

EDITORIAL: The Spaces Between the Notes

Gimme 3 Steps

(With a Nod to an American Rock Song from the 1970s)

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INTRODUCTION

The message that patients are frequently dissatisfied with their interactions with their physicians is a common one. And, articles about physician burnout are plentiful [Shanafelt 2015]. Indeed, a recent national survey showed a nearly 9 percent increase in burnout rates over just the last 3 years [Peckham 2015]. Many factors contribute to this problem, not the least of which is the push to use electronic medical records systems, as evidenced by the recent comment from the acting administrator of the Centers for Medicare and Medicaid, Mr. Andy Slavitt, who said “we have to get the hearts and minds of physicians back. I think we’ve lost them” [McKnight 2016].

While many of the factors contributing to physician dissatisfaction are, and will be, difficult to control, there is at least one source of satisfaction that is within the relatively easy purview of virtually all practicing physicians, and that source is the patients for whom all physicians care. Fortunately, there are some straightforward, simple, and efficient ways to improve the view patients have of their physicians and the satisfaction that physicians can derive from caring for their patients. Three simple steps that can make both physicians and their patients more satisfied with the interactions between patients and physicians are outlined here. These suggestions are primarily oriented toward physicians in training caring for hospitalized patients, though they are most certainly applicable to all physicians. These suggestions are based on what younger physicians can say to, ask of, or do for a patient under their care, all of which can be easily and efficiently accomplished.

WHAT YOU CAN SAY

The first suggestion for improving patient–physician interactions for younger physicians relates to what one can say to patients when meeting them for the first time, which is to introduce oneself with the following lines: “I am Doctor _____. Doctor _____ (the patient’s faculty physician, whose

name will usually be familiar to the patient and family) has asked me to help him (or her) with your care. I am eager to do that.” With this simple introduction, one has established, or at least implied, a number of important things, which include identifying the trainee as a physician, acknowledging who is actually directing the overall care (the faculty physician), and indicating that not only does the faculty physician need help in providing optimal care but also that this senior clinician believes that the particular trainee has been chosen to provide that help. It turns out that it is quite unusual for a patient to end up interrogating the trainee about his or her qualifications or role on the team after such an introduction [Tribble 2016].

It is worth noting that the younger physicians would do well to pay attention to both their tone of voice and their countenance in this initial encounter, as patients will quickly pick up on these issues as corroboration or refutation of the genuineness and authenticity of the person introducing himself or herself [Ambady 2002; Gladwell 2009]. And, do not forget that it is essential that you sit down, if at all possible, while having these conversations [Meador 1992].

WHAT YOU CAN ASK

The next thing one can do after such an introduction is to ask the patient, “what will you do when you are well again?” Once again, this question is packed with implications. First of all, this question is a tacit acknowledgment that the questioner believes that the patient will, indeed, survive and recover from the anticipated operation or treatment. Second, such a question makes it apparent that the provider cares about the patient as a person. Virtually every patient will have an answer to this question. It will be quickly apparent to anyone who asks such a question that the patient, in answering, will change their demeanor and even their body language as they start to think ahead to the time of anticipated restoration of health. One can add considerably to the power of suggestion in this part of the conversation by asking the patient to send a picture of the anticipated activity being completed back to the health care team. Patients will often get a faraway look in their eyes as they, at least transiently, begin to look past the immediate future of the impending treatment or operation to a place or activity that will provide solace. A fairly common

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answer to this question is that the patient wants to mow the lawn or do some other type of yard work. While at first such an answer may seem surprisingly mundane, it begins to make more sense when one considers that activities of this sort are not only part of the common human yearning to be out in the natural world, which some have labeled as *biofilia*, but will also reflect the reality that work of this sort may well be the only realm in which a person has total control over something in their lives [Wilson 1984]. This inclination is even more relevant in the setting of illness or an impending operation in which the patient has lost or may lose a great deal of control of their lives, at least for the immediate future. Giving the patient permission to focus on the anticipated future activity can serve as a type of mantra, without invoking any particular brand of Eastern mysticism, to which they can be encouraged to return, time and again, as a source of solace and peace, while they are facing a possibly daunting and intimidating course of treatment. The value of defining this picture can be further enhanced by writing it on the white board that is in many hospital rooms and even by noting it in the social history in the patient's medical record, so that others on the health care team will be aware of the patient's plan.

WHAT YOU CAN DO

One can then ask if one can do or get anything for the patient. One must recall that patients are usually under a form of virtual house arrest when they are in the hospital. Think of the restraints that are commonly employed for hospitalized patients, especially on a surgical service, such as oxygen cannulas, Foley catheters, intravenous lines, and various drains and tubes. Frequently, depending on the circumstances, a cup of ice water or even some coffee or a soft drink would absolutely make that patient's day. And, on most wards in most hospitals, rounding up such a libation takes but a few minutes. Another favor that will almost always be considered one of the nicest experiences a bed-bound patient will have during a hospitalization is when someone rounds up a washcloth and moistens it with warm water from the sink in the patient's room. Virtually every bed-bound patient in a hospital will be feeling about as grimy and unwashed as at any point in their memory. A warm washcloth will not only be very much appreciated but also long remembered. Finally, one can almost always make

the patient's bed a bit more comfortable by rearranging the sheets, the pillow, the position of the bed, or the location of the bedside table. These small favors will be regarded as genuine gestures of friendship and concern [Wigginton 1972].

SUMMARY

Between two people of equal technical skill, the one who cares will do the better job. —Harvey Cushing, MD

Remembering to think of what you can say, what you can ask, and what you can do will not only make your patients more comfortable and satisfied with your care, but will also make your experience of caring for these patients much more fulfilling and rewarding. Furthermore, all of these things can be done expeditiously and efficiently. And, at the end of the day, you will care more about your patients and they will know it, which is good for all concerned.

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