



Scan for CEUs

**Sarah Lazarus, D.O.**

*Pediatric Emergency Medicine Physician*

*Pediatric Emergency Medicine Associates*

# Everything I Need to Know to Be a Pediatric Emergency Room Doctor, I Learned As a Waitress

Sarah Gard Lazarus, DO  
Pediatric Emergency Medicine Associates  
Children's Healthcare of Atlanta  
Atlanta, GA.



Children's  
Healthcare of Atlanta



PEMA  
Pediatric Emergency Medicine Associates, LLC



Wellstar  
HEALTH SYSTEM

# Presenting Author Disclosure Information

I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity.

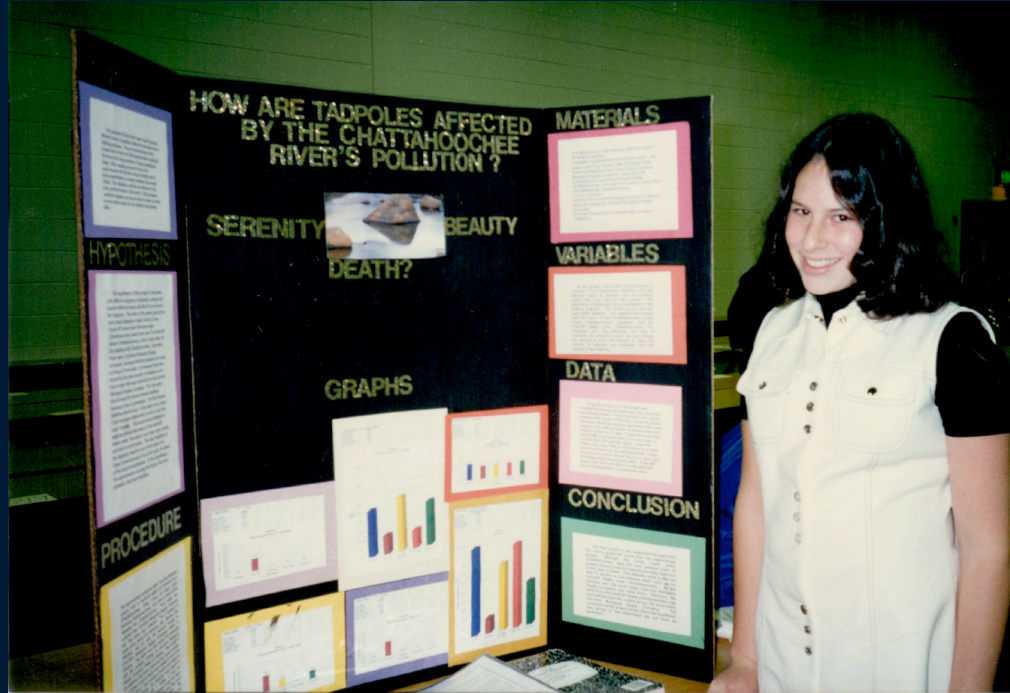
I **do not** intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

# My Path to Medicine





# My Path to Medicine



# My Path to Medicine



# My Path to Medicine



# Training Timeline

- 12 years of grade school
- 4 years of medical school
- 3 years of pediatric residency
- 3 years of pediatric emergency medicine fellowship

# Education Deficit



This Photo by Unknown Author  
is licensed under CC BY-SA-NC



This Photo by Unknown Author is  
licensed under CC BY-NC-ND

# Why?





# Initial Reviews

“The provider was extremely **RUDE** and **inconsiderate**. She wouldn't let me talk, continuously cut me off rudely. She disregarded my concerns and worries. I was told I didn't know what I was talking about. Also was told my frustrations with my child's health was getting on her nerves and preferred if she didn't have to speak with us and rather another provider saw us. I felt very **disrespected** and **belittled**. I have never experienced such a **disgrace**. I will NEVER recommend this hospital to anyone. As patients we deserve respect and compassion, and MY CHILD AND I DID NOT RECEIVE IT AT ALL. **Worst experience in health care ever.**”

# Education Deficit

- Medicine= human service profession
- Empathy tied to patient family experience
- What is empathy?



# Education Deficit

- Is empathy a
  - cognitive attribute?
  - emotional attribute?
  - both emotional and cognitive?

# Education Deficit

Empathy is the "*understanding* (as opposed to feeling) of patients' experiences, concerns, and perspectives combined with a capacity to *communicate* this understanding. An *intention to help* by preventing and alleviating pain and suffering is an additional feature of empathy in the context of patient care."

Hojat. Et. Al.

# Education Deficit

- Decline in empathy as medical students and residents go through training
- Jefferson Scale of Physician Empathy (JSPE)
- We are not trained in empathy or the patient family experience.

# But Why Do Patient Scores Matter?

- Empathy= better patient scores
- Better patient scores = Better outcomes
- Fewer lawsuits
- Less burnout
- Better career satisfaction



# So Now What?



# What Happened?



# Transferable Practices

1. Greet
2. Acknowledge frustrations
3. Get on their level
4. Ask “What can I do for you today?”
5. Treat pain and anxiety
6. Verbalize, explain, acknowledge
7. Validate, acknowledge, reassure
8. Avoid batching patients
9. Ask for backup when you need it
10. Take care of yourself

# Practice #1: Greet

“Hi! Welcome to the ER. Would you like a chair or a bed?”



# Greet

- Pause before entering
- Smile and greet
- Introduce yourself
- Make the environment comfortable





# Greet

- Practice compassion
- Remember:
  - No one wants to be in the ER
  - Everyone is there for a reason
  - Everyone has a backstory



# Practice #2: Acknowledge frustrations

“I’m sorry for the wait. We have a table right here.”

## Acknowledge:

- Wait time (even if it seems short)
- Any discomfort (e.g., being seen in a hall bed or MASH tent)



# Practice #3: Get on their level

# Get On Their Level

- Sit down with them
- Get on their eye level
- Offer touch



# Get On Their Level

- Offer touch
  - Shaking a hand
  - High-fives
  - Hugs after permission

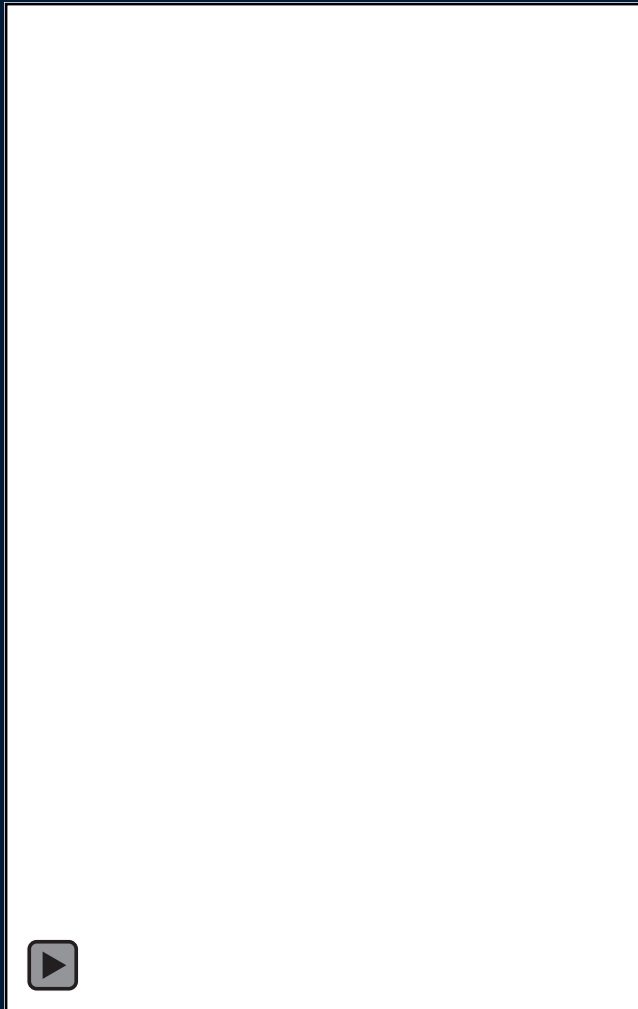




# Practice #4: Ask “What can I do for you today?”

# “What can I do for you today?”





# Practice #5: Treat pain and anxiety

# “Can I get you a cocktail?”



This Photo by Unknown Author is  
licensed under CC BY-NC-ND



This Photo by Unknown Author is  
licensed under CC BY-SA

# Practice #6: Verbalize, explain, acknowledge

# “You want a fried onion with a medium rare steak? Is that right?”

- Verbalize your exam findings
- Explain your decision making
- Figure out what they are requesting
- Acknowledge their concerns



# Practice #7: Validate, acknowledge, reassure



# “That entrée is one of my favorites. Good choice!”

## “Should we have come to the ED?”

- Acknowledge their instincts
- Acknowledge any fears
- Provide any reminders
- Provide reassurance they’re a good caregiver



# Practice #8: Avoid batching patients

# “I’ll put that app in right away!”

Avoid batching:

- Patients
- Orders
- Notes



# "I'll put that app in right away!"

Avoid batching:

- Charts



# Practice #9: Ask for backup when you need it

# “I’m sorry. Let me get the manager.”

What if they demand something you can’t provide?

“I want an MRI, now!”

“I hear that you want an MRI, but I can’t order that right now. We can only order it in the case of acute stroke.”

# Practice #10: Take care of yourself

# Avoid Burnout

- High rates following COVID
- Emotional exhaustion
- Depersonalization
- Sense of reduced accomplishment





# Avoid Burnout



# Recent Feedback

“That day I was in distress due to my toddler having an accident with an injury to the back of her head. The whole staff took control of the situation, made my baby feel comfortable to their best ability, and made me feel confident in their care. They stitched her up in seconds and my baby was so comfortable and calm. As a mom, I felt peace and relieved that they healed my baby. Thank you emergency staff, I'm thankful for such a good experience during an unfortunate event.”

# Thank you, and make sure to tip!

Thank you for your time today.

If you have any tips, please reach out:

[Drsarahgard@gmail.com](mailto:Drsarahgard@gmail.com)

Twitter: @drsarahlazarus

TikTok: @doclazzzy



# References

- Bidari, A., Jafarnejad, S., & Faradonbeh, N. A. (2021). Effect of queue management system on patient satisfaction in emergency department; a randomized controlled trial. *Archives of Academic Emergency Medicine*.
- Feizi, A., Carson, A., Jaeker, J. B., & Baker, W. E. (2023). To batch or not to batch? impact of admission batching on emergency department boarding time and physician productivity. *Operations Research*, 71(3), 939-957.
- Hojat, M., Vergare, M. J., Maxwell, K., Brainard, G., Herrine, S. K., Isenberg, G. A., ... & Gonnella, J. S. (2009). The devil is in the third year: a longitudinal study of erosion of empathy in medical school. *Academic medicine*, 84(9), 1182-1191.
- Kim SS, Kaplowitz S, Johnston MV. The effects of physician empathy on patient satisfaction and compliance. *Eval Health Prof.* 2004;27:237–251
- Maslach, C.; Jackson, S.E.; Leiter, M.P. Maslach Burnout Inventory Manual, 3rd ed.; Consulting Psychologists Press: Palo Alto, CA, USA, 1996. [Google Scholar]
- Melnikow, J., Padovani, A. & Miller, M. Frontline physician burnout during the COVID-19 pandemic: national survey findings. *BMC Health Serv Res* 22, 365 (2022). <https://doi.org/10.1186/s12913-022-07728-6>
- Neumann M, Edelhäuser F, Tauschel D, et al. Empathy decline and its reasons: A systematic review of studies with medical students and residents. *Acad Med.* 2011;86:996–1009
- Shopen, N., Schneider, A., Aviv Mordechai, R. et al. Emergency medicine physician burnout before and during the COVID-19 pandemic. *Isr J Health Policy Res* 11, 30 (2022). <https://doi.org/10.1186/s13584-022-00539-4>