

# Washington University School of Medicine

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## Student safety and patient violence: The basic facts

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## **Student safety and patient violence: The basic facts**

When our main view of patients is that we are there to help them, it seems odd to discuss the possibility that they may hurt us. Fortunately, this is rare. Unfortunately, it does happen. Below I have tried to give a few facts and hints to help keep you safe during your clinical years as a medical student.

### **Facts about patient violence:**

1. Violence does occur in the hospital. Incidents that my friends or I have encountered include seeing agitated patients carrying a gun or knife, being verbally threatened by a patient, or having a patient try to hit us. Rarely physicians are seriously injured by patients, but it does happen.
2. Nurses and other personnel are at higher risk of on-the-job violence than we are.
3. Violent patients can be seen in any part of the hospital.
4. However, in general terms, violence is more likely to occur in some areas of the hospital than others, especially in the emergency room, locked wards, intensive care units, and general pediatric wards.
5. Violent patients can be of any age and have any diagnosis. For instance, people with known psychiatric illness are no more likely as a group to be violent than anyone else.
6. However, certain patient characteristics tend to predict higher risk, and you should take more care in these situations. Such patient characteristics include:
  - a. Patients who endorse violent thoughts;
  - b. Patients who are agitated, intoxicated, violent, or grossly confused;
  - c. Patients brought in for any reason by police;
  - d. Patients who refuse to answer questions about violence or weapons; or
  - e. Patients who have a history of violence.

In general, patients with these characteristics should be separated from their personal effects and put on hospital gowns before evaluation by the physician

7. Violence is more likely to occur during confrontations (e.g. denial of desired drugs/medications, involuntary commitment).
8. Doctors (and students) whose behavior is irritable or confrontational may be more likely than others to be attacked by a patient.
9. E.R. surveys show that most patients actually feel safer with searches or metal detectors.
10. Since patient violence is uncommon, physicians and staff tend to become careless over time unless reminded and trained frequently.

### **Safety tips:**

1. General and preventive suggestions:
  - a) Think about safety issues, especially prior to patient interactions in settings with higher risk for patient violence.
  - b) Use common sense.
  - c) Insist upon your personal safety and discuss any safety concerns with your attending or coursemaster.
  - d) Familiarize yourself with safety features (e.g. panic buttons) and protocols when you start at a new site.
  - e) WUSM Protective Services and others offer helpful training in personal safety.

2. In addition to the above tips, when seeing a patient at high risk for violence (see #6 in **Facts about patient violence**):
  - a. Make sure there are no weapons present during your evaluation.
  - b. You do not have to evaluate the patient alone. Have hospital security with you during your evaluation or at key moments (e.g. for injections, physical exam, or procedure; when telling the patient something they don't want to hear). Alternatively, you can have other clinical staff (e.g. nurse, resident, attending) accompany you.
  - c. Be mindful of your personal items and where they are. Avoid having items around your neck (e.g. stethoscopes, ties).
  - d. Sit down. Speak calmly. Avoid confrontation. If conflicts arise, remain calm and attempt to verbally de-escalate the patient. If the patient continues to escalate, then disengage from the patient.
  - e. Sit between the patient and the door. Don't lock the door.
  - f. Remain facing the patient. Do not turn your back to them.
  - g. Maintain a safe, comfortable distance from the patient.
  - h. Ask for permission to touch the patient whenever physical contact is necessary.

**In case of patient violence:**

1. Seek medical evaluation and treatment, especially if injured. Report injuries to WUSM Student Health Services (362-3523).
2. Report incident to your attending and coursemaster, as well as hospital administration (e.g. nursing supervisor) if applicable.

**Resources:**

American Psychiatric Association. Clinician Safety: Task Force Report 33. Washington DC: American Psychiatric Association, 1993.

Black KJ, Compton WM, III, Wetzel M, Minchin S, Farber NB, Rastogi-Cruz D. Assaults by patients on psychiatric residents at three training sites. *Hospital & Community Psychiatry* 1994; 45: 706-710.

Simon RI, Tardiff K. *Textbook of Violence Assessment and Management*. Arlington, VA: American Psychiatric Publishing, Inc., 2008.