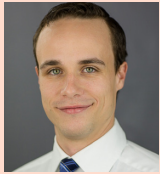


Why Residents Should See the Waiting Room: A Case for an Introduction to Patient Experience Earlier in Postgraduate Training

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DURING POSTGRADUATE MEDICAL EDUCATION, EMERGENCY MEDICINE (EM) RESIDENTS spend countless hours honing their clinical skills. By the end of intern year, trainees gain procedural competence, manage many patients autonomously and have begun to develop the backbone for their future clinical practice. While clinical competence is an essential component of the practice of EM, a well-rounded physician must also have knowledge of how their patients experience the clinical care they receive.

Emergency department (ED) administration encompasses many of the non-clinical aspects of EM, including ED throughput, operational metrics, financial principles, policies and procedures, and patient experience.¹ While few studies directly assess the quantity, quality and duration of EM resident exposure to ED administration, a 2014 study reported that 93% of EM residencies included at least one administration lecture and roughly half had a formal administration curriculum.² As of 2018, 53% of three-year programs and 70% of four-year EM programs designate administrative blocks within the curriculum ranging from one to five weeks in duration. Across all programs, administrative blocks are scheduled almost exclusively during the final year of residency.³



While a complete overhaul of administrative education in most EM curricula is not feasible, introducing patient experience early in residency has few drawbacks and many potential benefits.

Reserving curricular inclusion of ED administration until late in training may be doing learners a disservice. An informal survey of EM residents at an urban academic medical center in January of 2019 demonstrated that most EM interns could not accurately describe the path of a patient from the hospital parking lot to an ED treatment bed. It is likely that this finding is generalizable to other ED training programs, and that processes such as triage, specific departmental protocols and procedures, and the geographic location of the waiting room, all of which are at the intersection of patient experience and clinical care, had not been addressed in the first six months of training. Just as we expect residents to take clinical “ownership” of their patients starting on July 1st, trainees should also have an understanding of patient

experience and how they, and their department, influence that experience. This “ownership” of their patients’ experiences, should parallel their growth in clinical accountability.

Early introduction of patient experience would benefit EM resident education in several ways. Gaining appreciation for patient experience and patient facing processes will likely help residents empathize with patients in the setting of long wait times and through potentially challenging interactions with staff. Learning how nurses see orders and the many tasks they perform will likely foster a sense of multidisciplinary camaraderie and team dynamic, which may allow for better interactions in front of patients. Additionally, it would provide insight into the structure behind how clinical care is actually delivered.

Most EM programs include an intern orientation as part of the curriculum.^{5,6} According to the most recent survey of EM training programs, 9.6% include some form of administrative activity.⁶ However, patient experience was not a routine component of clinical, didactic, or administrative activities.

Our newly revamped orientation program attempts to address patient experience through a four-hour session titled the “ED Experience.” This session begins with a 50-minute tour of the department led by senior residents featuring all patient facing processes preceding physician evaluation, including Triage 1, Triage 2, and the waiting room. Each intern spends time in each area, as if they were a patient. The tour then transitions to each type of treatment room or space in the department, such as the resuscitation bay, high acuity zone, and low acuity zone, and encourages attendees to imagine how they would perceive being treated in each area.



As patient experience also hinges on ED flow and wait times for each phase of care, the following two-hours are dedicated one on one direct shadowing of veteran ED nurses. In this part of the session, new residents learn about nuanced aspects of care, such as the tube system, printing labels for blood samples, nursing evaluations, bedside triage, and operating the monitors and beds, among others. The final hour is spent shadowing senior residents working clinically and encouraging attendees to appreciate how many essential background processes in the ED are nearly invisible during the practice of clinical EM. An awareness and acknowledgment of these hidden processes should help trainees keep their patients updated and better explain the clinical care they are providing and any waits associated with that care.

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