

To: Station Captains for presentation to all providers

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Re-written: 8/15/07

From: Roger M. Stone, M.D, M.S. FACEP, FAAEM
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Re: Resurrection of Helpful "Pearls", 7th Instant Fax in a Series: Bedside Manner

As the individual cases cross the desks of the QI office we track patterns which link many of the cases we review. The following is aimed at utilizing our best resources.

How many times do you hear the words "Bedside Manner" to describe a criterion by which we judge doctors, pediatricians and surgeons? There is evidence that attitude is a lot more visible to the layperson than whether they try correct hypertensive medicine, their skill in the OR, or why they omit an antibiotic. By analogy, whether we chose Lasix or a nebulizer may be secondary for patients to how we approach them in the pre-hospital setting. Is there a distinction drawn between a "medical infraction" while exhibiting poor bedside manner, versus a pure conduct infraction for a patient who may or may not have suffered medically or emotionally from that conduct? There may be a difference to employees and bosses, but not to patients if they are ultimately upset with our service.

So, is it reasonable to include a degree of "bedside manner" in the criteria of good EMS? The aim of this question is clear when one looks at problem calls. Complaints about "conduct" mirror the national trend here, as being the second most common after non-transport. A big issue is there is a perception of a direct link between bedside manner and a medical mistake, so when things go wrong, not only is it adverse for the patient, but seems more indefensible for providers, and thus perilous for the system.

The interest of any medical director in this topic should be obvious. Although our peer review group (the MRC) defers and does not want to primarily review peers on a conduct issue, so many cases we face have that unavoidable link, because the discourtesy played a role or is perceived as such in poor medical judgment, especially non-transport. The MRC then has the dilemma of trying to remediate a situation that probably has roots in a non-medical problem. The above said, here are some take home messages:

- There is too often a neglect of EMS bedside manner, which may be a factor in medical decision-making and really drive a complaint
- In MCFRS, we have two separate tracks for the processing of information growing out of a complaint about conduct of personnel, and medical actions
- Any trained provider should be aware of how difficult the task is of repairing the damage caused for them and the public by the mixture of bad attitude and errant practice; it leaves us often unsure of whether or how we can remediate
- Our Medical QA office is focused whenever possible on system improvement, re-education of providers, data analysis of trends, and quality feedback loops; avoidance of the attitude trap allows focus on the above and "frees providers"

Hence, the mnemonic for the rescuer who is riding the seat of an EMS unit is CLEAR

- C Be connected to what you do:
Be aware of what is going on with patients when you reach the scene
Approach with compassion and make it a life's mission to never lose your cool!
- L Link to the next steps
Any person who feels frustrated should desist and let their partner step in to diffuse the situation, rather than resist their partners' attempts to do so
- E Expectations: What is expected of me?

Never be disparaging to anyone in jest or in tone, even to a patient with poor behavior or in a 911 call by a third party; Especially with family, it is considered our job to act above the standards of the layperson or loved one
- A Ability, what tools do I need to do my job
Approach each new patient with an open mind medically
Use your EMT training at each level to best of ability, not the least
Know Patients Bill of Rights, available on EMS Quick Links for reference
- R Return on investment: What is in it for me (WIFM)?
This approach will keep providers out of trouble
May even mitigate your shortcomings in the event of an honest mistake situation
This approach may be personally rewarding on the whole, and less exhausting
Above all this approach may help save a life!