

RESEARCH LETTERS

Residents' Attitudes Toward a Smartphone Policy for Inpatient Attending Rounds

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Despite the many benefits of smartphones for physicians, there are also potential downsides to utilizing these devices in the patient care setting. Prior research at our hospital found that smartphone use during inpatient attending rounds can distract faculty and residents, and nearly 80% of attendings favored the institution of codes of conduct governing appropriate use of smartphones during rounds.¹ Based on these findings, a policy regulating faculty and resident smartphone use was instituted in February 2012 in the Departments of Medicine and Pediatrics at our hospital.¹

Although our faculty's enthusiasm for the smartphone policy was clear, residents' attitudes toward this new regulation were unknown. Born in the 1980s, today's residents are members of the millennial generation, who seamlessly integrate technology into their lives.²⁻⁵ Millennials generally do not perceive their multitasking with technology to be rude or distracting.² Having grown up with the Internet, they employ digital tools as an inherent "sixth sense,"³ and view their use of technology as the defining characteristic of their generation.⁵

Housestaff feedback was instrumental in shaping the specifics of the smartphone policy.¹ However, given the primacy of technology in the life of the millennial, it is plausible that residents would resent restrictions on their smartphone use. Such resentment could limit a policy's effectiveness, as well as negatively impact resident morale. With increasing discussion about the need to manage personal electronic device use in the patient care setting,^{2,6-8} we sought to assess residents' attitudes toward our hospital's smartphone policy.

METHODS

A brief survey instrument was designed to increase housestaff awareness of and evaluate their attitudes toward the smartphone policy. In November 2012,

the anonymous survey was administered via SurveyMonkey (www.surveymonkey.com) and sent by email to all housestaff in the Departments of Medicine and Pediatrics at Jacobi Medical Center, a public teaching hospital affiliated with the Albert Einstein College of Medicine of Yeshiva University. The study was approved by the institutional review board of the Albert Einstein College of Medicine.

The survey provided a summary of the policy: "The smartphone code of conduct policy was instituted to minimize distraction during attending rounds. The policy applies to all team members, including faculty, and essentially states that at the start of attending rounds, all phones must be silenced or turned off. These devices are to be used during rounds only for patient care or for urgent personal/family concerns. Any use must be made explicit to the person leading rounds." Residents also received a copy of the complete policy as an attachment to the request email. A copy of this policy is available as an appendix to Katz-Sidlow et al.¹

The survey requested information regarding departmental affiliation, and asked whether the resident had prior awareness of the smartphone policy. Residents' attitudes were evaluated by asking for their level of agreement with the following statement: "It is a good idea to have clear guidelines and expectations about how team members should use smartphones during attending rounds." This statement was graded on a 4-point frequency scale (strongly disagree, disagree, agree, or strongly agree). Residents' attitudes were further explored in a follow-up question: "Which statement most closely expresses your feelings?" Three options were offered: "(1) There should be no guidelines as to how team members should use smartphones during inpatient attending rounds. Every person should decide for him/herself how and when to use the phone during rounds. (2) I agree that a smartphone code of conduct for attending rounds is a good idea, but I suggest modifying the current policy (please use the text box below to explain). (3) I agree with the current smartphone code of conduct policy for attending rounds." A text box was provided for comments.

RESULTS

The overall response rate was 65% (93/142), representing 58% (57/98) of all Department of Medicine residents and 82% (36/44) of all Department of Pediatrics residents. Seventy-one percent of respondents (57%

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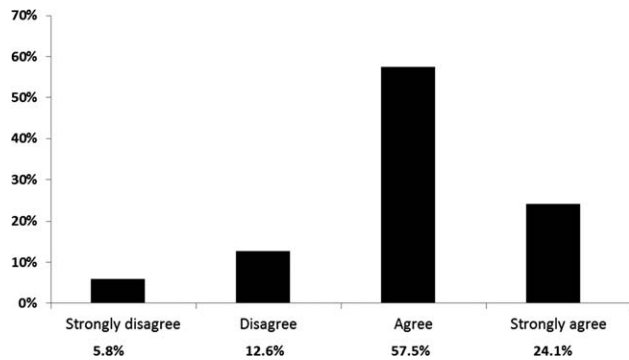


FIG. 1. Residents' responses to the statement, "It is a good idea to have clear guidelines and expectations about how team members should use smartphones during attending rounds."

Department of Medicine; 92% Department of Pediatrics) indicated a prior knowledge of the smartphone policy.

Overall, 82% of respondents "agreed" or "strongly agreed" with the statement, "It is a good idea to have clear guidelines and expectations about how team members should use smartphones during attending rounds" (Figure 1). Residents' responses to the follow-up question revealed that nearly 60% agreed with the stipulations of the current policy; another 18% believed that a policy is needed, but felt that the current code should be modified. Only one resident provided a modification suggestion, which was to expand the policy to include resident work rounds.

Responses to these 2 questions differed slightly for trainees with an awareness of the preexisting policy as

compared to those without prior awareness; however, these differences were not statistically significant.

CONCLUSIONS

Despite concerns that residents would resent policies regulating their use of technology, we found that the majority of residents indicated a desire for, and acceptance of, clear guidelines regarding smartphone use during inpatient rounds. Our findings are in line with prior research suggesting that millennials appreciate a structured work environment and explicit guidance regarding workplace expectations.²⁻⁴ To minimize distraction and support residents' professionalism, we recommend that training programs develop and implement clear expectations regarding smartphone use in the active patient care setting.

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