

Family Practice Management[®]

The Art of Medicine: Seven Skills That Promote Mastery

- Advances in the science of medicine have not diminished the importance of the art of medicine.
- Before entering the consultation room, take a moment to personally prepare for the encounter.
- Use the first few minutes of the consultation to connect with the patient both interpersonally and intellectually.
- Consider how the patient is responding to his or her illness and suffering - e.g., with hope or with despair.
- When you communicate with patients, be authentic, show that you value them as a person, and be sensitive to what they are expecting.
- Appropriate physical touch can help calm distraught or anxious patients and may even have health benefits.
- Humor can also be an effective way to establish rapport and relieve anxiety during a patient encounter.
- The key with both touch and laughter is to be sensitive to the patient's level of comfort and use discernment.
- To display empathy, make an explicit comment about the patient's feelings or experiences.
- Patient-centered communication has been shown to improve outcomes, increase satisfaction, and decrease liability.

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Improving Communication With Older Patients: Tips From the Literature

- The physician-patient communication process is often complex and can be further complicated by age.
- Basic strategies, such as sitting face-to-face and maintaining eye contact, are crucial when you're dealing with elderly patients who may have trouble hearing or concentrating.
- The most common complaint patients have about their doctors is that they do not listen.
- Elderly patients are more likely to follow through with your instructions if you summarize your most important points, write them and give patients a chance to ask questions.
- Staff can set the stage for improved communication with older patients by greeting them warmly and making sure they are comfortable.
- Elderly patients are more likely to leave with good feelings about your practice if you escort them to the checkout desk and tell them goodbye.

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What Should You Do When Your Patient Brings a List?

- Patients' lists are often dreaded because they tend to raise more issues than can be addressed at a single visit.
- Allowing patients to express their concerns takes only 93 seconds on average, according to one study.
- Once you've acknowledged a patient's list of concerns, you can begin to negotiate what to cover during the current visit.
- Be honest with the patient about how much time is available for the visit and how many issues you can effectively address.
- After agreeing on the agenda for the visit, check to make sure there are no lingering issues.
- At the end of the visit, plan future visits to discuss other items on the patient's list.
- Spending a few moments reviewing the patient's list will show that you appreciate the patient's effort to be an active participant.
- A patient's most critical problem may not be on his or her list. Don't ignore it.
- Patients who don't have a list may need some encouragement in opening up about their concerns.
- A patient's list can move you more quickly to a shared agenda for the visit.
- Both clinicians and patients need to be educated about the proper use of lists.

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Communicating Bad News to Your Patients

- Delivering bad news is one of the hardest and most important things family physicians do.
- The aging population and shortage of geriatricians make the responsibility fall more on family physicians than ever before.
- The "bad news conversation" should not be a one-time event but the beginning of a patient-physician journey.
- Carve out time for the bad-news discussion, and secure a private, quiet setting.
- When delivering the news, face the patient and speak slowly and deliberately.
- A systematic approach gives you a framework for the discussion and allows you to better focus on the patient's concerns.
- Begin the conversation by finding out what the patient knows about his or her condition.
- When you give the bad news, state it as clearly as possible in lay terms.
- Be prepared to give the patient additional information if requested.
- It is important to develop a plan for follow-up care; you do not want the patient to feel abandoned.
- Ask the patient what his or her goals are and consider how you can help meet them.
- Be sure to code and document accurately to be paid for your services.

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How to Manage Difficult Patient Encounters

- Physicians regard as many as 15 percent of their patient encounters as difficult, according to one study.
- Patient factors, physician factors and situational issues all contribute to difficult encounters.
- Patients who are angry, defensive, frightened or resistant may exhibit physical warning signs.
- Define your boundaries and be aware of your triggers to prevent getting drawn into a conflict.
- Direct, proactive communication works best with somatizing patients.
- Manipulative patients may try to play on your guilt, so be cognizant of your emotions and ready to say "no" if appropriate.
- Physicians' stress, fatigue and strongly held beliefs can inhibit communication and spark difficult encounters.
- Being self-aware and setting limits can help physicians to develop better relations with patients.

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Five Tips for Generating Patient Satisfaction and Compliance

- Physicians who struggle with patient compliance should consider trying a "sales" approach during patient visits.
- Selling a treatment plan to a patient involves converting a sense of apathy to a sense of urgency.
- Before a patient will buy into your plan, you must create a partnership with your patients based on trust and understanding.
- To gain your patients' trust, show interest in their values and goals.
- Be a good listener and refrain from dominating the conversation during visits.
- If you force patients to accept a treatment plan before they are ready, they will be less likely to trust your advice and comply with the plan.
- Just as successful salespeople always follow up with their clients, physicians should call or e-mail patients after a visit to find out how they are doing.