A new ‘electronic etiquette’ for surgical services

Nurses texting between—or even during—cases. Anesthesia providers playing games on their cell phones. A surgeon answering calls during surgery using his Bluetooth device.

Mobile devices like smartphones and tablets have introduced a brand of constant communication—and a management challenge.

Banning the devices isn’t the answer. Instead, health care needs to educate personnel and foster “electronic etiquette,” a professor of anesthesiology advocates. Peter J. Papadakos, MD, who has spoken out on “distracted doctoring,” is on the faculty of the University of Rochester Medical Center, Rochester, New York.

A ban is “impossible,” he says. Patients and families insist on Internet access in the hospital, and it’s a major factor in their satisfaction. If patients have access, then everyone else does, too.

For the OR, which is team based, Dr Papadakos says education should be multi-disciplinary, including all types of personnel: nurses, physicians, surgical technologists, and OR assistants.

Once educated, he says, “they are all equal” and should be held to the same standard of behavior.

The education he suggests covers:

- the addictive nature of electronic devices and hazards of distraction
- a code of professional behavior for interacting with devices in the patient care setting.

Addiction and distraction

The first half of his education program includes information on what he calls the addictive nature of electronic devices, along with the risks that poses. “We feel we can’t wait to get home to check on that flight to the Caribbean,” he says.

Some recent evidence:

- Subjects using Facebook showed specific patterns in physiological measures suggesting a positive emotional experience compared with subjects in relaxation or stress situations. This may partly explain why social networking has spread so fast, say the researchers led by Mauri.
- Serious injuries to pedestrians listening to headphones have more than tripled in 6 years, according to research from the University of Maryland.
- “Unfortunately, as we make more and more enticing devices, the risk of injury from distraction and blocking out other sounds increases,” says Richard Lichenstein, MD, the lead researcher.
- Distracted driving, including texting and cell phone use, killed over 3,000 people in 2010 alone, according to the US Department of Transportation (www.distraction.gov).

If people can’t resist texting while driving, endangering their lives, it’s difficult to get them to resist temptation at work, Dr Papadakos notes.
Risks extend to health care
One example of the risk to patients is described on WebM&M, a service of the Agency for Healthcare Research & Quality. In the case, a patient needed emergency open-heart surgery after a resident’s text order to discontinue warfarin failed to go through. The text was interrupted when the resident received another text about a party (case report and PowerPoint at http://webmm.ahrq.gov/case.aspx?caseID=257).

Malpractice attorneys are taking notice. A Google search on “distracted doctors” now turns up attorneys’ websites, Dr Papadakos notes.

‘Electronic etiquette’
Dr Papadakos has outlined guidelines for professional behavior, which he discusses in the second half of his presentation. Important to realize, he says, is that even though the public expects constant access to texting and web surfing, they hold health professionals to a higher standard.

“Patients expect that we will be totally focused on them and their care,” he says.

Some guidelines:
• Maintain separate devices for personal and professional use. That makes it easier to maintain focus on uses related to patient care.
• When interacting with patients, establish a personal relationship. Then when you use a mobile device or computer to document care or access patient information, introduce the device to the patient. For example, a preop nurse could say, “Mrs Jones, I’m entering this information in the computer so your anesthesiologist and surgeon can review it before your surgery.” Or “I’m looking up your test results.”
• Avoid using your device when in public view such as on the elevator. Otherwise, patients and families might think: “Everyone is surfing the Internet. I’m worried they’re not focused on me or my loved one.”
• Silence the device when with a patient. “They don’t need to be hearing your marimba music or Star Wars ring tone,” Dr Papadakos says. “Check it later.”
• Realize that patients see beepers differently than cell phones. Patients are used to seeing doctors use beepers on TV and in the movies. They think of a beeper as having a focused purpose. On the other hand, cell phones are perceived as “unfocused,” causing patients to wonder whether the nurse or physician is texting a friend or surfing the web.
• Consider a conversation instead of texting about a patient. Conversation is more information rich, he says. For example, when a trauma case is coming, it can be more efficient for the surgeon to call and say: “We have an open chest. We have two chest tubes. There are open fractures, so orthopedics is going to be involved.” In contrast, a text, “Bringing trauma down,” requires time-consuming back and forth messages.
• Any treatment-related photos should be taken and shared only by hospital-issued devices operated on the hospital’s secure network, not by personal devices.
  “It’s fine to take a picture [of a surgical site] and e-mail it to pathology using the hospital’s secure system,” Dr Papadakos says. “That’s different from using a personal phone where someone scrolling through could see the photo.” Photos of patients should always be taken with specific consent.

Much of human communication like conversation is centuries old, Dr Papadakos points out.

But computers and mobile devices introduce a new form of information exchange, and “we need new rules of communication.”
References