



## The Practice Environment

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It may be a little surprising, but physician-patient communication doesn't always happen between the physician and the patient. Sometimes that communication is well underway before you even say hello. Is the experience of coming to your office a positive one for your patients? Or does that experience say so many bad things about you that your patient may be angry at you even before you walk into the exam room? Kris Baird, a healthcare practice consultant in Fort Atkinson, Wisconsin, tells her clients, "Everything speaks." She explains that everything your patients see and experience helps form an overall view of your practice. She asks doctors, "If everything speaks, what does your practice environment say about you?"

The way to find out is to pay an actual or imaginary visit to your own practice. If you were a first-time patient coming to your office, what would you find? First, let's say there's an ad in the phone book or a Web site for your practice. What does that ad say about you? Does it give any indication of what your practice is all about? Does it say or imply anything positive or negative about your philosophy of care? Does it give the hours? If you were a patient, would you find it appealing?

Now let's say you pick up a phone and dial the office. Do you get a human being or a phone tree? If this is a human business, why isn't a human answering the phone?

If the phone tree is a necessity, how many buttons do you have to push before you get a human? How long do you have to wait for someone to pick up? And if no one is available, can you leave a message, or are you told to call back later? If you do leave a message, how long does it take for someone to return your call? Is there loud, annoying music when you get put on hold?

Now let's say you're driving to your first appointment. You're looking for a parking place and see that the spots nearest the office are marked "For Physicians Only," while the handicapped parking is all the way around the corner. The patient may conclude that your doctors think their convenience is more important than the patients'.

Walk into the office. Are there dead flowers in the planters? The patient may think, uh-oh, these people aren't good with living things. Are there television sets, recipe cards, and other elaborate activities available in the waiting room? This may say to the patient, "I'm going to be waiting here for a long, long time."

Are there outdated magazines on the rack? That may say that your staff isn't paying attention, or that they haven't cleaned the place in a while.

Is there a stack of charts cluttering the countertop? What does that say about the orderly habits or efficiency of your staff? Are they likely to misplace this patient's chart?

What about paper signs taped onto the wall in the bathroom or hallway? Maybe the people here don't take the time to communicate very effectively.

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Is the scale standing in the middle of a hallway? The message may be, “If they don’t mind broadcasting my weight, is the rest of my medical information going to be kept any more confidential?”

And what about the staff gossiping behind the desk or talking loudly on the phone? The patient may wonder, “What are they going to say about me when I leave? Or is that my doctor they’re whispering about?”

Ms. Baird tells her physician clients, “Put your head into the space of the new patient.” And once you’ve done that, take corrective steps to improve this nonverbal communication. Her first recommendation is often to remove all ringing phones from the front desk. Allow the front-desk person to devote all his or her energies to the people in the waiting room. Make sure your staff understands the importance of phrases like “please,” “thank you,” and “I’m sorry.” Make sure that your patients experience your practice, in ways great and small, in a way that says what you want to be said about you and the quality of your patient care.

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