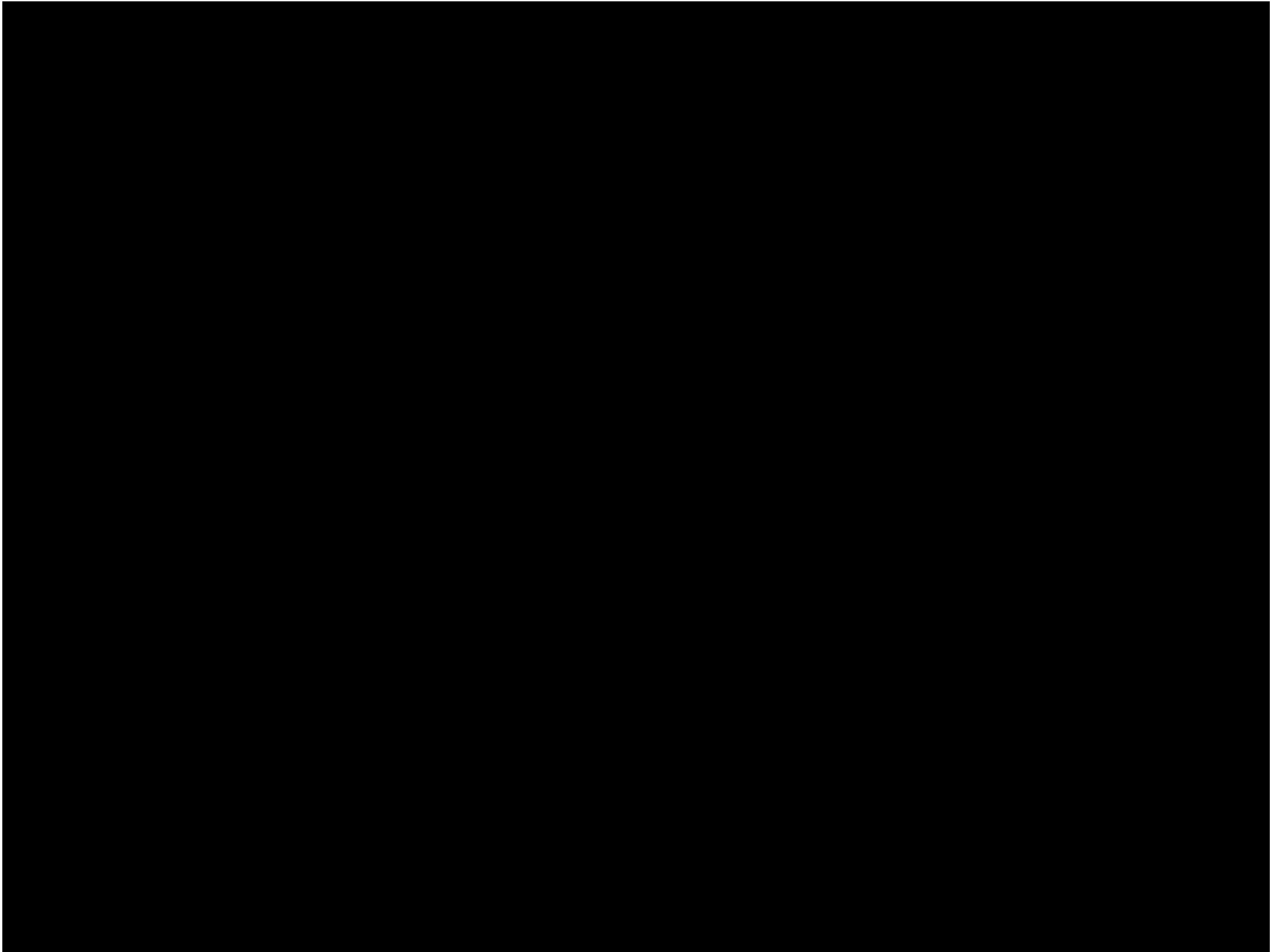
Judgments made after 100ms correlated highly with those made in absence of time constraints

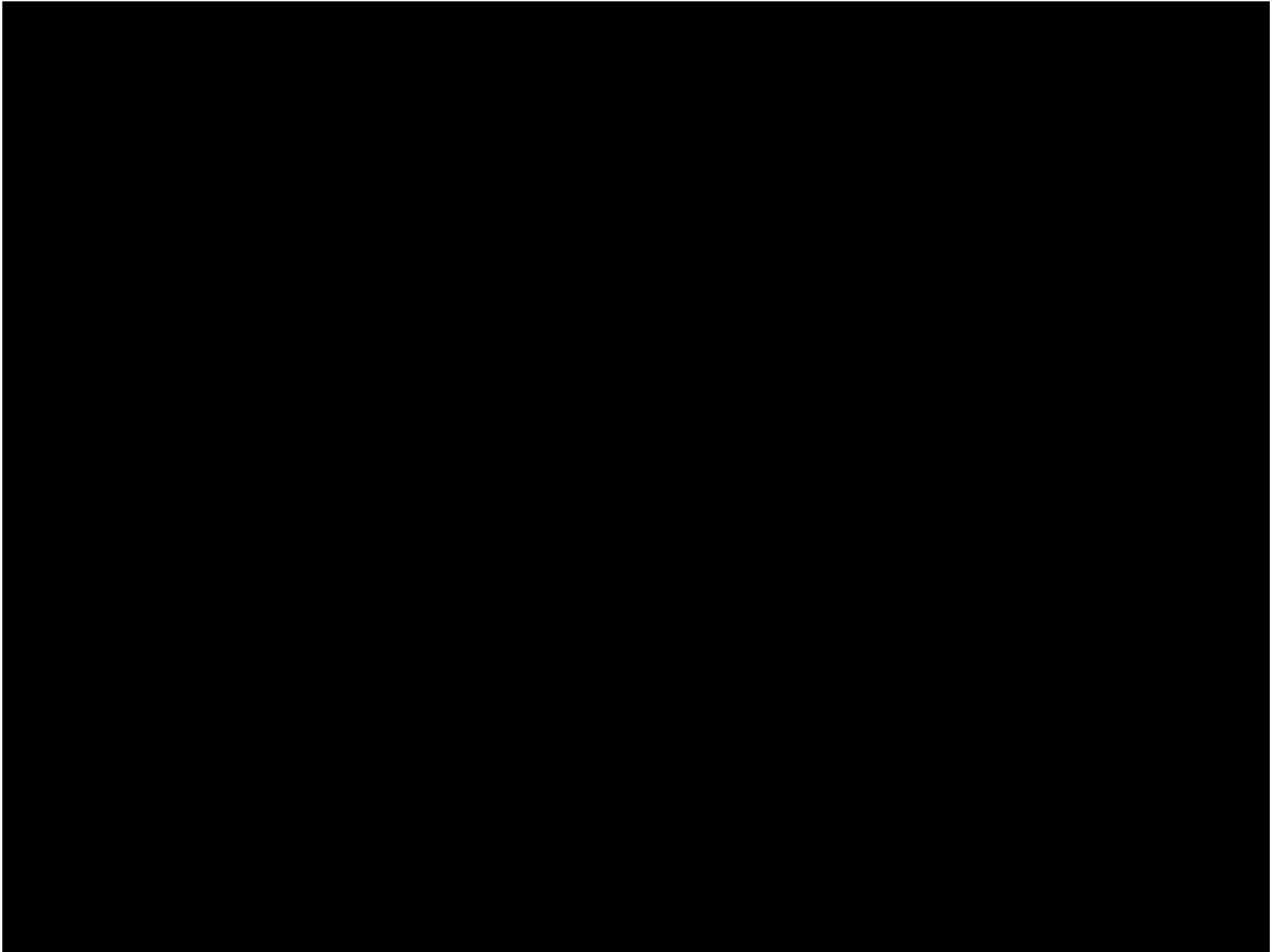


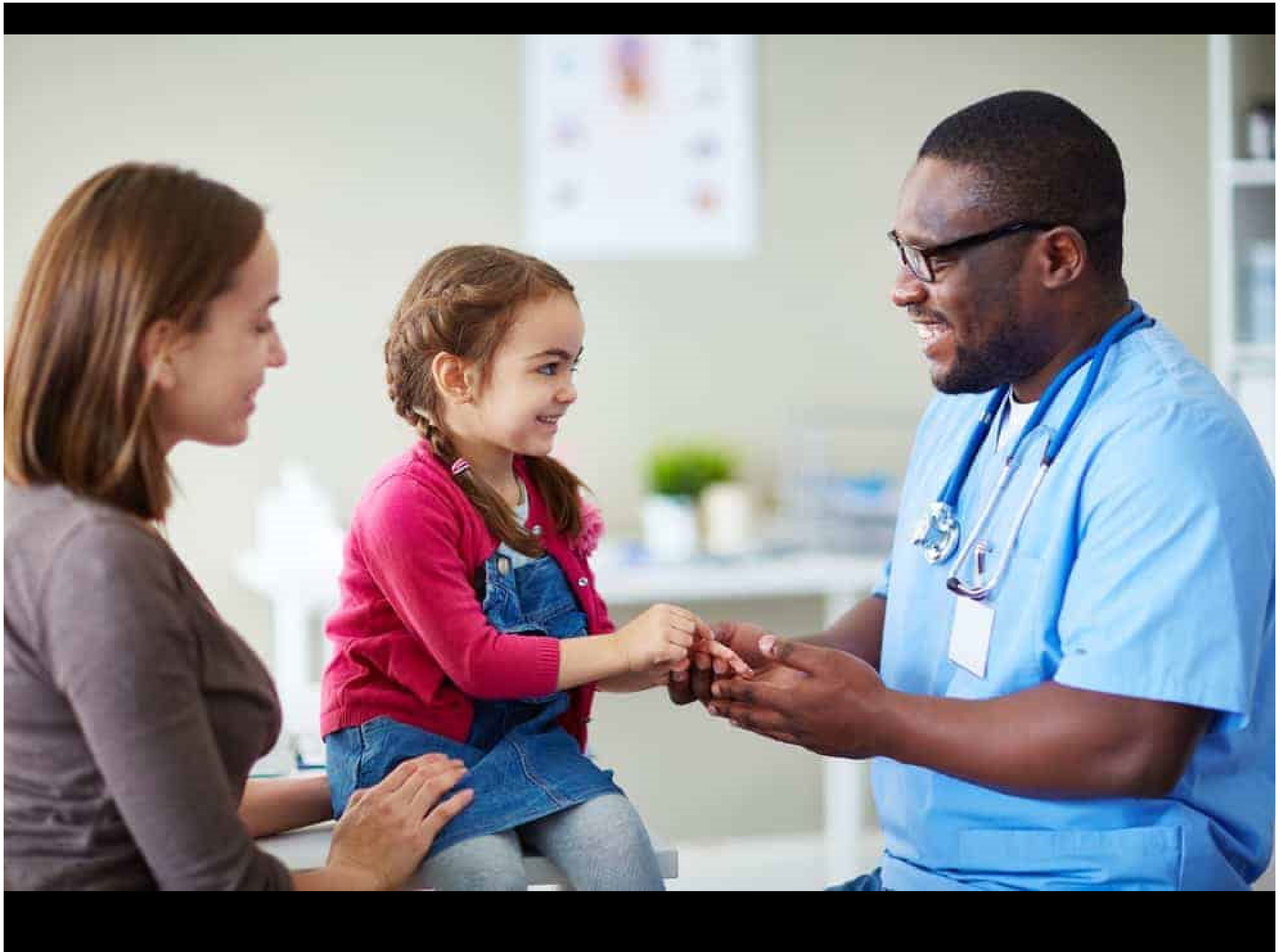












First Impression

Knock, pause

Put on your “good” face

Eye contact; don’t look distracted

Now, say my name.

› Arch Intern Med. 2009 Jan 26;169(2):199-201. doi: 10.1001/archinternmed.2008.565.

Ability of hospitalized patients to identify their in-hospital physicians

Vineet Arora, Sandeep Gangireddy, Amit Mehrotra, Ranjan Ginde, Megan Tormey, David Meltzer

What % of patients could name 1 person on their care team?

25%

Introductions

Patients interact with >10 people daily

JGIM Etiquette Based Medicine Study

- 80% introduced themselves on new encounters
- 40% introduced themselves on f/u visits
- 44% physicians state role on new encounters
- 20% physicians state role on f/u

GA2

Appropriate Touch

2/3 of human communication is non-verbal

Procedural touch and communicative touch

Common trait of “exemplary” teaching physicians was using touch to comfort patients and shaking patients' hands

Slide 39

GA2 Gray, Adam, 1/24/2024

Being Vulnerable: A Qualitative Inquiry of Physician Touch in Medical Education

Martina Kelly, MBBCh, MA, PhD, Lara Nixon, MD, Tom Rosenal, MD, MSc, Lindsay Crowshoe, MD, Adrian Harvey, MD, MEd, MSc, Wendy Tink, MD, and Tim Dornan, MD, PhD

Veiled in professionalism, many trump human compassion and deny patients simple acts of care when they are most vulnerable and would appreciate them the most

What % of patient interactions do hospitalists sit?

20%

Journal of HOSPITAL MEDICINE

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BRIEF REPORTS

Sitting at Patients' Bedsides May Improve Patients' Perceptions of Physician Communication Skills

Susan E. Merel, MD[1]*, Christy M. McKinney, PhD, MPH[1,2], Patrick Ufkes, BA, BS[3], Alan C. Kwan, MD[3], Andrew A. White, MD[1]

[1]Division of General Internal Medicine, Department of Medicine, University of Washington, Seattle, Washington; [2]Department of Oral Health Sciences, University of Washington, Seattle, Washington; [3]Department of Medicine, Johns Hopkins University, Baltimore, Maryland.

Hospitalists Sitting

Time in patient room was the same

If sitting, pts more likely to respond “always”

1. Did your physician listen carefully? (93% vs 79%)
2. Did your physician explain things in way easy to understand? (89% vs 76%)

30% physicians reported routine sitting before;

80% reported they planned to routinely sit after

Sitting at the Bedside: Patient and Internal Medicine Trainee Perceptions

Blair P. Golden, MD, MS[1], *Sean Tackett, MD, MPH*[2,3], *Kimiyoshi Kobayashi, MD, MBA*[4], *Terry Nelson, RN, MSN*[5], *Alison Agrawal, MHA*[6], *Nicole Pritchett, MS*[5], *Kaley Tilton, BA*[5], *Geron Mills, BS*[5], *Ting-Jia Lorigiano, MD, MBA*[5], *Meron Hirpa, MD*[7], *Jessica Lin, MD, MBA*[5], *Sarah Disney, MS*[5], *Matt Lautzenheiser, MHA*[5], *Shanshan Huang, MBA*[5], and *Stephen A. Berry, MD, PhD*[5]

[1]Department of Medicine, University of Wisconsin-Madison School of Medicine and Public Health, K4/463 CSC, 600 Highland Avenue Madison, Madison, WI, USA; [2]Department of Medicine, Division of General Internal Medicine, Johns Hopkins Bayview Medical Center, Johns Hopkins University School of Medicine, Baltimore, MD, USA; [3]Biostatistics, Epidemiology, and Data Management Core, Johns Hopkins School of Medicine, Baltimore, MD, USA; [4]Department of Medicine, University of Massachusetts Memorial Medical Center, Worcester, MA, USA; [5]Department of Medicine, Johns Hopkins University School of Medicine, Baltimore, MD, USA; [6]Central Billing Office, University of Maryland Medical System, Hunt Valley, Baltimore, MD, USA; [7]Cincinnati Health Department, Cincinnati, OH, USA.

Trainees Sitting

56% of patients responded residents “never” sat

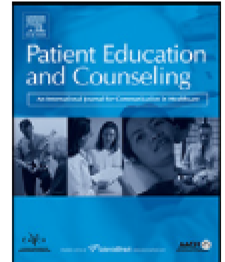
Frequent sitting at bedside (13%) correlated with positive communication behaviors

1. Spent enough time at bedside (88% vs 49%)
2. Checked for understanding (96% vs 55%)
3. Never in a rush (83% vs 55%)

Contents lists available at ScienceDirect

Patient Education and Counseling

journal homepage: www.elsevier.com/locate/pateducou



Communication study

Effect of sitting vs. standing on perception of provider time at bedside: A pilot study

Kelli J. Swayden [a], Karen K. Anderson [b], Lynne M. Connelly [c], Jennifer S. Moran [d], Joan K. McMahon [a], Paul M. Arnold [b,*]

[a] Department of Nursing, University of Kansas Hospital, Kansas City, USA
[b] Department of Neurosurgery, University of Kansas Medical Center, Kansas City, USA
[c] Department of Nursing, Benedictine College, Atchison, USA
[d] Department of Nursing, University of Kansas Medical Center, Kansas City, USA

Sitting and Time

Standing:	Actual time:	1m 28s
	Patient guess:	3m 44s
	61% had positive comments	
Sitting:	Actual Time:	1m 4s
	Patient guess:	5m 14s
	95% had positive comments	

CHRISTMAS 2023: MARGINAL GAINS

Effect of chair placement on physicians' behavior and patients' satisfaction: randomized deception trial

Ruchita Iyer,[1] Do Park,[2] Jenny Kim,[1] Courtney Newman,[1] Avery Young,[1] Andrew Sumarsono[2,3]

Chair Study

20x more likely physician would sit if chair close

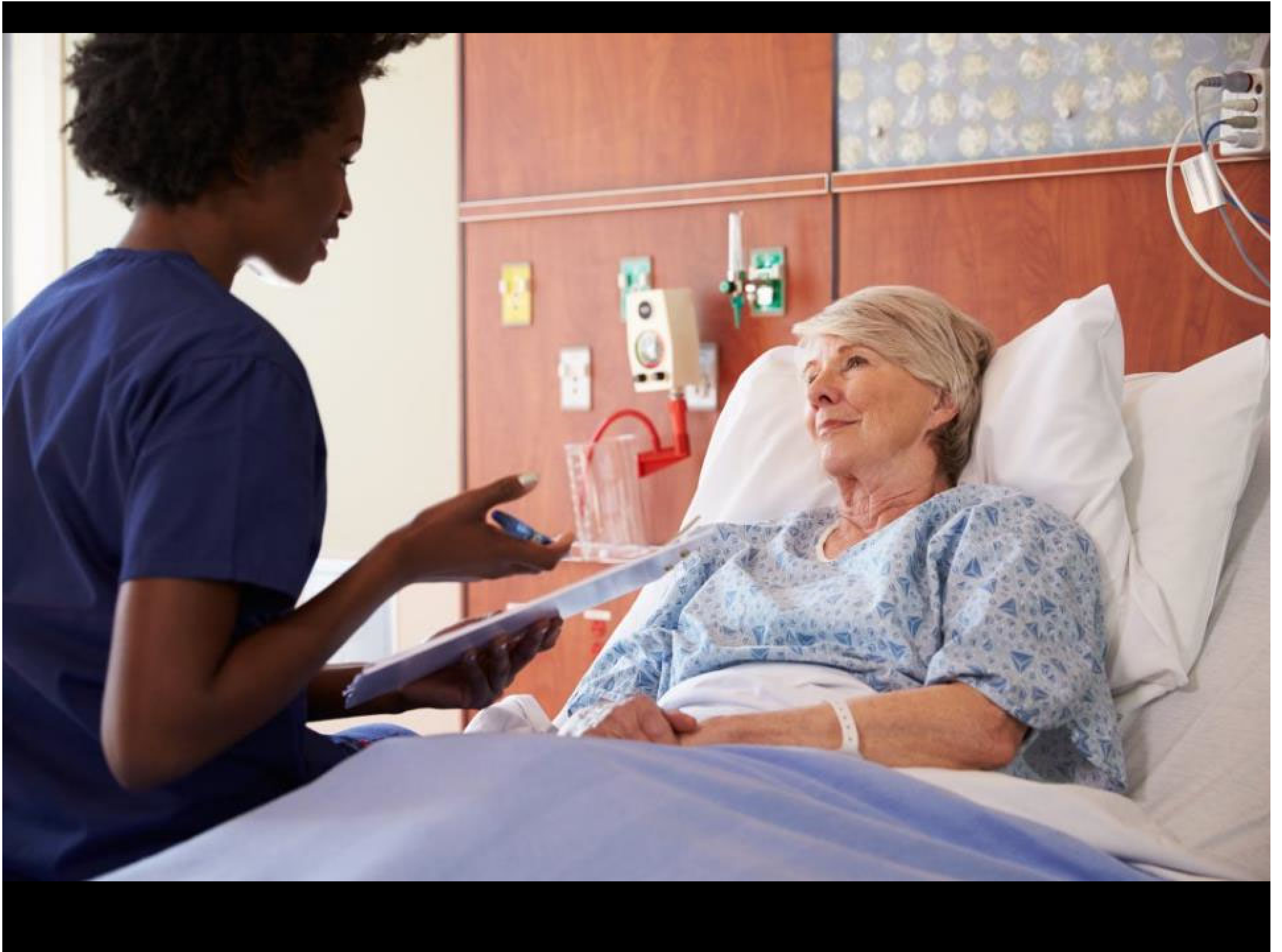
63% chair vs 8% control; NNT: 1.8

HCAHPS scores both better for chair near bed

97% chair vs 85% control

5x greater odds of complete HCAHPS score

Average encounter 10.6 minutes for both groups



KENTUC

Beyond the Illness

Trait of “exemplary” teaching physicians was talking with pts about things other than medicine to form a bond

What do you like to do when feeling well?

What are you doing to past the time?

E. CHEESE

When feeling bad, what helps you feel better?

CHOOSING WISELY®: THINGS WE DO FOR NO REASON

Things We Do For No Reason: Neutropenic Diet

Heather R. Wolfe, MD[1,4], Navid Sadeghi, MD[2,4], Deepak Agrawal, MD[1,3,4], David H. Johnson, MD[1], Arjun Gupta, MD[1,4]*

[1]Department of Internal Medicine, University of Texas Southwestern Medical Center, Dallas, Texas; [2]Division of Hematology and Oncology, University of Texas Southwestern Medical Center, Dallas, Texas; [3]Division of Gastroenterology, University of Texas Southwestern Medical Center, Dallas, Texas; [4]Parkland Health and Hospital System, Dallas, Texas.

CHOOSING WISELY®: THINGS WE DO FOR NO REASON™

Things We Do for No Reason™: Fluid Restriction for the Management of Acute Decompensated Heart Failure in Patients With Reduced Ejection Fraction

Julia B Caton, MD, MEd[1], Shirin Jimenez, MD[2], Samantha XY Wang, MD[1]*

[1]*Division of Hospital Medicine, Department of Medicine, Stanford University Medical Center, Stanford, California;* [2]*Division of Cardiovascular Medicine, Department of Medicine, Stanford University Medical Center, Stanford, California.*

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ONLINE FIRST FEBRUARY 20, 2019—*CHOOSING WISELY®*: THINGS WE DO FOR NO REASON

Things We Do for No Reason: The Use of Thickened Liquids in Treating Hospitalized Adult Patients with Dysphagia

William C Lippert, MD, MPH[1*]; Romil Chadha, MD, MPH, SFHM, FACP[2]; Joseph R Sweigart, MD, FHM, FACP[3,4]

[1]Department of Internal Medicine, Section on Hospital Medicine, Wake Forest Baptist Medical Center, Winston-Salem, North Carolina; [2]Department of Internal Medicine, Division of Hospital Medicine, University of Kentucky; Lexingron, Kentucky; [3]Department of Internal Medicine, Division of Hospital Medicine, University of Kentucky, Lexington, Kentucky; [4]Lexington VA Medical Center, Lexington, Kentucky.

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Food

Inpatient anorexia and malnutrition common

Gut-brain communication can create feeling of satisfaction and happiness

Be thoughtful of what our goals are when restricting inpatient diet

PAY WITH
CARD
Touch To Shop

Testing whether laughter *is* the best medicine

INPUT
TV
MENU
STR
STREAM
SETUP
DVD
AUD
EXIT
OK
CH
VOL
CH
LAST
A
B
C
D
1
2
3
4
5
6
7
8
9
0
ENTER
PHILIPS

Summary

First impression

Introduce self and role

Appropriate touch

Sit when you can

Beyond the illness

Appropriate humor

Leave room as you found it

Ok to show emotion