



In Transition

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Perfecting Your Practice: Protocols and Medical Staff Development

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You have not been working in your new job for long, but you're settling in, meeting the medical staff, and making friends with your colleagues. There are certain things that don't quite meet your practice needs. Maybe there's a conscious sedation medication you'd like to start using or a triage protocol you'd like to change. In this issue we'll provide you with information on how to make positive changes for better patient care without stepping on toes in the process.

Overview

Many residency programs are based out of hospitals affiliated with academic centers that may be more willing to implement changes based on the latest research. When transitioning into practice, it is natural to feel that you are the "latest and greatest" because of your proximity to the mighty board exams. You may want to "enlighten" your senior colleagues with your freshly minted ideas... beware! As Stephen Covey notes in his book, *7 Habits of Highly Effective People*, "seek first to understand, then to be understood..."

In your new ED, there is wisdom in watching and learning the system in which you practice before seeking to change it. Understand the ways of your new hospital before demanding that they understand yours. Unless there is a patient safety issue, consider this balance before rocking the boat. ACEP's [wellness book](#) discusses "workplace relationships."

The ED Players

Emergency physicians are part of a team of professionals delivering patient care in the ED. During your first few months, you've met your team (your medical director, nurse manager, and fellow physicians, nurses, techs, clerks etc.) as you've fulfilled your day-to day duties. When proposing changes, first speak to your medical director and experienced colleagues to understand current practice choices and how improvements can be made. Frame your suggestions as opportunities for improvement rather than as criticisms of the current practice environment.

Your suggestions may be discussed at the monthly ED meeting, or through direct interaction with the ED medical and nursing directors. As acceptance of your idea grows, promote your suggestion to other ED team members. Be willing to help with the implementation of your plan, such as speaking on your new medication at a nursing in-service. If you build consensus through this non-threatening, grass roots approach rather than demanding changes in a public forum, you'll achieve your goals more smoothly and more frequently.

The Medical Staff

Some issues require collaboration with individuals beyond the ED. When trying to introduce a change such as the use of any new medication, discuss it not only with the EM team but also include the pharmacy director or anesthesiologist if it's a sedative. Your fellow medical staff members (i.e. all practicing physicians in the hospital) can be major players affecting the performance of the ED. They too want to deliver the highest and most efficient care. Proper communication with this segment of the hospital, other than on the phone at 2:00 am, can greatly improve patient care.

Each medical staff organization is individualized to its hospital with specific local bylaws. The medical staff has its own leadership (such as chief of staff) and standing committees. A great way to get to know your medical staff is through participation in these committees. ACEP's information paper [Emergency Physicians in Hospital Leadership](#) discusses why emergency physicians should be involved in their medical staff, how medical staffs are structured, and how to get involved. It also addresses the role of hospital administration and the board of directors, often a critical aspect of your consensus building. Finally, ACEP's information paper [Medical Staff Structure](#) discusses ways emergency physicians can be incorporated in the medical staff organization.

Resources for Your Topic

When discussing your ideas for change, be prepared with current literature and pertinent organizational policy statements. For literature resources, search [PubMed](#) or ask your local hospital librarian to help research your topic. Learn what your rights are by familiarizing yourself with the [Emergency Physicians' Rights and Responsibilities](#). Remember, as members of ACEP you have free online access to [Annals of Emergency Medicine](#). Organizational policy statements often address controversial topics and can also assist you. ACEP's web site has many [Practice Resources](#). With staff research and Board input, your fellow emergency physicians thoughtfully developed these resources for fellow members. Pertinent resource links include [Clinical Policies](#), [ACEP policies](#), [Research](#), and [Academics](#). You can also use the search function on the ACEP web site to find other resources for your topic. Other specialty organizations such as the [American Medical Association](#), [American Academy of Pediatrics](#), and [American College of Cardiology](#) may have pertinent policies and resources as well.

It is easy to join in the community of voices complaining about your ED environment. Keep in mind that no ED is perfect. Instead of complaining, strive to be a part of the solution. We hope the above resources will help you do just that.

Join us next month for *Be your own best patient: stay healthy and enjoy your career"*

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