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Bedside Healers: An approach to increase humanistic practices in the inpatient setting

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ABSTRACT

In light of the COVID-19 pandemic and resulting visitor restrictions, the inpatient setting has become isolative for many patients. We initiated a program, Bedside Healers, in which medical students rotating at Allegheny General Hospital in Pittsburgh, Pennsylvania dedicate time to bedside discussions with patients in the Complex Medical Care Unit in an effort to provide more individualized care to patients and enable them to feel connected with their physicians. After collecting their weekly entries detailing the patient experiences the students had, we found that this program was able to increase patient-centric humanistic practices and improved the overall patient care experience for patients and physicians alike. We encourage other inpatient settings to adopt similar initiatives especially during these unprecedented and isolating times.

1. Humanism in the age of COVID-19

The COVID-19 pandemic is one of the greatest challenges in medicine. These unprecedented times have highlighted the isolating and de-humanizing setting of the hospital for patients. Interpersonal skills instilled in healthcare professionals are being tested by the need for self-preservation [1]. With critical infection protocols, PPE, and the increasing dependence on video technology, patients have been experiencing a sense of detachment and isolation from caretakers [1]. Prior to the pandemic, touch was an unquestionable form of nonverbal interaction known to establish a sense of comfort and trust in healthcare relationships. Research from observational studies showed that touch was essential to patient-centric care and directly influenced how patients perceived this care. As discussed by Pype in an article in the March issue of Patient Education and Counseling, the pandemic and ensuing changes in healthcare policies that have limited touch from caregivers, there is a need to discover ways to compensate for the loss of human touch from physicians and reconfigure with patients in an alternative yet therapeutic way [2].

Humanism is a crucial contributor to patient care as well as physician wellness. Through behaviors that employ empathy and compassion, patients can feel connected to trainees and caretakers. These trustful relationships can further foster resilience and transform patient care, clinical education, and inpatient culture [3,4]. The significance of compassion in medicine is by no means a new concept [5]. Research from the 1980s has underscored the importance of the biopsychosocial model and transpersonal patient-doctor relationships in healing [5]. Contemporary research continues to show that compassionate behaviors and improvements in patient communication increase patient satisfaction. Mutually satisfying discussions have the potential to make caretakers aware of patient preferences and enable them to adapt to the patients' states of mind. This allows for better delivery of care [6–8].

2. Implementing an initiative to increase humanistic practices in hospitals

Beginning in July 2020, we established a Bedside Healers program at Allegheny General Hospital in Pittsburgh, Pennsylvania to alleviate isolation experienced by patients in the hospital. Through this program, third year medical students from Drexel University College of Medicine (DUCOM) on their Internal Medicine rotations are provided with protected time to spend and engage with COVID-negative patients during the afternoon hours. Students ask patients about their home lives, provide activities such as Sudoku worksheets or coloring pages, and connect patients with their families. They then write weekly journal entries reflecting on their experiences which are reviewed by the team leading this project.

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3. Patients are people

One DUCOM student wrote about a meaningful interaction with her patient: “Her life had been turned upside down a few months ago. She went to the doctor because she had some trouble swallowing, and they found a tumor in her lung compressing her esophagus. I got the sense that she really wanted us to see that this is all new to her, that the hospital bed was not her natural habitat, that she was a real person and not just another body in a hospital gown. She is very polite, says thank you a lot, apologizes for spitting into napkins or needing time to pull herself together after a gagging spell. I’m sure it feels dehumanizing to lose all the accoutrements that provide the context wherein we can comfortably feel like ourselves. No personal decor in the room, no style expressed through clothes, even everyday activities and habits are demolished. This is part of why it is so important to talk to our patients; it helps them hold on to who they are, express their personality, feel seen and heard, and it helps us to see that too.”

The hospital often becomes a place where people are insidiously converted into patients, dehumanized in subtle ways: remembered for their conditions rather than names, subjected to examinations they often do not understand. Now more than ever, there is a need to recognize that people have multiple dimensions – character, personality, family ties, life roles, and past experiences [9]. Awareness of these dimensions and how they relate to illness and suffering is paramount in alleviating suffering [9].

4. Staying connected during the pandemic

The students helped patients remain engaged with family members and friends outside of the hospital. One student from DUCOM wrote about her experience connecting to family members: “This week I helped my patient reach out to his wife and updated her on my patient’s hospital course. My patient has been altered and had been asking to speak with his wife. Unfortunately, my patient was from out of town and his wife had been unable to come to the hospital. I was able to reach out to the wife to update her on my patient’s status. The following day, I was able to help them connect via telephone in the room. My patient’s wife was very happy to be updated and to be able to have a moment to speak with her husband.”

Families play an important role in medical decision making. With visitor restrictions in current times, we prioritized family input for patients to ensure the best care possible. Another medical student wrote about communicating with a patient’s family member who was recently diagnosed with cancer during a time when visitors were not permitted in the hospital. He wrote, “My patient was hard of hearing and had difficulty using the phone, so I was able to act as a mediator between him and his nephew (his POA) as they discussed the news of his recent cancer diagnosis. The emphasis was on prioritizing comfort over being aggressive in terms of treatment given the patients age and lack of clear benefit from aggressive treatment. I reflected on my own thoughts about end of life care and feelings about dying with dignity.” Medical decision-making can be an overwhelming task for patients. By helping connect patients to individuals who they want involved in these decisions, healthcare professionals can better accomplish their sacred duty of taking care of their patients, executing realistic therapeutic steps, and establishing lifelong goals.

5. Outcomes of the Bedside Healers program

“Having never been in a hospital other than to shadow physicians, I was unaware of how busy things are on the Internal Medicine floor and, as a result, how little time most physicians and residents get to spend with patients. During the “Bedside Healers” conversation, learning about the patient’s life was the goal rather than a means to another goal [such as obtaining relevant information to produce a differential diagnosis]. I thought that this changed the conversation significantly and allowed me to relax during the talk; the patient could dictate the conversation and I could remain a listener without having to direct them in one way or another. I really enjoyed the Bedside Healers program and look forward to continuing for the coming weeks; I think it helps to break up the day and also serves as a reminder for why we are doing this in the first place: to learn more about people and to help them in whatever way that they require.”

These are the words of one of numerous DUCOM medical students who found Bedside Healers to be an empowering and eye opening experience. From their entries, it is evident that dedicating time to bedside discussions with patients improves both patient and physician wellness, increases empathy in care for patients, and enables patients to feel more connected with their health care providers. By highlighting our approach of devoted time with patients during the COVID-19 outbreak, we hope to encourage more patient-centric humanistic practices within the medical student body.

Declaration of Competing Interest

We have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. We have no other conflicts of interest to declare.

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