

## **Human Interaction: Practical Ways to Prevent Malpractice**

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### **Introduction**

- “There is nothing in the world either good or bad but thinking makes it so.” --*Hamlet*
- How you view it counts. How the patient views it is what ultimately matters.
- What business are we in? Careful, reassuring, facilitators of care
- Medicine is show business for ugly people.

**I. Setting the Mood (theory)**

- A. Park and crawl – “Doctors only” parking
- B. Your ED vs. the Greyhound bus depot
- C. Blood !!!
- D. Noise
- E. Paying attention – Disney World

**II. Out Front**

- A. People who see the patient before you can sink your boat.  
i.e., registration, triage, etc.
- B. People wait in groups.

**III. Seeing the Patient -- “The Big Show”**

- A. How long does it take to get credibility?
- B. Being the doctor you would want to see
- C. Greeting – what to call people
- D. Shaking hands – the magical laying on of hands
- E. Apologize for the wait
- F. Dress – you and the plastic surgeon
- G. Getting the issue out on the table: “What can I help you with today?”
- H. Other people in the room – “I’m glad you brought your mother”
- I. Creating conflicts – words better not said
- J. Time – anticipating guidance, what is going to happen

**IV. The Middle**

- A. Keep the patient moving -- KISS
- B. Check up in between
- C. Recheck, family, cell phones
- D. Putting out the call for their doctor.

**V. “The Big Close”**

- A. Bring the family together
- B. Open up for questions
- C. Where are they going
- D. The three big questions
  1. What did I just tell you?
  2. Do you need pain medications or a note for work?
  3. Are there any other questions we can look at today?
- E. Discharge Instructions: action specific and time specific

**VI. General Problems**

- A. Loose lips sink ships
- B. Undermining confidence in the health care team
- C. Medical system – contacting the doctor
- D. Closing the ring

**VII. Conclusions**