

Patient-Centered Strategies For Building Your Practice

Several years ago, Donna Weinstock was treated for a minor skin condition by a dermatologist. During each of her visits, the physician never spent more than one minute in the exam room with her, always leaving before Ms. Weinstock could even ask a question. So during one visit, she stood in front of the door to block his quick getaway and said, “You’re not leaving until you answer all of my questions.”

Although the doctor honored her request, Ms. Weinstock expected that her tactic would grab the doctor’s attention and encourage him to re-examine his bedside manner. She scheduled another visit, with the expectation that he had changed the way he interacted with his patients. No such luck. The doctor didn’t change his habits at all, so she found a new dermatologist.

Do you know how your patients really feel about your bedside manner, or do you take patient relationships for granted? Do you invite questions from them, or do you rush in and out of the exam room? Do your patients have to ask your nurse to chase you down to get their questions answered?

“I don’t want any doctor who doesn’t hear me and with whom I’m not comfortable as a patient,” says Ms. Weinstock, a

healthcare consultant in Northbrook, Ill., who previously worked in several physicians’ practices, handling front- and back-office functions for over 20 years. “I believe strongly in patient-doctor relationships, and I believe strongly in doctors’ hearing you. For that reason, I could not continue to go to somebody who didn’t hear me as a person.”

Many healthcare professionals and even doctors admit that this scenario frequently occurs at medical practices. While the reasons may vary, the end results are still the same: many patients

never learn to trust their doctors. If patients perceive physicians as uncaring or arrogant, they may fail to comply with prescribed drugs or medical treatment. It is not uncommon for patients to leave the practice and seek care elsewhere without an explanation to the doctor or staff.

Do you know how your patients really feel about your bedside manner, or do you take patient relationships for granted? Do you invite questions from them, or do you rush in and out of the exam room? During a five-minute patient visit, do you ever leave the exam room or accept nonemergency phone calls? Do your

In a 2004 survey by Harris Interactive, U.S. adults ranked a physician's interpersonal skills, such as being respectful and listening carefully to healthcare concerns and questions, higher than his or her clinical skills, such as medical judgment and whether the physician is up to date with current medical research and treatment.

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These situations can create an environment that slowly erodes doctor-patient relationships. Building strong relationships is a critical component of healthcare. In fact, in a 2004 survey by Harris Interactive, U.S. adults said that it is extremely important for their doctors to have strong interpersonal skills, such

as being respectful (85 percent) and listening carefully to healthcare concerns and questions (84 percent). These qualities were ranked higher than medical judgment (80 percent) and whether the physician is up to date with current medical research and treatment (78 percent).

Practice experts warn that if your patients don't trust you or feel that you're shortchanging them in any way, they probably won't remain on your patient roster for long. Count on their telling their friends, neighbors, family members, coworkers and anybody else who will listen about how poorly you treated them. This ripple effect can have a dramatic impact on you and your practice, ranging from diminishing word-of-mouth referrals and reduced income opportunities to tarnishing a reputation that took years to build.

Still, doctors aren't the only ones who have an impact on patient relationships. Ms. Weinstock believes that everyone in a

medical practice affects them. She explains that office staff can make it easier or harder for patients to establish that connection.

For example, when patients call for the first time to schedule an appointment, how long does the phone ring before it is answered? Are callers placed on hold for several minutes, or are they triaged by your phone system, which requires them to listen to numerous voice prompts and press button after button to get to the right person? When patients arrive at your front desk, how are they greeted? If your receptionist is busy doing paperwork, does she mumble, “I’ll be with you in a moment,” keeping her eyes focused on the paperwork, or does she drop what she’s doing and properly address the patient?

In her previous jobs at medical practices, Ms. Weinstock required the staff to follow very specific procedures for greeting patients. “I would tell my staff to stand up to say hello and greet Mrs. Jones so that Mrs. Jones feels welcome from the first moment,” she says, adding that when patients feel slighted or ignored, they can develop a grumpy or harsh attitude, making it harder for physicians to connect with them in the exam room. “Patients may think, ‘How can I like my physician if his [or her] staff can’t be nice to me?’”

Even timely, patient-friendly invoices that list a phone number for patients to call if they are confused about specific charges can enhance the relationship. The impression conveyed is that

Be Specific When Discussing Goals

When you talk with patients about their lab results, do you simply tell them that their cholesterol, blood sugar or thyroid levels are fine?

That’s not good enough, says Dr. Michael Cahn, an internist at Hamilton Medical Group in San Jose, Calif. He suggests talking with patients about what your expectations are for them and why. For example, if a patient has high cholesterol, consider saying, “If we can reduce your cholesterol by 25 points, we can reduce your coronary risk by 15 percent.”

“I see the ads on TV about people saying, ‘I reduced my cholesterol by seven points or by nine,’” says Dr. Cahn. “People have no idea what they’re talking about—what does that mean? Give them a number. That’s real.”

the physician cares about patients and wants to make things simple or convenient for them.

Once Ms. Weinstock received a bill from a physician's office three months after her insurance had paid the practice. "I got a balance due," she says, adding that she wondered why it took the practice so long to send her the bill. "I'm in a new year, on new issues. I don't want to think about three months ago. Your bills have to be timely."

Dr. Michael Cahn, an internist at Hamilton Medical Group in San Jose, Calif., says he never stands up, looks at his watch or—heaven forbid—touches the doorknob when he's talking to a patient in the exam room, even if the patient knows he's pressed for time. When he wants a patient to be seen by a new doctor at his practice, he escorts him or her down the hall, makes the introduction to the other doctor, then sits down and chats for a few minutes about something non-medical so that the patient knows he's not deserting him or her.

Dr. Cahn's patients often admire the various photos of exotic lands that hang on the walls of the practice. The pictures, which were all shot by Dr. Cahn himself, who is also an experienced photographer, reveal his personal side and open the door to many interesting conversations.

He says that patients need to know that their doctors are human, not computers; they have their own unique personalities. However, doctors need to be careful to stay true to themselves. In other words, he says, if you're a very quiet person, don't sell

Why Patients Switch Doctors

Are your poor interpersonal skills driving patients away? A 2004 study by Harris Interactive surveyed adult patients on whether they changed their doctors in the past five years and why. Following are some of the reasons mentioned in the survey:

- 14 percent said the physician didn't listen carefully to them.
- 13 percent said they were kept waiting too long.
- 12 percent said the physician didn't spend enough time with them.
- 11 percent said they were not treated with respect by the physician.
- 11 percent said the doctor was not available when needed.
- 9 percent said they didn't like the practice's nurses or office staff.

yourself as having an outgoing personality, because that's what patients will expect of you, and that will also be the type of patient you attract.

"People are intuitive," Dr. Cahn says. "Don't put on an act. Be yourself so you can be very comfortable with patients. If patients sense that you're not being yourself, they won't trust you as a physician."

Man or Machine?

For the past 23 years, Dr. Charles Shaefer has practiced internal medicine in Augusta, Ga. Twenty of those years were spent at an ever-expanding practice that at one time supported 17 physicians. In that environment, numerous opportunities to build patient relationships and form good, long-lasting impressions were lost to automation. For example, the phone system routed people from one voice mail to another. When patients wanted their test results, they received a computer-driven response. There was no opportunity for them to interact with staff.

While systems like these are convenient, he says, patients became more and more disenchanted with them. "The straw that broke the camel's back was when I began realizing that people were calling my 85-year-old mother to get through to me," he says. "They had become so frustrated by the phone system and the inability to get in touch."

So three years ago, Dr. Shaefer and two other physicians in the practice split off from the large group, started their own practice called University Primary Care Physicians and focused on these issues—accessibility and information transfer. He says that the doctors vowed to eliminate the layers of computer interface that people needed to get through in order to get assistance, whether they need to make an appointment or simply to ask a question.

Now when patients call, they are immediately directed to a staff person who can handle the matter, or they may be transferred just once to a nurse's voice mail. Dr. Shaefer says that patients appreciate having their problems dealt with by a live person instead of pressing Number 1 on their phone keypad for prescription refills or Number 2 for scheduling. Many also feel more at ease because their concerns have been listened to by a healthcare professional instead of recorded by a machine.

About three times a year, the practice also publishes a newsletter that is distributed to patients when they come to the office. This newsletter includes healthcare tips, outlines the practice's policies and reminds patients that the practice's focus is prevention. Dr. Shaefer says that this approach encourages patients to partner with their physician, a bond that often strengthens the doctor-patient relationship.

"It's a very noticeable part of the interaction when the patient comes in," he says. "We go through a preventive checklist. Patient reaction has been super.

When Dr. Jason Buchwald opened his internal medicine practice in 2002—Comprehensive Medicine and Nutrition in Livingston, N.J.—he decided to extend the amount of time dedicated for each patient visit. With only himself and a secretary, he spends 40 minutes with each new patient and 20 minutes during follow-up appointments.

It has surprised me just how positively patients have responded to this preventive side. They understand it and really do resonate with the idea that it's being kept up with aggressively."

Patients also respond well to physicians who don't rush them in and out of exam rooms. Many have grown tired of the factory atmosphere that is prevalent at many medical practices.

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He says that his patients consistently tell him that they appreciate the extra time he spends listening to their medical concerns and exploring new or alternative treatment options. It makes them feel important or worthwhile. He says that it may sound simple, but it goes a long way in gaining people's trust and respect.

One of his diabetic patients, who is HIV positive, had suffered a severe weight loss. Her weight had dropped to 80 pounds, and she was rapidly reaching the end of her days. Dr. Buchwald spent a great deal of time researching what diets or medicines might help her and finally introduced her to a new treatment regimen that he had learned about at a conference.

“She gained almost 30 pounds,” he says. “Her diabetes is under control. She comes in here all the time very appreciative. I spent extra time with her, and it made a difference in her case.”

If you call Dr. Buchwald’s office, don’t be surprised if he answers the phone: he doesn’t believe in letting the phone ring continuously if his secretary is busy with another important task, such as escorting a patient into the exam room. Patients are often surprised to hear his voice on the line, but he doesn’t answer the phone to impress them. He does it to be helpful. Patients seem to enjoy it, he says.

Likewise, he refuses to employ a nurse practitioner or physician’s assistant. While he fully appreciates their role in health-care, he says that patients come to see him and would feel slighted if he passed them off to a mid-level provider, no matter how qualified the individual might be.

Connecting Through Technology

But as his practice gets busier, some things may change. For example, appointments may become shorter but never to the point where he barely gets past the patient’s name, he insists. Meanwhile, he continues to look for ways to enhance his patients’ experiences in his practice. For example, he created a Website that allows patients to download and print forms that they can fill out at their leisure before coming to his office. He says that patients had previously complained about the need to fill out lengthy forms—everything from insurance updates to a medical history—while in the waiting room.

Another way to use technology as a customer service and relationship-building tool is to offer on-line scheduling. After logging onto their doctor’s Website, patients can view a calendar displayed on the screen. They can pick a specific date and time or e-mail the practice about a preferred date and time. Either way, they receive an e-mail confirmation from the doctor’s office within a day or two.

Many practices also use automated systems or computerized calls that remind patients of appointments, usually one day in advance. Years ago, when Steven Palmisano worked as a chief information officer for a large medical practice, he and his staff designed such a system. “That increased the number of patients

who showed up for appointments drastically—about 32 percent,” says Mr. Palmisano, now chief executive officer at Emdat, a company in Covington, La., that creates back-end technology systems for the healthcare industry.

But such systems can land doctors in trouble. For example, suppose a man is experiencing chest pains and schedules a doctor’s appointment but doesn’t want his wife to know or worry prematurely. If she hears the computerized message from a cardiologist’s office, it could raise all sorts of uncomfortable questions for her as well as violate patient confidentiality. So Mr. Palmisano suggests asking patients, “Would you like for our office to remind you of your appointment via a computerized call?” Then patients can simply check yes or no.

Mr. Palmisano also created a computerized system that patients can access for mammography test results. Basically, he says, there is a finite number of results for a mammography that are grouped into categories. The system actually called patients—who were able to request specific times to be contacted—then asked them to enter a preassigned code or password. If their test results were normal, they would hear the results. But if the results were abnormal, the system would ask them to call the physician’s office and schedule an appointment.

Mr. Palmisano says that the majority of patients loved this arrangement because they were able to receive their test results immediately. Staff appreciated it, too, because it reduced the number of incoming phone calls to the office. And doctors valued it because it helped them control costs while enhancing patient satisfaction.

Still, there is something to be said about the human touch. “I think there’s a risk of losing that personal relationship, just as you do when you call your bank and get an automated attendant,” says Mr. Palmisano. “It’s very impersonal. [Doctors] have got to make sure that they make this system not a replacement for the personal relationship but an add-on.”

Some medical practices have started using doctor-patient messaging, which is a sophisticated form of e-mail. The doctor and patient communicate on-line through a secure server but in a structured way that makes it simple for doctors to read key issues quickly.

For example, if patients have a specific request, their e-mail is triaged or routed to the proper department or person, such as the practice administrator, scheduler or nurse practitioner. But instead of a free-form e-mail, patients select from hundreds of different templates specifically designed for various requests or

Computers Boost Patient Satisfaction: Study

Researchers with Kaiser Permanente find that patients are more satisfied with their care and communicate better with their doctors when computers are available in examination rooms.

According to a study published in the July/August 2005 issue of the *Journal of the American Medical Informatics Association*, overall patient satisfaction, communication about medical issues and patient understanding about their condition all improved after the introduction of computers in the exam room. Patients also felt that their doctors were more familiar with their personal medical history and their lives.

Dr. John Hsu of Kaiser Permanente's Division of Research in Oakland, Calif., and colleagues conducted a longitudinal study of 313 patients and their eight physicians, including clinic visits before computers were available in the exam room and visits one month and seven months after the introduction. The study used questionnaires filled out by both the patient and the physician at three different visits to evaluate what effect a computer terminal might have when the physician uses it during an exam.

The study found that, after the introduction of computers:

- 63 percent of patients reported excellent overall satisfaction, up from 55 percent before the computers were available.
- 61 percent reported excellent satisfaction with discussions about their treatments, up from 47 percent.
- 57 percent reported excellent understanding of their treatments, from 46 percent.
- 59 percent reported their doctor's being very familiar with their lives, from 48 percent.
- 50 percent reported their doctor's being very familiar with their medical history, from 42 percent.

"When a physician is familiar with computers, and uses the technology to share information with patients, the doctor-patient relationship improves in many ways," says Dr. Hsu. "Patients feel more involved, understand their diagnoses better, and are happier with their care."

conditions. Patients who suspect that they have the flu, for instance, would complete a form that asks questions ranging from what their temperature is to when it started or what medications they're currently taking.

"They go through a decision tree," says David E. Williams, cofounder and principal at MedPharma Partners, a healthcare consulting firm in Boston. "It takes [doctors] a few seconds to find out what's wrong instead of reading a long narrative."

He says that this system, which falls between a phone call and an in-person visit, could be useful for doctors in any specialty. A major advantage is that it can help catch health problems while they're still minor. For example, a patient may be reluctant to call the doctor for a minor ailment or pain, which turns out to be a sign of something major, and the patient ends up in the emergency room. Chances are, the condition could have been prevented or at least minimized if the physician had been made aware of it. With this messaging system, Mr. Williams says, doctors can quickly figure out whether a patient's chief complaint requires immediate attention. He says that the system lowers the

Diffuse Patient Anger Over Long Waits

If several friends invited you out for dinner, would you call them if you were going to be late? Better yet, would you call them to reschedule if you were going to be more than an hour late?

In most cases the answer is obvious, but why don't doctors extend that same courtesy to their patients? How can they build a patient relationship if they repeatedly expect patients to wait for long periods of time for scheduled appointments? Every time that happens, the physician sends the same message: "You're not important," "I don't value your time" or "I don't respect you enough to be on time."

Not only does waiting increase anxiety for patients about their visit, but some are also fearful of catching illnesses since there are many sick people in physician waiting rooms.

If you are going to be at least 30 minutes late for any scheduled appointment, consider having a staff member call those patients to give them the option of coming in at a later time that day or rescheduling at a more convenient time.

"Even if you can't get them and they've already left and you just

barrier to the healthcare system.

Some doctors worry that their patients would abuse such a system. But the opposite is actually occurring, partly because patients are invited by their doctor to participate. It becomes a matter of patient privilege, not a patient's right. In some cases, physicians have to encourage their patients to use it more. Mr. Williams says that a number of his healthcare clients are using it because partial reimbursement is now available for it. Many of his clients communicate with their patients through a system called RelayHealth, the use of which is reimbursable by some health plans. He says that the reimbursement is equivalent to half an office visit.

Another way to gain patient trust is to show concern about the costs of the medication that you prescribe. Patients appreciate receiving samples of new prescriptions to see whether they are effective before they pay to fill a prescription. Whether you use samples or not, though, you should get information on the patient's drug coverage before you decide which medication to prescribe. This can reduce the number of calls between the health

found out, the mere fact that you called them and left a message shows a tremendous amount of respect and gives the physician the ability to [apologize]," says Lee Kanon Alpert, principal at Alpert & Barr, a professional law corporation in Encino, Calif., whose clients include physicians and medical practices.

While some physicians print out a daily list of patients and monitor their own schedule, Mr. Alpert says that receptionists are better equipped to handle this task and that three apologies need to be offered. The first one is over the phone. The second is when patients arrive. The receptionist can say, "Dr. Smith asked me to call you. I called your home, but you had already left. I'm sorry I couldn't reach you, but Dr. Smith had an emergency and is running an hour late. Would you like to come back or schedule at a more convenient time?"

The third apology needs to come from the doctor. While some patients may still grumble, this approach takes the wind out of most patient complaints. You've now personalized your relationship with the patient and demonstrated respect for his or her time.

plan or the pharmacy and the practice and eliminate the sticker shock your patient may experience if the drug you prescribe has a \$35 or \$50 co-pay.

You can quickly get formulary information for health plans that cover roughly 95 percent of patients in this country through a service called Fingertip Formulary on the Website MedPage Today (www.medpagetoday.com/ff). Before prescribing potentially expensive drugs for patients, physicians simply log on, select the patient's health plan and review the drugs listed in the various co-payment tiers for that plan. Then they know whether the drug under consideration is a preferred medication or on a higher co-payment tier. The information is free, and the Website is easy to navigate.

Dr. Arash Tirandaz, an internist in Plano, Tex., offers his patients a choice. "I tell my patients that if I put them on generic Prozac, it's a \$6 co-pay at Costco," he says. "But if I put them on this name brand, it's \$150 a month. Even though their insurance pays for it, their co-pay will still be more than the cost of the generic drug. So let's try the generic, and if they don't do well, we can give them the more expensive stuff."

He says that this approach sends a strong message to patients—that he cares about them and is aware of the cost of their medicine.

Establish Personal Relationships

Physicians can raise their profiles in the communities they serve and gain patient respect by actively participating in community events or serving as a board member for charitable organizations, especially those relevant to the type of medicine they practice. Such activities also give you an opportunity to establish personal relationships with people in the community who may end up being patients or make patient referrals. The more involved you are with patients and their activities, the more patients feel that you are truly part of their overall environment, as opposed to just another doctor they visit when they're sick, says Lee Kanon Alpert, principal at Alpert & Barr, a professional law corporation in Encino, Calif., whose clients include physicians and medical practices.

Dr. Michael Stark, an internist at Jersey Shore Associates in

Internal Medicine in Perrineville, N.J., and an avid digital photographer, gets together with other patients who also enjoy the hobby to shoot photos at the Bronx Zoo, Longwood Gardens and other places in and around town. On other occasions, he gives presentations to local civic groups or active adult communities about preventive techniques or participates in various community events or fundraisers like a fishing derby for developmentally disabled adults.

“You can be the best physician in the world, but if you can’t communicate well with your patients, no matter how smart you are, they’re not going to stay with you,” says Lee Kanon Alpert of Alpert & Barr. **“They’re going to see someone who has the ability to give them confidence and can communicate with them.”**

He brings that feeling of camaraderie into the medical office as well. Whenever patients arrive a bit anxious before an exam, or when their blood pressure is elevated, he’ll tell a joke or two or guide them through relaxation exercises. He asks them to close their eyes and take several deep breaths, then he shows them how to calm themselves down.

“The most important thing for building a patient relationship is truly showing that patient that you care,” says Dr. Stark. “[Some doctors] think they’re better than their patients. They think patients shouldn’t talk to them, they should just listen. I try not to have that separation.”

Mr. Alpert tells of one physician who demonstrates his communication skills by mailing a follow-up letter to every patient following an office visit. The letter recounts the nature of the visit, key points of their conversation and treatment suggestions. Because his practice predominantly caters to seniors, the letter reminds them of what was discussed and clarifies what they need to do. In case of confusion, patients can share the letter with family members so that everyone is in accord about the patient’s diagnosis, prognosis, new medicine that has been prescribed, dosage levels, changes with existing medicines, lab tests that need to be scheduled and potential follow-up visits. Mr. Alpert says that patients and their families appreciate these letters, and the physician finds that the letters often refresh his or her memory more than patient charts during follow-up visits.

“You can be the best physician in the world, but if you can’t communicate well with your patients, no matter how smart you are, they’re not going to stay with you,” says Mr. Alpert. “They’re going to see someone who has the ability to give them confidence and can communicate with them. Those are the [doctors] who get invited to the confirmations, bar mitzvahs, weddings or family events. When you’ve done that, you know you’ve established a relationship with a patient that’s not only going to be long-standing, but they’re going to be your best salespeople out there.”

The quality of doctor-patient relationships also impacts a physician’s likelihood of being sued by a patient. In the mid-1990s, the Agency for Healthcare Research and Quality (AHRQ), an agency within the Department of Health and Human Services, funded a study revealing that doctors who had been sued two or more times behaved differently from those doctors who were never sued. For example, physicians who had never been sued were much more likely to ask open-ended questions to patients, which gave patients a chance to tell more of their story. They also used phrases such as “Go on” or “Uh-huh,” which encouraged patients to continue talking about personal health issues.

What’s more, women physicians tend to do a better job of establishing partnership-building behaviors when communicating with patients, says Dr. Carolyn Clancy, an internist and director of AHRQ. “How much of that is due to socialization that we all get long before people ever get to medical school, or how much of it is due to other factors, no one knows the why,” she says. “Females are also much more likely to interact with health-care and get the concept of partnership and negotiation in a way that men are not.”

Information Exchange

In another study on gender impact—also commissioned by AHRQ in the mid-1990s—researchers examined communication efforts between female doctors and female patients, female doctors and male patients, male doctors and male patients and male doctors and female patients. Results showed that the least amount of question asking and information exchange occurred

between male doctors and male patients, says Dr. Clancy.

The concept of communication involves not just the conversations that take place between the physician and the patient; it also encompasses the transfer of any type of information from the practice to the patient. Dr. Clancy says that some practices lack clear policies for patients on a variety of office matters, such as how patients will be notified about lab or test results, how long it will take to respond to their prescription refill requests, when they should use e-mail or how long before their phone calls are returned.

To make matters worse, sometimes doctors in the same practice observe different office policies. She says that patients sometimes have tests or lab work done without knowing whether no news is good news or if someone will contact them regardless of the results.

Another aspect of good communication is making sure that the patient understands what you're telling him or her. Have patients ever asked you simply to explain what another doctor told them?

First-Hand Account

David Newman is a psychoanalyst with an active practice in New York. In September 1999, when he was just 44 years old, a husband and father of three young boys, he was diagnosed with an extremely rare and life-threatening malignant brain tumor. After being treated by numerous doctors who offered radically diverse and sometimes conflicting opinions about his treatment options, he learned how to decipher their verbal and nonverbal clues, such as tone and presentation, mood and manner. He wrote a book about his experiences entitled *Talking with Doctors* (The Analytic Press, December 2005), which contains the following passage:

“I was desperate, medically ignorant and intensely vulnerable, and all the doctors I spoke with sought to be convincing and authoritative, even about their uncertainties. Their offhand remarks and incidental behaviors were charged with meaning for me—meanings that I often had difficulty deciphering but which just as frequently revealed far more than was intended. These were intimate and intense life-and-death dialogues with strangers, doctors with whom no adequate basis for personal trust had ever been established.”

Apparently, this happens more often than many doctors may think.

Once one of Dr. Tirandaz's patients did just that. The patient, a physical medicine rehabilitation doctor, had visited her gynecologist, who suggested that she undergo a hysterectomy. But the patient, despite her medical background, understood very little of what the gynecologist told her. She was very confused about why she needed the surgery, the potential complications and recovery time.

"She was scared to death," recalls Dr. Tirandaz. "And this was a physician who's a patient of another physician. Imagine people who are not physicians."

A similar scenario happened with Dr. Tirandaz's wife, who had visited a dermatologist. His wife told him, "She thinks I'm a doctor, too."

Dr. Arash Tirandaz, an internist in Plano, Tex., advises physicians to avoid using obscure words or medical jargon when they explain problems, conditions or treatments to patients. But, he says, it's not about dummifying down your own language—it's about making sure that everybody is speaking the same language.

Dr. Tirandaz says that doctors often use obscure words or medical jargon; they need to be more careful about how they explain problems, conditions or treatments to patients. But, he says, it's not about dummifying down your own language—it's about making sure that everybody is speaking the same language.

The doctor who visited the gynecologist is a perfect example. Dr. Tirandaz says that there are abbreviations that gynecologists frequently use that would have absolutely no meaning to other specialists. And although the patient in this case is a doctor, she reacted much like any other patient to the surprising news that she needed surgery. A simple, clear explanation would have helped to set her mind at ease.

Dr. Derek Raghavan tries to demystify the world of medicine to his patients. As an oncologist who heads up the Cleveland Clinic Taussig Cancer Center, he typically opens conversations by asking patients personal questions about their occupations and the ages of their children, or sometimes he will tell funny stories about his own children.

"I'll wander in and say, 'Fine, we have to talk about cancer, but let's get to know each other first,'" he says. "I tend to be very

relaxed in my style. An icebreaker for me is, ‘My life changed when my first daughter turned 13 and I became an idiot.’ That usually makes people laugh.”

Since he works in an academic setting, he has the luxury of allowing about an hour for each new patient visit. But he strongly believes that doctors with substantially less time can still get to know their patients a bit before launching into their medical problems.

Dr. Raghavan suggests that doctors allocate half their time toward the actual business end of planning, such as reviewing test results or scans, then devote another 25 percent of their time to understanding their patients. He says that doctors can turn almost any task into a personal conversation. For example, he says, when you’re taking a patient’s history, reviewing it with them or even examining them, you can always find something that can transition into a personal discussion.

He says that the best training he had for clinical life was working as a taxi driver while in medical school. It taught him to listen and to ask questions in a neutral and nonjudgmental way. Since physicians have a reputation for being academically bright, often use sophisticated jargon and sit at the high end of the social structure, they must try to show their human side, he says.

However, some patients are wound so tightly that they will quickly rattle off answers to his personal questions so that they can focus on their cancer. “For the patient who wants to get to the point, you have to let them take the lead,” he says. “I try to make it clear to them that I’m just an average person who can listen to their problems and happens to have some knowledge. If they allow me to develop a rapport and a dialogue, it makes it easier.”

He uses the same approach with hospitalized patients. He will

sit down on or next to the hospital bed, chatting with patients about last night’s basketball game or TV

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show. Often he writes personal notes to himself about patients, such as an anniversary or vacation they may be looking forward to, or maybe that the son plays college basketball. He believes that patients grow tired of focusing every conversation around their illness and enjoy talking to doctors about completely unrelated topics.

Patients' health also seems to improve if they feel their doctor empathizes with them, is friendly and is someone they can relate to about very personal issues, Dr. Raghavan says. Under these circumstances, he has noticed that his patients become less afraid and therefore can better understand him if by chance he slips into

Dealing With Family Members

Some patients come to a doctor visit with family members who want to do all the talking. Sound familiar? Under these circumstances, it is crucial to build rapport with the patient's family, says Dr. Maurice Ramirez, who practices geriatrics and family and sports medicine at Ramirez Medical in Kissimmee, Fla., and emergency medicine at the Highlands Regional Medical Center in Sebring, Fla.

When situations like these occur, Dr. Ramirez strikes a deal with the family. If they allow the patient to talk with him for a minute or two without any interruptions—no matter how “demented” or confused the patient may appear—he will then listen to what the family has to say.

“You want to get an image of how the patients' minds are working and establish a rapport,” he says. “They say, ‘Nobody ever listens to me.’ It's not that these people don't appreciate all the help their family is giving them, it's that they're not able to voice their voice. Patients want to own that. Let them tell their story.”

Then Dr. Ramirez conducts another interview with family members for the same amount of time. Otherwise, he says, family members may grow frustrated, even walk out, believing he doesn't care about their valuable input or opinions.

Usually this strategy makes everyone happy and helps him earn the family's trust. He says that you start building relationships and, if lucky, you will hear the two best compliments any doctor can hear from their patients: “You're the only doctor who ever listened to me” and “I want you to be my doctor for everything.”

“When I'm in the ER and I hear that, I know I did a good job, no matter what the outcome was,” says Dr. Ramirez.

medical jargon.

Dr. Raghavan says that the entire staff must convey empathy; the most valuable employees are those who demonstrate empathy with cancer patients and understand that they need people around them who care and show an interest in their personal lives.

Some doctors build barriers around themselves, never letting themselves get close to their patients, says Dr. Derek Raghavan, an oncologist who heads up the Cleveland Clinic Taussig Cancer Center. He says that the first time a doctor experiences a patient death is extraordinarily hard. But physicians can learn to insulate or protect themselves emotionally by setting goals.

Even the clinic's physical surroundings are humanized. Dr. Raghavan says that the entrance to the outpatient building was once so sterile that an artist was commissioned to draw some paintings or murals to create a more relaxed atmosphere. In addition, the facility employs greeters. One in particular wears a top hat and sings to arriving patients, lowering their anxiety.

But some doctors build barriers or walls around themselves, never letting themselves get close to any of their patients. He says that the first time a doctor experiences a patient death is extraordinarily hard. But physicians can learn to insulate or protect themselves emotionally by setting goals.

Dr. Raghavan tells the story of a patient from Chile who developed breast cancer, then brain cancer that impacted the surface of her brain. Dr. Raghavan recalls being very candid about her prognosis—she had six months to live—and asked what she wanted to accomplish personally with the time she had left. She mentioned that her husband and their 10-year-old son were at odds with each other, constantly fighting. Her wish was to live long enough to bring them together and to help them form a close relationship.

While they discussed counseling options as well as her treatment plan, Dr. Raghavan still pressed the point, “What do you want for yourself—is there some little thing we can offer you as a target?” As it turned out, she had always wanted to learn how to paint. So they made a deal. She agreed to take painting lessons in her spare time and would give him her first painting.

The woman lived for nearly four years. Her husband and son

grew close. She kept her promise by learning how to paint and gave Dr. Raghavan her first oil painting, which has since been proudly hanging in his home.

The point of this story is that by developing a close relationship, the doctor and patient were able to turn a terminal situation into something different—an affirmation of life. She learned how to paint—something she would have never done had she not been dying—and brought her husband and son together. Although Dr. Raghavan was very sad when she died, he also felt a bit triumphant because of all the positives that eventually came out of the experience.

“I think that’s a big part of good oncology,” he says. “It’s actually learning what the patient is looking for. It isn’t just radiation or chemotherapy but integrating it into their lives so if they’re going to die, they’ve actually had value for the time you spent with them.”

He adds that many doctors wall themselves off because getting close to terminally ill patients is emotionally painful. But by doing so, they miss the opportunity to receive an extraordinary gift from the interaction with such patients.

“The easiest way of getting through a wall is to find the door,” says Dr. Raghavan. “The door is almost always offered by the patient. The key lies in whatever time you have to ask questions that let the patient know that the [medical] end is important, but that they as people are important, too.”