

Patient Relations and Communication

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Since most patients do not understand the practice of medicine and have little understanding of the complexities involved in their treatment, they will evaluate the quality of medical care not only by the outcome but also by how they are treated by the physician and the office staff. Patients are extremely forgiving if they are treated in a fashion that lets them know that you care. People skills are just as important as medical expertise and can make a critical difference in whether a patient who has had a bad outcome will sue. The medical office should focus on identifying and eliminating those elements of healthcare that fuel a patient's predisposition to sue or dissatisfaction with the care that is being provided. Keep in mind patients are extremely forgiving if they know that you care.

Communication is a very important part of the health care process and is closely linked to patient satisfaction. The first impression a patient has of the office and staff begins with their first contact and communication. The individual receiving the phone call to schedule an appointment and the receptionist at the front desk have very important positions when it comes to patient perception and satisfaction. After all, these individuals are the patient's first encounter with your office. This initial encounter between a patient and staff member may well set the tone for the patient's satisfaction with the physician as well as the practice. It's important that staff receive proper training in effective patient communication and customer service. Setting service standards for the different areas of patient communication is one way to help assure that patients will be treated with courtesy, responsiveness, and friendliness.

You might consider having someone call your office, acting as a patient, to see how the scheduling process works and to check on answering service procedures. Is the phone answered promptly before the fourth ring, is the hold time extremely long, are there numerous menus to walk through, does the answering machine let patients know what to do in case of emergency or if they need scheduling? Are the office staff and answering service staff courteous, responsive, and accurate in their instructions to the caller?

In all patient encounters, telephone as well as personal conversations, the physician and office staff should practice basic good manners. When treating patients, the physician and staff should make every attempt to use terms that are clear, concise, and appropriate to the patient's level of understanding. Lay terms should be used and the use of medical terminology minimized.

Listed below are suggested techniques that have proven useful in improving the dialogue between physicians and patients.

1. Entering the Room. How you enter the room is very important. Knock before entering. Even if your day is hectic, walk into the exam room with a smile, shake the patient's hand, address the patient by their formal title, unless the patient requests a first name basis.

2. Don't appear rushed, even if you are. Patients are greatly irritated when their doctors appear hurried. Be aware of nonverbal behavior that could make the patient feel that they're being rushed, such as: looking at your watch and keeping one hand on the doorknob. These behaviors imply that the patient in the room isn't as important as the one who's coming in next. Once you're in the exam room, make sure you're really there: focus your attention on the patient and stop yourself from being preoccupied with what's happening on the other side of the exam-room door. Establish procedures in the office minimizing interruptions unless absolutely necessary.
3. Be informed. Ideally, the patient's chart should be reviewed before entering the examination room. As a practical matter, reviewing the record in the presence of the patient can provide an opportunity to reinforce the treatment plan and elicit any patient concerns about compliance with the existing regimen.
4. The physician should personally interact with the patient whenever possible and not rely solely on the information provided to other staff members by the patient or the patient's family. It is important for physicians to show that they have received and understand the patient's concerns.
5. Use open-ended questions whenever possible.
6. Adopt a listening posture and use active listening skills. Non-verbal cues such as maintaining eye contact and sitting when talking to patients can communicate attention and respect. Allow the patient to speak without interruption. Effective listening requires attention, patience and suppression of the urge to control the conversation. Communication is more effective if the listener focuses only on what is being said.
7. Determine the patient's priorities (e.g., "What would you like to talk about today?" "Tell me what's troubling you most.").
8. Involve the patient in their care and treatment, making them partners in their health or recovery. Where appropriate, it may be necessary to include the patient's significant other in the partnering philosophy, including them in education and information where feasible.
9. Set realistic expectations. Media coverage about medical advances and new technologies has helped to create an unrealistic expectation that doctors can diagnose and cure just about anything. It is important to explain to patients what is realistic.

The physician should help the patient become aware that they have a role in their own care. Treating the patient with respect and dignity helps to build an environment where the patient is comfortable asking questions and discussing their health concerns. This can result in a strong doctor patient partnership as well as reduce liability.