CHRISTMAS 2017: THE LIVES OF DOCTORS

Doctor fails: early warning signs of physician fatigue?

Linos and colleagues present a compilation of embarrassing doctor fails—from inappropriate I love yous to forgetting how a phone works

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As doctors have become more comfortable and active on social media, they have started to share stories about personal experiences. This has led to posts of unexpected hilarity. A recent post on Physician Moms Group (https://mypmg.com/), a large online forum for practising doctors who are also mothers, related a deeply embarrassing moment (⇓). Within hours, the post had received over 2200 likes and 235 responses, including several suggestions of ways the original poster could have quickly recovered from this situation (for example, using Adele's song lyrics) and an outpouring of others' embarrassing work related blunders.

From this and similar posts by doctors on Facebook and Twitter, we gathered several key examples of physician "fails."

Inappropriate use of terms of affection

Multiple comments described stories of a doctor using terms of affection in inappropriate situations.

"On about hour 32 of my shift, I left a message for a colleague, and at the end of it said 'love you'. . . . he had a good laugh."

"I've said 'love you' at the end of calling in refills to the pharmacy."

"I called a colleague yesterday with an update on a mutual patient. When he picked up the call, I started the conversation with, 'hey sweetheart, it's me . . . ' Luckily he had a good sense of humour!"

"I totally told a patient 'bye, love you!' Right after I told her she had chlamydia."

Knock knock . . . nobody's there

Knocking on doors unnecessarily was a common theme.

"Sometimes I knock on patient room doors as I exit."

"I was so tired the other day that I knocked on my own office door before walking in to sit at my desk."

"I knock on the bathroom door to walk out."

"I'm hospice, and I sometimes get asked to go confirm death on a patient with no family present before they call family to inform. I knock on the door . . . ."

Discordant physical exam instructions

Errors with physical exam instructions were more common than errors with history taking.

"In the finger nose test for my neuro exam I have said 'take your finger and touch my nose' instead of 'touch your nose'."

"More than once, I've said 'I'm going to look in your nose,' and then proceeded to do an ear exam."

"ObGyn. I'm guilty of asking patients to put their feet above their head (instead of arms) so I can do a breast exam."

"My colleague once put a speculum in for a pap exam and told patient to say 'Ahhhh.'"

"As I was leaving an exam room I told a middle aged guy to remove his pants and that I would be back with my magnifier (dermatology). He said 'wow that's not something that you want to hear from a woman.' We both couldn't stop laughing for the rest of the visit."

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History taking 101

History taking blunders included questions showing that the doctor hadn’t registered previous relevant medical information.


“Did you ever drink tobacco or smoke alcohol?”

“I’ve asked someone if ‘diarrhea runs in your family?’ I meant to say diabetes . . . I was a tired new resident and it was late.”

“I once asked a blind man if he was sleeping when he was driving.”

“Have you ever committed suicide in the past?”

“Doctor: ‘Are you having regular periods?’ Patient: ‘No, Dr. You took my uterus out 5 years ago.’”

Communication challenges. Period.

Communication problems were a major source of embarrassment and often involved speaking with dictated punctuation.

“Called an attending 4 am to staff an OB triage. 24yo G1P0. Period, new paragraph. I was dictating my note to a live person in the middle of the night. She told me to send the patient home and go to sleep.”

“Does anyone end a phone call with ‘end of dictation’? Yeah me neither.”

“I left a voice mail message yesterday with all the punctuations, comma and period.”

“To a prisoner patient, as I finish the visit, ‘Ok, you’re a free man.’ [pause—blank stares at each other and guards] ‘Ok, well, not really.’”

“One time I went to the waiting room to get a patient and instead of calling his name I called out his medical record number.”

“I went to Subway for a sandwich and instead of saying, ‘lettuce, tomato . . .’ I started listing out the risks of surgery, ‘bleeding, infection . . .’”

“I was prescribing Cialis for a patient with erectile dysfunction and told him to get the 5 mg daily free trial because it was more ‘bang for your buck.’ Thank goodness he laughed!”

“I have a small yellow duck attached to my stethoscope, and kids love it. I was showing it to a Spanish speaking girl about 3yo. I really thought I remembered how to say duck in Spanish, so I showed the duck to her and said ‘Look—puta!’ [which means where]”

“I got tongue tied while talking to a patient. I was trying to say, ‘I have a lot of success using x medication.’ But instead I said ‘I have a lot of sex.’”

Technology fails

Failed interactions with technology and wardrobe were common themes and included trying to use calculators to make phone calls, trying to use computers as touch screens, dictating into travel mugs, and trying to use ID cards to unlock cars.

“I tried to unlock my car with my badge the other day.”

“I tried to use my desktop screen as a touch screen like my cell phone and couldn’t figure out why it wouldn’t work.”

“I try to use the calculator on my phone to make phone calls . . . takes me forever to figure out why the hell it’s not ringing on the other end.”

“In the Starbucks drive through. Doctor: ‘This is Dr X. I was paged.’ [Long pause] Speaker: ‘Would you like to order?’”

“I’ve called my own cell phone from work thinking I was calling my husband. On seeing the hospital caller ID on my cell, I picked up saying ‘Dr X, hello? Hello?’ then getting annoyed that no one was answering. It took me about a minute to realise.”

Conclusions

Although some of the stories we read made us laugh out loud, we note that many of these experiences were attributed to fatigue or long work hours. Doctor fatigue is no laughing matter. Fatigue due to sleep deprivation and long work hours is a well recognised problem in medicine.1 Fatigue among doctors poses risks to patients, as medical mistakes are more common when doctors are tired.2,3 In addition, doctors who work longer hours have higher rates of burnout, depression, and car crashes.2,3 In response to these concerns, both the United States Accreditation Council on General Medical Education and the European Working Time Directive have imposed restrictions on the number of work hours for doctors in training. Ensuring sufficient rest for physicians is essential for patient care, as well as for reducing physician burnout and ensuring physician safety. This piece affirms that doctors are human too. Thanks to social media, we can appreciate how often the healthcare setting—with its high workload and high volume, intimate contact with the public—provides ample opportunity for absurd or embarrassing interactions. For those shaking off their latest awkward hospital moment, take heart: we’ve all been there.

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Figure

I just put the stethoscope on a mans back and instead of saying "deep breath" I said "hello" like I was answering the phone. 😂😂

Doctor fail posted on Physician Moms Group