

## To an Intern: What if You Were the Patient?

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Congratulations, student doctor. You studied hard and scored well on your examinations—not only on your Medical College Admissions Test but in your organic chemistry tests as well. You mastered anatomy as well as pharmacology, neurology, and more “-ologies” than you care to remember. Now it is time to get hands-on learning experience, without being able to hide in the library, while preparing for your clerkship shelf examinations or showcasing your talents to the orthopedic service during your anesthesia rotation. You made it through 4 years of college and 4 years of medical school only to plummet to the bottom of the food chain in the hospital. You are now a physician, and in some institutions you are able to don a long, crisp, clean white coat. You have access to physician parking lots and maybe even an exclusive physicians’ lounge. You have more responsibilities than ever before, yet your time to complete these tasks is limited. Congratulations, you are an intern!

Not only are you going to learn about the patient’s history, perform physical examinations, and prepare discharge paperwork; you will also learn how each human being expresses pain, sadness, and utter distress. You will see that not everyone speaks your language. You will witness fights among a patient’s family members who are divided on how to proceed with their loved one’s care. Not every patient’s disease follows the textbook pattern, nor will every patient agree with the courses of treatment you spent countless hours learning about. No longer will the response to the patient’s ailment be 1 of 5 diagnoses labeled A through E that you will bubble in on your Scantron form. Patients are going to fight back and question you and your judgment. They are going to demand answers.

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As physicians we are given all-access passes to people’s lives within seconds. Why shouldn’t patients hold us to the highest standard? After all, patients

allow us to remove their clothing, ask personal questions, and look in places generally reserved for their spouses. Yet, even as patients maintain a high level of respect toward us, it is only appropriate that we as physicians respect a patient’s intimate details and privacy. It is crucial to live the role of physician on a daily basis in all clinical and educational arenas. It is our duty to provide the best care for our patients—but do we?

In a recent study published in the *Journal of Hospital Medicine*, Block and colleagues<sup>1</sup> evaluated the etiquette of internal medicine interns and tracked interns’ interactions with patients. The results of the study demonstrated substantial room for improvement: 40% of interns introduced themselves to patients, and 37% of interns explained who they were to patients. The authors attribute attending physicians’ lack of professional etiquette as the basis for patients’ low ratings of physicians. This lack of etiquette is a problem.

Can some of the blame be placed on the public for not knowing the medical education hierarchy in hospitals? Should patients know to expect that their lead (ie, attending) physician may change twice during their hospital stay? One valid concern that patients and loved ones tend to bring up is whether there are “too many cooks in the kitchen.” I cannot blame people for thinking this way, especially when each team may have 4 members working various blocks of time and shifting in and out of a patient’s care cycle.

Physicians must realize that their ability to explain clinical information without resorting to medical jargon is vital to successful communication with a patient. If a physician’s recommendations or plan of care is not fully understood by the patient and other team members, the health care system will suffer. The patient may undergo further complications and require longer hospital stays or readmission, ultimately leading to larger, pointless expenditures of health care dollars.

Thus, medical schools’ stress on empathy is not surprising. There seems to be less and less of it.

Therefore, I propose a change to the health care system: an alternative and extra level of learning, one that is more passive than what students are used to. This additional module reverses the standardized patient encounter and would entail student doctors playing patients interacting with actors playing physicians. Thus, a “patient” can experience how ineffective a bad physician can be. The encounter would allow students to compile a list of mannerisms, key phrases, and body language to avoid. It would also impart lessons that cannot be taught in the classroom or read in the 1250-page paperweight known as the anatomy textbook.

In addition to scenarios with 1-way mirrors and simulated patients, future physicians should be treated by simulated physicians. Let us, as patients, see how things are like on the opposite side. Let us, in our third year of medical school, gauge our responses when a physician acts unprofessionally or dresses inappropriately. Better yet, let us handle being examined by someone whose name we do not know. This will be a big wake-up call to both medical students and educators. The reaction will be a lasting one.

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The patient experience must be a central concern of physicians. It is hard to understand a procedure or what a patient may feel if you have never been in his or her place. Can you blame someone for being claustrophobic in a magnetic resonance imaging tube if you have never seen the inside of one? How can you

expect patients to stay calm when hospitalized when you have never been stuck in that bed, unsure of a discharge date? Now, I am not saying that all students should undergo an appendectomy to experience post-operative pain. Nonetheless, there is certainly a different vibe among my colleagues who have experienced 10/10 pain after sustaining a fractured femur. There certainly is a greater level of empathy for those “complainers” when you have been in their shoes and experienced their concern, fear, or same painful injury.

Empathy underscores one of medicine’s great dilemmas. Would you, as a patient, want to see a physician who attended all of the best training programs but does not communicate well? Or would you prefer a physician who earned only passing grades in medical school but who clearly communicates his or her treatment plan? Because the medical profession has a duty to promote academic excellence and a culture of lifelong learning, physicians must set internal goals to maintain a professional rapport with the people they care for.

Welcome to your intern year, and always keep this scenario in mind: what if you were the patient? (doi:10.7556/jaoa.2014.082)

## Reference

1. Block L, Hutzler L, Habicht R, et al. Do internal medicine interns practice etiquette-based communication? a critical look at the inpatient encounter [published online October 12, 2013]. *J Hosp Med*. 2013;8(11):631-634. doi:10.1002/jhm.2092.

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