

## Seeing healthcare from a new perspective

s healthcare clinicians, our world is full of tasks to be completed. Some are new, but many are tasks we repeat every day and thus have become routine—things we could almost do in our sleep.

But what's routine for us may not be routine for our patients. For some patients, these routine tasks of ours may be their first encounter with a healthcare situation.

When a member of my family needed health care recently, I observed as a family member, not a clinician, and learned what it's like to be on the other side of the clinician's routine. What follows are some shareworthy observations.

• Read health record notes in the comput-



er before talking with the patient. Asking patients about the care they've already received or what medications they've been given doesn't build their confidence in your care.

- Keep the patient updated. If you're waiting for an order, lab result, or callback from X-ray, tell the patient this—if possible, more often than once a shift. Think how powerless and vulnerable you would feel lying in a strange bed away from home with no control.
- Don't be too cheery and giggly. Remember—the patient is sick and may not be feeling well. Also, you may have great coworkers and a great job, but when you're conducting the patient assess-



ment, the patient and family don't want to hear a 20-minute description of the fun you have in your department. This could make them think you're so busy chatting that you're not paying attention to detail. Focus on the patient and your assessment instead of trying to become the patient's buddy.

- Check bandages at least every shift, even if you're not going to change them. If you're checking them with a casual glance or combining this with another task, make sure the patient knows you're checking.
- Inspect surgical drains or collection devices at least once every shift, and empty them as indicated. Surgical drains can be extremely scary to patients, who may feel as if their guts or blood are draining from their body.
- If the patient's skin is hairy, shave or trim the hair before applying tape or a transparent film dressing. If you don't feel comfortable removing the hair, ask another clinician for help. Always explain to the patient the reason for hair removal. (Most patients prefer hair removal to the alternative of hair-pulling pain.) A self-adherent elastic wrap is a great alternative to tape for securing bandages on hairy skin, although you still need to use caution when removing it.
- Before changing a surgical or wound dressing, find out if the patient has seen the incision or wound; if not, ask if he or she wants to see it. When appropriate, it's best for patients to understand what's under the bandage. They may be relieved to find out that what they'd been envisioning as a fist-sized wound is much smaller—or, if it's a large wound, they may be surprised by its size.

- Don't complain about the computer or tell patients you have poor computer skills as you're typing information into their health record.
- If the patient is required to use a computer stylus to sign something in the health record, make sure to clean it before handing it to him or her. Do this even if the stylus has already been disinfected, because the patient doesn't know that.
- Ask visitors to leave the room before you provide care or discuss the patient's health condition. This way, you spare the patient the burden of having to ask friends or family to leave.
- Don't rush discharge. Make sure you've reviewed everything, including postcare follow-up and whom to contact for help. Verify that transfer arrangements are in place. Most important, ensure that the patient and family members have received and understand patient and caregiver education. (The teach-back method is a great way to determine their understanding. For more information, visit http://www.teachbacktraining.org.)

As clinicians, we should strive to make every patient encounter special, not routine. Remember—it's *always* about the patient.

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