

Don't let smartphones distract from care

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Kevin B. O'Reilly

News Editor

The odds are good that you're reading this on your phone right now. The overwhelming majority of physicians, residents and medical students own smartphones and many use them to keep up with medical news, communicate with colleagues and consult clinical reference tools that help them deliver better care. But these pocket computers also have the potential to distract from medical care in ways that can be harmful. There are three ways you can ensure wise clinical use of your smartphone.

The risk of distraction is "not something unique to medicine, by any means," said Laura Vearrier, MD, assistant clinical professor in the Department of Emergency Medicine at Drexel University College of Medicine. Last year, she led a workshop, "The Ubiquitous Smartphone and Professionalism," at a meeting of the Academy for Professionalism in Healthcare.

The distraction risk posed by smartphones "has become a public health threat across a number of fields," Dr. Vearrier told *AMA Wire*®. "People look at their phones an average of 46 times a day. And what's to say that health care providers are any different from anybody else on that score?"

As of 2014, nearly 85 percent of American physicians owned a smartphone, she said. That figure has undoubtedly risen since then.

Dr. Vearrier, a doctoral student at Loyola University Chicago's Neiswanger Institute for Bioethics, said her advice for her trainees and colleagues is about "taking control of your device, instead of letting it take control of you." Here are three steps to re-establishing mastery of your smartphone.

Understand the risks

Dr. Vearrier became interested in this topic after reviewing research on distracted driving. Texting while driving, for example, increases the odds of a car crash 23-fold, according to research cited in an article that made the case for cutting down distractions posed by electronic health records. "It struck

me how similar distracted driving is to distracted doctoring. Both have become daily tasks that you think you can safely perform while doing a second activity,” Dr. Vearrier said.

“The consequences of distraction can be huge and similar in health care, because you’re constantly getting distractions from text messages and app notifications,” she added. “People go right to checking it, like it’s second nature. It has become part of the smartphone mentality, that as soon as it goes off people check it.”

In one sentinel case, a resident began using her phone to enter an order to discontinue an inpatient’s blood-thinner order. In the middle of doing that, the resident was distracted by a text message from a friend asking about plans for an upcoming party. She never finished entering the order, and the patient later required open-heart surgery to remove blood filling the sac around his heart.

Dr. Vearrier notes the often misunderstood concept of multitasking.

“Multitasking is not really about performing multiple tasks at the same time,” she said. “It is rapidly shifting your attention between different tasks. And every time you interrupt your cognitive process, you are increasing your chance of error. You will also have a pause in your train of thought and you will be less efficient.”

Explain your smartphone use to patients

Physicians and trainees frequently use their smartphones to access electronic textbooks, medical journals, decision-making and drug interaction apps, dosing calculators and more.

Because of these benefits, along with professional communications enabled by smartphones, the answer is not as simple as turning the phone off and putting it away, Dr. Vearrier said.

“We have to figure out a way to integrate these personal devices into our doctor-patient relationships and how to use these devices professionally,” she said. That is especially the case since so many health care organizations have bring-your-own-device policies in which employees are encouraged to use the phones they own for professional use.

An underlying theme that arose from the workshop was the importance of transparency with patients. “We really need to be talking to patients about what we’re using our personal devices for, because the phones really can present a physical barrier and that physical barrier translates into cognitive and psychological barriers as well,” Dr. Vearrier said.

Put your phone into “work mode”

If turning off the phone while you are on the job is not an option, then you should seek to silence as many distractions as possible, Dr. Vearrier said. And turning off the phone’s ringer is not sufficient.

“The vibrate mode is still going to interrupt you. Ideally, the phone is on the silent setting and app notifications are turned off,” she said, noting a wrinkle. “If you are using the phone for interprovider communication, you have to keep it on for that reason. You have to be constantly prioritizing and triaging your priorities, while also being able to take that mental step to avoid attending to things right away on the phone if you see they are not emergent.”

If there is a family or medical matter about which you are expecting to hear, advise patients of it in advance so they are not taken aback when you step away to answer a call or text message. There are also ways to flag important personal or professional contacts so their calls or messages can reach you even when the smartphone is in do-not-disturb mode (iPhone; Android). Letting friends and family know that they will not always hear back from you quickly is important, too, in this age when many expect instant responses.

“There are a lot of distractions that are beyond the scope of your control,” Dr. Vearrier said. “But when we can influence whether we are distracted, it is really important that we do. The decrease in the potential for error due to distraction is one of the main reasons we perform time-outs before surgical procedures—to make sure everyone’s on the same page. This is a similar thing, as we’re more and more realizing the dangers of distraction and the need to minimize them wherever possible.”