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Everything I needed to know to be a pediatric emergency room doctor, I learned as a waitress

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Abstract

When I began my career as a pediatric emergency medicine physician, I believed I was prepared to take on any medical emergency. However, I was not prepared to provide a good patient family experience. Throughout my years of training, I was not taught productive ways of interacting with patients and was unaware of how impactful the patient family experience would be. Negative patient family experience scores affected my interactions with patients, my shared decision making and my ability to provide quality care. After working to improve my scores, I focused on skills I obtained in a non-medical setting, as a waitress, and applied them to my patient interactions. These 10 tips, which I have adapted from the hospitality industry, will help with not only improving your patient-family experience scores, but improving your entire interaction with patients in the emergency room or any clinical environment in which you work.

Keywords

Pediatrics, pediatric emergency medicine, patient satisfaction, patient-centered care, self-care, self-education

Intent

Even as a middle school student, I centered my academic studies around becoming a pediatrician. I convinced my parents to buy me 30 rat pups and divided them into control and research groups for my 9th grade science fair project. I shadowed a surgeon in 11th grade and scrubbed in for my first operative procedure, a bariatric surgery. I scheduled appointments for my pediatrician's office staff between senior year of high school and freshman year of college filing. At Tulane University I became an Emergency Medical Technician for the student-run EMS service and eventually rose to supervisor.

However, the training that prepared me best for my current career as a pediatric emergency room physician is far removed from the field of medicine: a waitress at a popular steakhouse chain.

The patient experience skills that I bring to the ER daily were curated from a year in the service industry. Like many of my colleagues, I am a "people pleaser." I want the first-place ribbon, the A+, the journal publication. When I started my pediatric emergency medicine fellowship, I was shocked and dismayed by my patient family experience scores.

As a pediatric emergency medicine physician, I felt that I was prepared to take on any medical emergency. However, I was not prepared to provide a good patient family experience. Throughout my years of training, I was not taught productive ways of interacting with patients and was unaware of the impact of the patient-family

experience. Negative patient-family experience scores affected my interactions with patients, my shared decision making and my ability to provide quality care. Why do patient scores matter so much? Patient experience has been repeatedly proven to correlate with positive patient outcomes and safety.¹ In addition, when patients feel that they spend more time with the provider, they have fewer complaints and concerns and they are less likely to move forward with a lawsuit in the case of a bad outcome.² So, I utilized my long-lost waitressing skills and began to apply them to my daily job. The results curated from these ten tips: less burnout, better career satisfaction, and higher scores on my evaluations.

Narrative

"Hi! Welcome to the ER. Would you like a chair or a bed?"

Smiling and making eye contact when you first meet a patient are effective ways to improve patient and family experience. The PatientSET "Satisfaction Every Time" communication training program focuses on these greetings in their 8 skills.³ Similar to waitressing, I work to make the environment as comfortable as it can be (offering a blanket, water, or a popsicle). Parents and their children don't want to be in the ER. Sometimes, it helps compassion fatigue to remember that everyone is there for a reason. Maybe they are just seeking a work excuse. But, if the dad doesn't receive that excuse, he will potentially be fired from his job, leading to food and housing insecurity for this adorable child running around the room. Reminding yourself that everyone has a backstory is important.

“I’m so sorry for the wait. We have a table right over here.”

Acknowledging the patient’s wait time (even if it doesn’t seem like a long wait) immediately puts a positive spin on the encounter. This is another trick from the PatientSET training program.³ I also apologize, if they are being seen in a hall bed, or during our recent RSV surge, a MASH tent, and explain that we are trying to see patients as quickly as possible. I may even say something to acknowledge the discomfort, such as “I very much appreciate you coming to our tent today. I’m sorry we can’t see you in the main area. As you can see, things are crazy.”

Get to their eye level.

Numerous studies show that providers who sit down with their patients project the perception that they are spending more time with the patient.^{4,5} This was a requirement at the steakhouse. Whether you knelt next to the table or squished your way into a booth with the customer, we were always told to take their order while sitting down. Older doctors may grimace at sitting on the bed next to the patient. However, you can’t give a kid a shot while sitting next to him, so this assures the kids that you have no hidden needles, and it puts you at eye level with the family. In addition, touch is important, especially after the COVID pandemic. So, shaking a hand, asking a parent if you can give them a hug when they’re crying, and asking kiddos for a high-five are gestures that may increase your scores, decrease the cortisol levels of your families, and increase your own serotonin level.^{3,6}

“What can I get you today?”

Before jumping into “does your child have any past medical history, allergies, or medications?”, asking, “what can I do for you today?” helps to establish a positive relationship. It also proves that you are open to listening, and not just rapid-firing questions about their past medical history. A study in 2019 stated that the median amount of time a physician listened to their patients prior to interrupting was 11 seconds.⁷ Try to let parents talk without interruption.

“To summarize: you want a fried onion, sauce on the side, a steak, medium rare, light seasoning?”

Families come in with expectations of what they think they need. It may be a CT scan for a mild head injury or fluids for their well appearing 5-year-old who is drinking a soda in the waiting room. Verbalize your exam findings: “Wow, I do see that big goose-egg on their head. That does look scary. But there’s no blood behind the ears and luckily the forehead is the hardest part of the skull, so we worry a lot less about forehead injuries than if it’s the side or back of the head.” This explains my decision-making while simultaneously acknowledging their concerns.

However, that may not always get the job done. What if the parent insists that “he really needs fluids,” or “I just really feel like he needs a CBC.” Well, there’s probably an unspoken fear underlying this ask. It’s possible that their older child had leukemia, or a cousin was just hospitalized for dehydration. Maybe it’s not the best medicine to draw an unwarranted CBC, but sometimes the parent is correct. I acknowledge that I do not think that test was warranted, but if they feel strongly that the child needs a test, then I consider ordering it. And sometimes the parents are right. Their child may be more dehydrated than they look or the child does have a significant leukocytosis or mild anemia.

Don’t forget a cocktail!

Treat pain and anxiety. Use your tools: lidocaine cream, child life and distraction for IV placements, midazolam for sutures. Unfortunately, a child’s pain is frequently under-treated.⁸ Listening to a child’s cries of pain is probably one of the most stressful experiences a parent can have, so by adequately treating their pain, you will give the child (and parent) a big sigh of relief.

“I’ll put that appetizer order in right away.”

Don’t batch your patients, orders, or notes. By seeing multiple patients in a row, you may feel more productive, but it slows down the ability to get a patient ibuprofen, fluids or an x-ray in a timely manner. In addition, if all these patients belong to the same nurse, it dumps multiple orders on them at one time. Also, remember to document after each patient. The patient’s experience will help you avoid a lawsuit, but your documentation will get you out of one.

“That entrée is one of my favorites.”

Validating a parent is incredibly important. Many parents will ask at the end of their visit, “Should I have brought them to the ER?” Again, I acknowledge that “parent gut.” Whether we view a parent’s choice as misguided or not, they are scared. By noticing that they are doing the best they can (even if they really didn’t need to come to the ER), you are helping them to be less fearful. For example, a parent may say, “Should I have just waited to go to the pediatrician? I was just so scared that the fever was so high,” you can acknowledge that fear, remind them that fever is not harmful, and end the interaction by saying “you’re a good dad.” Because, hey, isn’t that what we all want to hear?

“I’ll get the manager.”

You will never make everyone happy, and sometimes, you can’t stop a situation from escalating. A parent may want a study that cannot be done (an emergent MRI for a knee injury) or may be frustrated by something you can’t control. Despite apologies or explanations, you may need to back away from the room. Acknowledge that you can’t make the situation right: “I’m sorry. I hear your frustration, but I can’t with reasonable conscious order

you that study. I do not feel that your child needs this head CT, and I do not feel comfortable subjecting your child to that much radiation. I am happy to offer you another doctor for a second opinion.” If you cannot get them to de-escalate, find a nurse manager.

“Take care of yourself.”

One of the best ways to provide your patients optimal service is by making sure YOU are your best self. This goes both ways: a positive patient experience has proven to provide greater job satisfaction and less burnout.⁹ Anxiety, depression, and burnout will steal the spirit of the best person and doctor you can be. Make yourself a priority by scheduling sleep, exercise, and meals. We put so much of ourselves and our lives into our jobs, but if you are in a bad place and enter your work in that place, your patients will feel it, and your interactions will suffer. You have to put your own oxygen mask on before anyone else.

Reflections

Every day, we do our best as clinicians to provide the best medical care possible. However, few physicians realize the association between excellent medical care and a positive patient-family experience. Getting on a patient’s level, providing eye contact, allowing parents to speak without interrupting, and taking care of yourself are all easy ways to improve your patient-family experience. Doing so will decrease your own level of burnout and improve your career satisfaction. I hope that you utilize my hard-earned tips learned from my time in the hospitality industry and apply and adapt them to your own clinical care.

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