



# Staff Matters

- EDITORIAL, *C. MAROLT*
- WORKPLACE CONFLICT, *C.M. PATTON*
- ON HIRING, *L. ADLER*
- THE SIMU-LEADER PROGRAMME, *M. ROSEN ET AL.*
- CRITICAL COMPASSION, *T. CUNNINGHAM*
- HUMAN FACTOR APPROACHES: IMPROVING EMR USABILITY AND SATISFACTION, *R. DUNSCOMBE*
- WILL ROBOTS TAKE YOUR JOB IN HEALTHCARE? *B. HYACINTH*
- ESTABLISHING COMPETENCE IN RADIOLOGY: A UK PERSPECTIVE, *W. RAMSDEN & C. RUBIN*
- THE POWER OF THE #HASHTAG, *A. BRINDLE*
- CAPTIVATE STAFF WITH ANIMATION, *M. KEEN*

HOW THE SIMPLE INGREDIENT OF DELIGHT CAN TRANSFORM HEALTHCARE, *K. KAS*

HOW CAN RADIOLOGISTS ADAPT TO THE KNOWLEDGE AGE?  
*P. CHANG*

PUTTING THE PATIENT AT EASE: 10 STEPS TO BETTER COMMUNICATION, *M. EVENTOFF*

THE BOUNDARYLESS HOSPITAL, *M.C. VON EIFF & W. VON EIFF*

HOW ARCHITECTURAL DESIGN IS BREAKING DOWN HEALTHCARE SILOS, *L. NELSON HOPKINS*

THE NEED AND SPEED OF COOPERATION INSTEAD OF COMPETITION IN RESEARCH, *P. KAPITEIN*

SPACE TECHNOLOGY MEETS HEALTHCARE, *E. GRAVESTOCK*

CLINICAL DIAGNOSTIC REFERENCE LEVELS IN MEDICAL IMAGING, *J. DAMILAKIS & G. FRIJA*

SUCCESSFUL QUALITY MANAGEMENT SYSTEM IN A RADIOLOGY DEPARTMENT, *N. STAVER & D. CARAMELLA*

FOLLOW-UP BREAST CANCER IMAGING WIDELY VARIABLE, U.S. STUDY FINDS, *C. PILLAR*

THE HEALING POWER OF DIGITAL ART IN HOSPITAL ENVIRONMENTS, *K. KIM*



# Putting the patient at ease

## 10 steps to better communication

When it comes to physician-patient communication, tone is key, from the tenor of the doctor’s voice to the mannerisms that influence whether a patient comprehends or is satisfied. Matt Eventoff explains how to effectively share information.



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Physicians have one of the most difficult jobs on the planet. Saving lives and healing the sick are sacred arts and skills that are fraught with stress and pressure. Every decision is second guessed and analysed after the fact, often unfairly. Time is precious, and time is something which physicians and staff can never have enough of. Making the most of this time and communicating well is key.

I have worked with many physicians, and many more patients. What I’ve come to realise is that some basic parameters at the beginning of a visit can make the difference between a great experience and a poor one for both parties. The visit begins the second a patient walks into the office, and every person the patient interacts with has an effect on that patient’s view of the visit.

A common complaint is that a physician often rushes into an examination room, looks at the patient’s chart, makes less than two seconds of eye contact with the patient, then looks back at the chart before beginning the examination, all while talking. It’s the hurried pace, the lack of a smile, the look that says you’re taking my time and there’s something else I have to get to. That is not the message being intentionally sent, but that’s what’s coming through.

As laymen, many of us (me included!) over-analyse what is going on in our own bodies, and “Dr. Google” has made this even easier and more dangerous. Many of us walk into the office very nervous and very anxious. There are steps every physician, from a general practitioner to a neurosurgeon, can take to become a more effective communicator. These steps are also relevant for all office staff. Let’s face it, a physician’s office is a busy place, with more demands on time than hours in a day. And a visit isn’t just the examination—again, it starts the minute a patient enters the office area. Here are the ten steps I recommend:

**1. Refer to the patient by name.** This sounds so obvious, but on occasion a physician refers to a patient as ‘the patient’, especially when a loved one is helping to fill out paperwork or attending the visit. This can unintentionally sound cold and clinical. Refer to the patient by name, either first or last, from the first interaction in the office to the final interaction as the patient leaves the office. It seems like a very small matter, but it means a lot to the person to whom you are speaking. Think about how it feels when you visit a restaurant, or a store, or your building and someone refers to you by name.

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**2. Make eye contact.** The patient’s chart might be crucial, but the person whose chart you are looking at is more crucial. Every physician is extremely busy, and has to see many, many patients on a daily basis. That is understood. When you enter the exam room, the person on the exam table has often been waiting days, or weeks, and may be very anxious. Eye contact from everyone, from the front desk to the attending nurse to the physician makes a huge difference. And along with eye contact...

**3. Smile and say hello.** Greet each patient with a smile. Something that may seem common and routine to every person who works in the clinic or hospital—such as a common fever or routine surgery—is probably anything but common and routine to the patient and his or her loved ones. If putting the patient at ease is a priority, smiling and saying hello goes a long way.

**4. Sit down.** Towering over a patient can be physically intimidating. Sitting down makes what can be a distressing experience (again, not knowing what is wrong with you is scary for many patients) a bit less harrowing. It can create warmth and eliminate a barrier.

**5. Breathe and listen.** Ensure you listen to all the patient has to say before you begin to speak. When it comes to your turn to contribute, take a moment to breathe and listen again at intervals, as this will help you to recognise whether the patient understood you or not. In medical discussions especially, every word matters. As with any profession, but even more pronounced in medicine, an extra minute or two explaining, or being “patient” with a patient (no pun intended!) will save a physician and the office considerably more time on the back end. Confused patients and those who feel the visit wasn’t satisfactory will of course impact negatively.

**6. Reflect and clarify.** It is also key that you fully understand the patient. Restate the information that was shared to be sure that you got it right and understood correctly. This not only shows interest and respect, it ensures both patient and clinician are on the same page.

**7. Ask yourself if the patient appears comfortable.** Pay attention to the patient’s demeanour, body language as well as their tone of voice and rate of speech. If they appear stressed or fearful then try to calm them. Getting a patient comfortable, through meeting him or her at eye level, smiling and keeping a calm, even pace will help that patient open up and share more information, making it easier to get a feel for what might be going on. In some cases, it may take a little longer to achieve this and gain the patient’s trust. A physician is the expert when it comes to medicine, but no one has a better handle on what the patient is feeling than that patient; so, the more the patient speaks the more information you will have to work with.

Remember: You might do this every day, but for a patient, the visit can be nerve-wracking. Put yourself in your patient’s shoes. It makes sense to take a moment as you enter an examination room to ask yourself, “If I, or a loved one, were sitting on the other end of this table and knew nothing, how would this look or sound to me? How would this make me feel?”

**8. Consider your tone and rate of speech.** As physicians you are dealing with the most sensitive of subjects and information. A slower pace, with a calm, warm tone, and an easy-to-follow pace can

go a long way. Every word matters, and as patients we often think back to the exact phrases used and the tone in which they were used. I am a ‘questioner’ and ask many questions. I am fortunate to have had physicians who have taken the time to explain things in a calm, clear tone. This is very helpful once a patient has left the office and is thinking back on the conversation.

**9. Be clear.** Think carefully about the language you use, remembering that your patient may not possess the same knowledge as you about the topic you are discussing. Clarity is crucial. This also pertains to the time during an exam or procedure. When informing the patient, make sure they understand, bearing in mind that many medical terms sound similar and mean dramatically different things.

“ SITTING DOWN CAN  
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Meanwhile, acronyms and polysyllabic medical terms can often be confusing and many can sound frightening. Using a term because it is medically correct is the right thing to do, but make sure to explain what that word means in a way that an average person can process and understand. Many times the patient will want to/need to explain what has just happened to loved ones after the fact. Repeating some key points can help them to recall it and relay the information accurately. Remember: while it’s helpful to gain your patient’s trust by explaining clearly, it’s important to do so without patronising. You will likely get a feel for each individual’s level of knowledge and understanding as you communicate and listen, enabling you to respond appropriately.

**10. Close communication with interest.** Although it may be very difficult to avoid when you’re incredibly busy, turning away from your patient to signal it’s time to move on to your next patient can put a sour taste on any communicational exchange. As with most communication, people often have a vivid recollection of your ‘ending’. After a great visit, it is always nice when a physician smiles, lets you know that you are on the same ‘team’ and that the patient was not just a number. ■