

# MEDICAL CLINICAL BEDSIDE ETIQUETTE.

IS A COMBINATION OF .

- Voice tone,
- Use of polite/friendly words,
- Body language(gestures , postures),
- Facial expressions = eye to eye contact,
- Full attention to the patient.

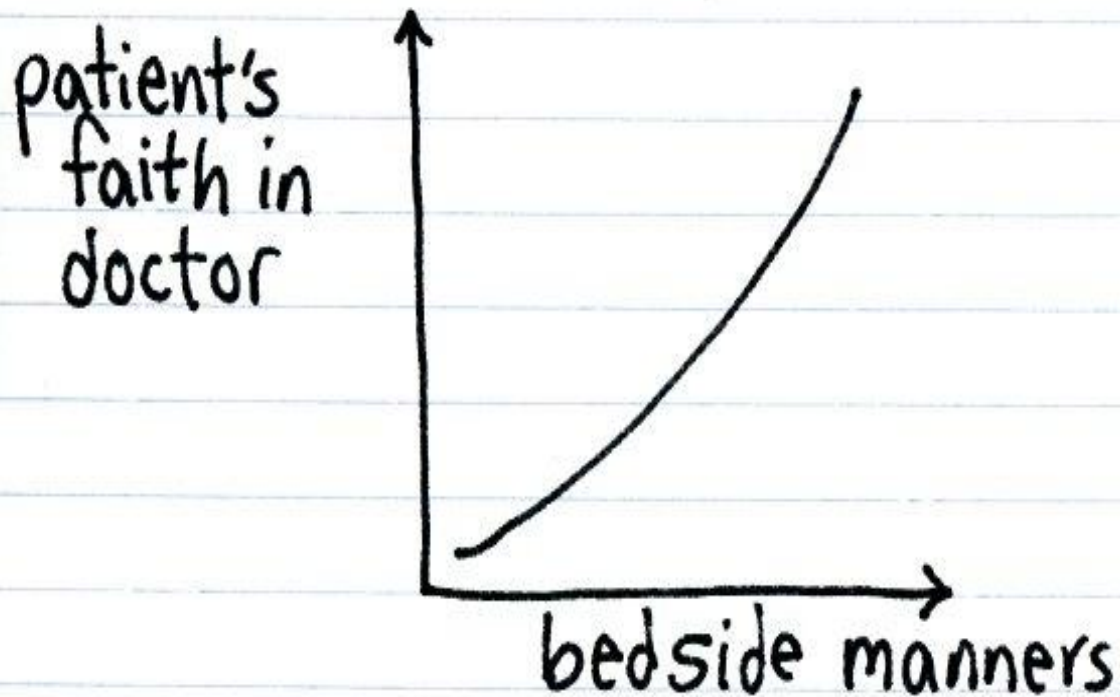
# GOOD BEDSIDE MANNERS OFFERS PATIENTS.

- ✓ Comforts
- ✓ Re-assures
- ✓ Encourages
- ✓ Re-leaves anxiety,
- ✓ Removes worry,
- ✓ Makes patient less fearful,
- ✓ Two way respect,
- ✓ “Thank you.”

## BAD BEDSIDE MANNERS.

- Feeling of insecurity,
- Anxiety,
- Worry,
- Increase of pain,
- Fear of dying,

# INTERPERSONAL REACTIVE INDEX (IRI).



## CONFIDENCE TO PATIENTS.

- **Total attention** gives pt confidence.
- Good relationship , alliance , **kindness**.
- Use a **sincere smile** to show warmth /friendliness.
- Avoid offending words.
- Avoid jokes of questionable taste.
- Avoid medical gossip.

## BODY LANGUAGE & RESPECT.

- No offensive body language,
- Be humble , **respectful** , apologize readily,
- Different **cultures** / traditions/ **religions** ,
- You must be heard well.

# EMPATHY / HUMANE

- ❑ **Sympathy**-emotional concern,
- ❑ **Empathy** - a reflection of emotional understanding or compassionate care . Acronym **E.M.P.A.T.H.Y** = **Eye** , **Muscles of facial expression** , **Postures** , **Affection** , **Tone of voice** , **Hearing the patient** , Your response
- ❑ The “patient and the disease”,
- ❑ The patient’s experience is cognitive,
- ❑ “Empathy is a cognitive attribute”
- ❑ Behavioral **skills** , science of **emotions & intellect**,
- ❑ Clinical empathy-**the neural psychological feelings.**

# STUDY OF EMPATHY OR SYMPATHY ON TERMINAL ILLNESS.





## FORTHRIGHTNESS IN BEDSIDE MANNERS.

- ❑ Patients have fears, self-pity , anxiety , lost hope,
- ❑ They need calming down , alleviate fears,
- ❑ Provide hope in humane, compassionate , empathic , supportive manner.
- ❑ Be a good listener, non-judgmental.
- ❑ Build a positive relationship . Dress well , name tag.
- ❑ Adopt Evidence Based Medicine.
- ❑ Work to improve patient safety.

## THOROUGHNESS IN BEDSIDE MANNERS.

- The conduct of a doctor , the noble profession.
- Be conscientious and persistent.
- Learn on your **strengths** , correct your **weaknesses**.
- Watch for different cultures , **beliefs** ,and traditions.
- Be thorough, **avoid chewing** , eating or sideshows.
- **Phone etiquette = no phone, do not yell , or curse.**

# GOOD STANDARDS OF BEDSIDE BEHAVIOR.

Three core principles of **professionalism**:

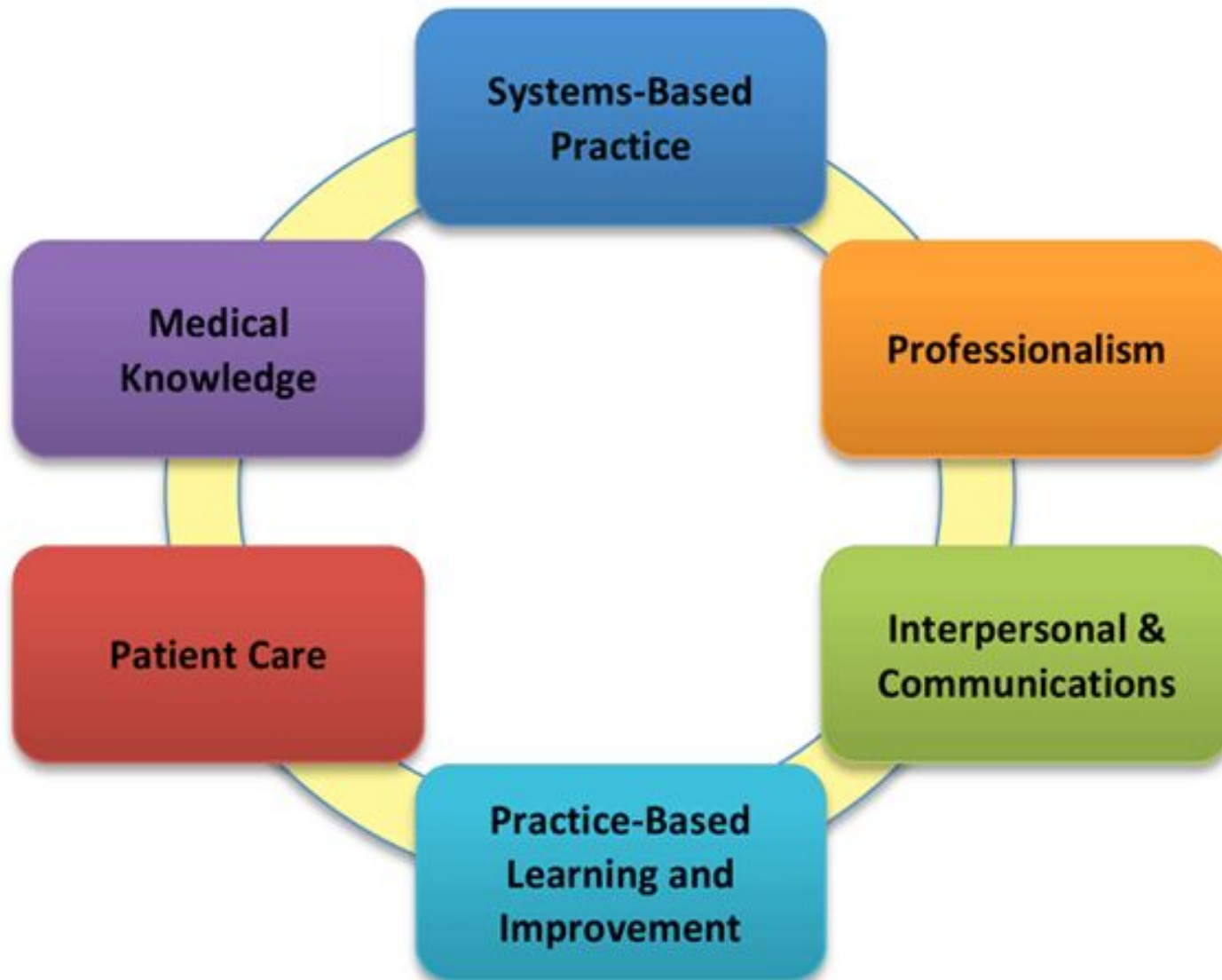
= competency,

= primary patients well fare,

= social justice.

Talk like **a doctor**, speak **,laugh**, smile, **behave** ,  
**communicate** like one.

# GOOD STANDARDS OF COMPETENCE.



# FULL FACE EXPOSURE.



# WORKING STETHOSCOPE.



DECENCY/ NOBLE.



NO SHOW OFF.





# BAD& DANGEROUS.



# EXAMPLE OF BAD MANNERS.



# VULGAR LANGUAGE.

“Its just a mild hyper-insulinism due to Islet cell hyperplasia with a touch of hepatic insufficiency and glycogen depletion. In other words, watch your diet.”



## POOR LANGUAGE/NO EMPATHY.

“That’ it for today . If you have any queries ask the nurse. I can’t hear a thing with these ear plugs in”



# FRIGHTENING APPEARANCE.



*"I'll let my colleague explain."*



FROM "DOCTORS IN THE HOUSE".



# POOR RECEPTION.



"The Doctor will see you now. Here's your medical jargon dictionary."

# CHOICES OF DRESS CODE.



**WHITE COAT**



**SCRUBS**



**SEMIFORMAL**



**SMART CASUAL**



**CASUAL**





# STANDARDS OF COMPETENCE.

## CONNECT:

- Eye contact & smile.
- Use patient's name.
- Use friendly , helpful voice tone.
- Say “ please” and “thank you”.

## LISTEN :

- Maintain eye contact.
- Be relaxed.
- Don't interrupt.
- Repeat information for accuracy.

## EXPLAIN:

- Describe the intentions.
- Answers with patience.
- Any delays explained.
- Speak slowly audibly.

## ASK:

- All questions systematic.
- Understood.
- End - friendly comment.