Texting to the Techs

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If you received this cover letter—Thank U 4 agreeing to read my resume. I have lots of experience as an i tech. My resume is attached. Hope to C U Soon

—chances are good that you would not respond to the interested candidate, even if she were highly qualified. But, if the same message came via an online job posting, and that was the message in the email with a well-crafted cover letter, would the candidate receive consideration?

Our society is becoming more casual. What is acceptable behavior in one setting has been known to cross the line into others. Look at fashion, for example. Stores are selling scoop-necked, tight garments as “everyday” fashion that would have been considered appropriate for clubbing only 10 years ago. Texting, too, is becoming more mainstream; according to Geek.com, more than one trillion messages were sent in 2008, three times the number sent in 2007.

Texting has its place. It is a great way to send a quick question or message to someone. Still—and perhaps my age is showing—texting cannot replace conversation. In other industries, large firms are holding communication classes for their new hires (Van Riper, 2006). These may include the value of conversations and of using full sentences when writing.

When analyzing your choices, especially about the use of personal communication devices in the workplace, it is important to consider costs, efficiency, and the patient’s perspective.
Although we use standardized abbreviations in the medical record, think what the chief complaint and history of present illness may look like written in text if specific guidelines are not made apparent to the Generation Y hire: 1 day f/u cat surg OD cs gr8, 0 pain.

And what about information that comes through the “silent language” of nonverbal communication? As Mark Bauerlein writes in the Wall Street Journal article “Why Gen-Y Johnny Can’t Read Nonverbal Cues,”

We live in a culture where young people—outfitted with iPhone and laptop and devoting hours every evening from age 10 onward to messaging of one kind and another—are ever less likely to develop the ‘silent fluency’ that comes from face-to-face interaction. It is a skill that we all must learn, in actual social settings, from people (often older) who are adept in the idiom. As text-centered messaging increases, such occasions diminish. The digital natives improve their adroitness at the keyboard, but when it comes to their capacity to ‘read’ the behavior of others, they are all thumbs (Bauerlein, 2009).

Texting has become as commonplace today as intercoms were 20 years ago. Intercoms, however, are loud and often interrupt one’s train of thought. Cell phones set to “silent” or “vibrate” are less intrusive, though administrators still struggle with setting parameters for cell phones (i.e., whether calls can be taken during work hours). If employees are not allowed to text in the workplace proper, are employees visiting the restrooms more frequently to shoot a quick message? And if they are, is that taking any more time away from work than chatting at the water cooler, which a recent article says takes more time than texting?

No matter how we struggle with the standards for using communication devices in our individual offices, it is important that we look at this technology, as well as others, through the eyes of our patients. I have heard doctors suggest, for example, that they send a text message to a particular staff member when that person is needed elsewhere. The rationale is that everyone has a cell phone and would be sure to feel it vibrate when he or she may not be aware of the lighting page, or out of earshot and unaware of needs in different sections of the (large) clinic.

Perhaps the initiators of the above suggestion had the good sense to consider the patient’s view before sending the message. The recipient who is attending to a different patient in another location in the clinic, however, feels she must check her phone at once because the doctor may be looking for her. She stops her work up, her conversation, and her documentation, to check her phone. The patient is observing this and wondering what could be so important that she had to be interrupted. Not only is this going to slow down patient flow (especially if the tech heeded the call), but it will also negatively impact your patient satisfaction rate.

There are other ways to summon a staff person. Commonly used lighting panels indicate a need for a person in a specific exam room; these can include an audible signal as well as a visual flashing. Many of the electronic medical records today include a master panel, indicating who is in what room; if an order is written for a test to be done immediately, it will be noted on the master panel.

Many hospital systems have chosen to use silent pagers to summon the nursing staff to a specific location. This is usually invisible to the patient with whom the nurse is interacting when paged. When used in the clinic setting, there is virtually no time spent determining where the technician is needed next; she can proceed directly to the location to which she was paged.

The face of medicine is rapidly changing. We are seeing the demand to provide more services to an increasing patient load in order to maintain the current revenue stream. As a means of cost containment, it is necessary to review all of our processes in order to save steps, time, and money. When analyzing your choices, especially about the use of personal communication devices in the workplace, it is important to consider costs, efficiency, and the patient’s perspective.

References


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