

Narayana Medical College

STUDENT CODE OF CONDUCT AT HOSPITAL

Clinical Postings

Congratulations! You are entering into the temple of Wellness. You will be able to experience and interact with people suffering from a wide variety of illnesses.

You are posted in the clinical departments on a rotation basis during the second clinical year. During the posting period, you will be interacting with the patients and collecting data for documentation. You will be communicating with the patients consulting the hospital at the outpatient department. You are also entrusted to elicit and document the case history in the form of a case study of patients admitted in the wards. Patients will be revealing their personal as well as private information to you assuming that you are confident, approachable, competent, and, above all, trustworthy.

Personal appearance

It is a known fact the first impression is the best. Your presentation, including the dress upkeeping of hair, your footwear all these matters a lot to the patient. These have a significant impact on the patient in building confidence and confiding the information with you. Your appearance creates an aura of professionalism. Wearing a white coat will instil confidence in you as well as the patient. The white coat indicates the traditional medical culture and is a synonym for the health care provider. The white coat will mask the distracting fashionable clothes you are wearing and equalises the gender differences. Some of the crucial points in personal appearance are as follows:

- Do not wear and exhibit trendy preferential clothing.
- Wear appropriate professional attire.
- Always wear shoes while in the hospital. Shoes be polished and clean.
- While entering the aseptic zone, ensure that *clean* surgical scrubs are worn.

- No fashionable hair styling is warranted. Practice conservative hairstyles and hair should not fall over the face. If you are keeping long hair, it should be tied up.
- Wear the badge/ identity card depicting your name and designation. It is necessary to display your Personal identity, as well as your affiliation with the organisation.
- Stethoscopes need to carry in the apron pocket or handheld. However, wearing a stethoscope around the neck appears to be a little pretentious.
- Do not try to tuck items such as cell phones, car keys or wallets. Try to keep them safely in your Pockets. This would reduce cross-contamination of infections.

Timing

Attending the hospital posting in time is a part of the discipline. Interaction with the patient during the allocated time must be followed. You should bear in mind not to infringe the patient's lunch or dinner time. Always seek the permission of the patient for interviews and physical examination. Also, ensure safety and security while examination of the patient. If you want to examine the patient in a separate examination room, seek the permission of the ward sister in-charge.

Setting

While the examination of the patient or during the interview, create an atmosphere of congeniality in the hospital. The atmosphere should be friendly, and the patient should feel comfortable with your examination. Try to follow the instructions:

- The room where you intend to conduct the interview should be quiet, private, and free from disturbances.
- Ensure that the patient sits or lie down on a comfortable chair or couch.

- Try to avoid prolonged conversations at one time. When you, along with your batchmates, are in the ward, let one person converse with the patient. Do not try to initiate conversations with multiple students. Multiple short interactions are suitable than a single prolonged interview.
- While collecting the information during the meeting, make sure that no intervening furniture between you and the patient. If the patient is in sitting position, you should directly face him/her or sit adjacent to him/her.

Behaviour in the Wards:

During the clinical postings, you must follow the senior faculty member during their ward rounds. Instead of glazing over, you should observe the faculty members and watch their interactions. If possible you should consider emulating/ avoiding their observed behaviour with the patients. You must also note down the positive body language signals observed.

You must be choosy in word selection while interacting with the patient/ colleagues/ seniors/ faculty members. During patient interactions, you should be able to converse in a culturally acceptable non-harmful language. Familiarising with the dialect and the local synonym of the words is essential for you to build rapport with the patient. Remember that spontaneity is vital in physical examination. To dig out, you should be able to coax the patient and administer different types of questions. During these interviews and physical examination procedures, you should make the patient feel comfortable and is at ease. This would facilitate better communication.

A word of caution in communication

As a habit, health care personnel lavishly use medical jargon during their conversations. The lay persons do not so easily understand such words. So it is always advisable to avoid complex medical words during a routine interview with the patients. Using simple words to explain the complex

disease process would be able to gain the confidence of the patient. Technical words such as *myocardial infarction* might cause confusion and unnecessary anxiety among the patients. You also should avoid medical jargon like *exacerbate, chronic, numb, and sputum* — as a medical person easily understands these but not by the common public.

Always recollect the Names and pronounce them

During the beginning, in between and at the end of the conversation, it is advisable to recall and pronounce the name of the patient. Sometimes it is difficult to recollect the name of the patient. But it is easy to read the name of the patient scribed on the case paper cover page. Before you initiate the conversation, read the name of the patient and call the patient by name. By doing so, you will be able to launch the process of winning the confidence of the patient as well as building rapport. Always confirm the name of the patient by cross-checking with him.

Things to do in Wards:

You can start working in the inpatient wards by selecting the patients and conversing with them.

Remember to follow the rules of the wards:

- Whether the patient can understand the language, you are speaking.
- Are you familiar with the local language and dialect?

Greet the patient as you are approaching the bed. Call by the name of the individual. Enquire about the demographic data. You can find out how you can connect with the patient. Suggesting the commonality like native place, language, school, relatives, friends, other community members etc. with the patient is the easiest way to build rapport. By greeting “Namaste” or “good afternoon” or “good morning” you will be able to win the confidence of the patient. You should cautiously use the greeting while breaking the sad news.

A thorough understanding of body language and postures is essential. By posing with folded hands, you will be hindering frank conversation with the patient. Nodding the head and sending signals of active listening will facilitate the communication. A greeting by joining the palms and saying Namaste is traditional and can win the hearts of the patients. You can also use reassurance methods like keeping your hand on the shoulder. The touch of a guiding hand on the patient's arm can be quite rewarding.

Standing

'Standing by the right side of the patient's couch is the traditional way of showing respect to the patient. Do not try to bend your knee and keeping the folded leg on the bed. Doing so would send signals of disrespect towards the patient. Always suggest or make signs of noticing the patients presence.

You must note that the patient needs your attention. You should appear in a friendly manner, always smiling and ready to listen and eager to help. You can also show your facial expressions and empathetic attitude.

When you meet the patient for the first time, introduce yourself and seek his/her permission for the interview or physical examination activity. You should always explain the purpose of your visit and its significance in assisting the diagnosis of the condition or its management.

Eliciting the history and Reflection

There are a variety of questions to obtain an account from the patient. Instead of simply posing the direct questions, you can incorporate indirect questions, yes/ no type of items in your interview. When the information gathered is doubtful or when the patient's sincerity is suspected, use triangulation.

Sometimes patients may be wavering and deviate from the enquiry. In such instances, you can intervene and bring them back on track. You should not be afraid to interrupt them but do it politely. During history, there can be instances of potentially offensive or embarrassing questions. You should use discrimination while gathering information of a sensitive nature.

You should follow the rules of the communication techniques like keeping eye contact while the patient is speaking. Suggestive gestures of active listening are essential in stimulating the sharing of private information. Avoid jotting down the information immediately in front of the patient. After a series of questions and their responses, you can note down the details by taking a break.

Sometimes patients may be aggressive and offensive in their manners. They might refuse to answer a few sensitive questions and show their displeasure. But as a professional, you should restrain your emotions and do not react. You can also collect data on health care seeking behaviour, the disease perception and the cultural taboos interfering with the management of the disease process.

Try to elicit any cultural or religious beliefs interfering with the treatment. E.g. Muslim community members avoid taking anything by mouth in the daylight hours during Ramadan.

Silent Communication

You must have noticed that during routine conversations, silence is usually not tolerated. Silence is to be replaced by syllabi indicating that whether you are agreeing to the statement or listening to the discussion. Whereas during the patient interviews, silence is of importance. It suggests that you are assimilating the statement or feeling expressed earlier. It also stimulates the patient to continue and reveal further details. So you must observe silence or practice not to comment or respond after every statement. You must develop the habit of listening through practice.

Sometimes patients are aggressive and may not like to divulge important information with the students. In such cases, you should show restraint and seek the help of your superior faculty member. You should be polite and avoid confrontation with such angry patients.

The Interview

Always carry the format/ schedule suitable for the type of patient. In the case of the paediatric patient, a format suitable for children and in case of obstetric instances, the OBGY schedule is appropriate. Before the interview, talk with the concerned nursing staff and inform your intention of discussion with the patient. The nursing staff might be able to contribute some additional background information. Also, choose the right place for the interview. You can select a quiet, private room where privacy is possible. Ensure that there is no clumsy furniture around. While taking down the notes, switch off the mobile phone. During the interview, yourself and your colleagues should be present. In the case of a female patient, it is advisable to have a female nurse by your side during the examination process. The relatives of the patients should not interfere in the interview process.

It is an assertion that you should avoid complex medical words and jargons during conversations. You should attempt to understand what the patient knows and believes about the diseases process and its causation.

Allow time for the patient to understand your question. Do not be in haste. The understanding process takes time. Let your inquiry be repeated to ensure that the patient clearly understands each piece of information you want. You should be honest and should not exhibit any bias or prejudice. In case of doubt, repeat the information obtained and confirm it from the patient.

After a thorough collection of the information, you should be able to summarize and present the case to the faculty member.

Here are some tips for the interview:

Body Language:

Your body language should be receptive, and you should not exhibit any over emotions. You should be skilful enough to pickup clues from the patient's body language.

Touching

Assuring the patient by way of touch is the most potent forms of nonverbal communication. However, it has to be managed discretely and with caution. Some of the forms of touch are shaking hands, touching on the back or shoulder, brief touch to the arm or hand. Judicious use of these forms will facilitate complete information mining.

Similarly, establishing eye contact is a powerful tool. When asking someone personal questions or when you want the patient to open up, sit in a position that your eyes are below theirs, indicating they have to look down at you slightly. This gesture will make the patient feel more in control and comfortable.

How to document the findings

Utilise the specific format prescribed by each speciality for documenting the patient's history and physical findings. Following these standard formats will help you to gather the complete information. You must remember that the information collected from the patient is confidential. It should not be disclosed either in formal or informal conversations.