A fellow resident and I were working a busy Monday shift, and I was walking by the room where he was seeing a patient when I heard him say, “Let me step out for a moment.” He came out, quickly closed the curtain, flexed his fists, sucked in some air, held it, and finally blew it all out in an intense moment of frustration. Then he walked back into the room.

I didn’t think a lot about it at the time because a lot of us felt that way during residency. It happened to me too. We felt overwhelmed and weren’t experienced enough to be able to put things in perspective. Sometimes it felt like it was us versus the patients. I was frustrated, like many are, with patients who presented to the emergency department who weren’t “sick enough.” Maybe they had the sniffles, or maybe they were kids. I would quickly dismiss them as fine to go home, and my tone of voice or body language conveyed my message: They were wasting my time.

I was probably dismissive to more than a few patients during residency. I thought in my naiveté, “When I get out of residency, it’ll be different and I’ll be happy again.” I thought there would be a better mix of patients that would meet my agenda: true emergencies! Obviously, the hospital was the problem, not me.

Just as obviously, I was wrong. It turns out that patients are the same wherever we work. The reality is that they come to us for reasons that absolutely make sense; they are scared, in pain, without other options, or simply don’t know what to do. One of my mentors always said, “No shirt, no sobriety, no salary, no problem.”

We are their true safety net, and we should be proud of that. Now I tell my residents that I’m going to the mechanic if my car is making a terrible noise. I don’t know what’s wrong, but it sure sounds like it might be bad. Plus, my non-mechanic friends and Google said it could be really dangerous. So I’m going to the only person who can help, and I’m going there today! Maybe it turns out it was just a loose bolt. What a relief. But the mechanic always reassures me and lets me know that he would be happy to see me again if I ever needed his help.

Cynical Doc
If I had maintained my dismissive attitude, I would have quickly become that cynical doc. But, even worse, I may have grown depressed and demoralized as an emergency physician, and ultimately it may have hurt my patients or rubbed off on my family and friends. A patient who gets under your skin or a bad encounter can follow you to your next patient or staff interaction, and it can follow you home. That’s the path I was on, and it wasn’t a good one.

Things turned around for me when I went through some patient satisfaction training. The purpose ostensibly was to raise patient satisfaction scores, but it should really be called physician satisfaction training. We simulated encounters with intentionally difficult patients who could easily hijack our emotions. Later I got to watch myself on camera. I watched my body language and mannerisms, and heard the tone of my voice. I also got feedback from the actors who played the patients, who told me how the encounter made them feel. That was the exact moment when I realized I needed to change. Patients may not remember everything we say, but they will always remember how we make them feel.

I focused on turning around the way I approached each patient and everyone with them. I truly began to see patients as people who need our help, no matter why they were there. I stopped asking, “Why are you here?” (in a pseudo-condescending way), and I started asking more important and useful questions: “What are you most worried about? Is there something that you heard about or read that scared you?” For non-emergencies, that’s the root of the visit. What are they scared about? Addressing what concerns our patients rarely takes more time or more tests. It just takes talking to them as a person who cares.

I’m a huge Ohio State fan, and the Buckeyes’ coach, Urban Meyer, wrote in his book, Above the Line, about a simple equation: E+R=O: event + response = outcome. The critical lesson is that we may not control the events around us, but we absolutely control our response. In fact, I have that equation written on my bathroom mirror to remind me each day that my response to life’s events influences the outcomes.

Learning to see each patient as a person with a legitimate concern or situation that led him to come into the ED likely saved me from a much more cynical career. Today, I absolutely love being an emergency physician, and am thankful for everyone who helped me realize that it’s all about the patients.