

The Mastery of Patient-Centered Practice

Fundamentals of Doctor-Patient Communication: Connecting from day one...

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There is no doubt, the initial meeting of a new person in your practice, and the dialogue with that new person that may *choose* to become a patient is the most critical step in establishing the doctor-patient relationship. To simplify, the three most important points demanding focus and attention are:

1. Creating a great first impression.
2. Defining the person's expectations relative to you and your practice.
3. Assessing the person's knowledge and understanding of chiropractic.

I believe mastery of addressing and vetting these three points is essential to practice success. Establishing a solid foundation on day one will set the stage for a solid **Clinically Relevant Presentation of Findings (POF)** on day two. In most instances, a doctor failing or performing poorly on one of these three points will encounter a challenging POF if not a loss of the person as a patient entirely.

1. Creating a great first impression...

Everything must be in place, and everyone in their places. The team must be prepared to meet and warmly greet the new person. Everyone must know as much as possible about the new person prior to their arrival. The person must be met, greeted by name, and efficiently escorted to the examination room to complete their entrance paperwork. This process must be smooth and calm; demonstrate that the team is in control of every aspect of the practice. Everyone must

be sharply dressed (even if your style is casual...) the office must be clean, neat and organized.

People entering the practice for the first time absorb everything. If they are in pain, their senses are heightened even more; sight, smell, sound and the subtleties of human interaction are all at a fever pitch. Therefore, if the office is less than organized, dirty, smells of an old moldy hydrocollator, or the behavior of any of the team is not optimal: the person's impressions are negative. This is no way to start a relationship.

The doctor meeting the new person for the first time must connect immediately. The more the doctor knows about the person he or she is about to meet, the better the initial meeting. The patient is on your turf, and of course, within your sphere of influence. Do not abuse this opportunity use it ethically and sincerely.

1. Eye contact is critical.
2. Touch, a handshake is best, and an appropriate adjustment of body position based upon size, gender, age and personal style. The goal is to be welcoming and accessible.
3. Verbally summarize the chief complaint and present illness.
4. Ask the patient how they feel about their pain; remember it is personal it's theirs...
5. Ask permission, to touch the area of pain and then do so...with the utmost care and compassion. Convey understanding with touch.
6. Review the history and inquire as to the nature and extent of the patients understanding of the relevant past history and review of systems. Ask them about previous vehicular crashes, sports injuries, work related injuries or simply work activities, hobbies, and lifestyle activities. Do they feel these old injuries or conditions had any effect on them or their current condition?

2. Define patient expectation.

You should know from the initial conversation with the new person where they found you. I advocate an established form that the team follows routinely. I call it the "New Patient Information Sheet". If you would like a copy of this form, send an email to info@chiropracticmentoring.com with "NP Info Sheet" in the reference line.

A question such as, "How did you hear about XYZ Chiropractic is a good place to start. After establishing a great first impression, and

summarizing the pertinent elements of the chief complaint and present illness (OPQRST), the next step is to define expectation.

- **(Referral)** Mrs. Smith was thoughtful enough to refer you to me. What was the *one thing* that Mrs. Smith said that made you pick up the phone and schedule an appointment to see me?
- **(Website)** What was the *key point* you read on my website that convinced you to give me the opportunity to help you?
- **(Newsletter)** What was the *one point* in my newsletter that caught your attention enough to lead you to reach for the phone
- **(Ad or Article)** What was the *one thing* that you read in my ad/article that convinced you to call me?

Perhaps the referring individual said they received one adjustment and felt great ever since. Perhaps they said you were not like other chiropractors, that you actually took time with each patient, or that you had special training...knowledge is power. You may have provocative language on your website that promises a resolution of problems, or creates an expectation of seriousness of various conditions. If the person feels fear about their condition, or wants to function better, it will be helpful to know. Remember, all of us are either moving away from pain, or towards pleasure when we make our [emotional] decisions. If you write a newsletter, or produce ads for newsprint or the Internet the trigger that caused the emotional response in each patient must be ascertained in order to understand the person's expectation of you and or your organization.

The answer to this "one thing" question will give you an insight into what motivated the patient to act, and where you want to direct your attention when asking the next key question: *defining their understanding of chiropractic*. Based upon their response to your inquiry, you very well may need to re-define the new person's expectation based upon your approach to care, your skill level and or experience with similar conditions. Always be honest, never attempt to scare or amplify, but do state the facts as best you can. Be optimistic, but do not give false hope.

3. Assessing knowledge of chiropractic [care].

If you already know the patient has had previous chiropractic care simply ask them to explain their experience. I like the dialogue to

start with something like..."You saw Dr. Jones some time ago. Please tell me about that." Or, "Please tell me about your experience with Dr. Jones." Let them tell you, do not voice an opinion especially a derogatory one, regardless of what they say...it almost always backfires, even when the experience was a bad one! You can pose a similar question to those patients that are seeing you as a "last resort" after multiple doctors have taken a "stab" at them...(gratuitous pun...) ask about how they felt about their experiences. Be sure you do not become another in the long list...usually, the reason for the failure of care with other physicians is a *failure of communication and a poor doctor-patient relationship*, not a clinical failure. If the patient has a failed back surgery syndrome (FBSS) you may need to spend some extra time with them to sort out the emotional aspects of their experience. Be prepared.

If the new person has no personal experience with chiropractic, the question should be phrased something like, "Please tell me what you know about chiropractic care." Or, "Obviously, you are in pain, and that is no fun at all...why did you choose chiropractic care to try to resolve your problem?" People use the Internet for information. Let's face it, not all the information is positive. You must determine what they know and if possible where they learned it...(the top Google searches for chiropractic, subluxation, spinal rehabilitation, CBP, Biophysics, Adjustments all produce "Quackwatch or ChiroBase" within the top three at the time of this writing...)

"All people most of the time, and most people all of the time, are in automatic mode." They make decisions from an emotional perspective. All of us make decisions based upon emotional response; we then justify our decisions with intellectual reasoning and logic. You must determine the nature of the person you have just met, and determine what triggered them to trust you enough to pick up the telephone and call you.

The initial meeting and conversation you have with new people in your practice will determine the success of the next encounter, which in most instances will be some form of presenting your findings. I contend that no two presentations of findings should be the same; the content varies and must be customized to each person, even though the points addressed are similar in most cases. Use the information gleaned from the initial dialogue framework outlined above. Custom fit your presentation of findings to each person, and address, re-define and posture your approach to exceed their expectations. In so doing,

you will create the opportunity to provide exceptional patient care and a life-long relationship.