

Bedside Manners

A Senior PsychCare Guide to Better Patient Communication

Chapter 1: Greeting –The First Impression

People should expect their physicians to sit down with them, to introduce themselves. Feldman and co-author Lauren Block thought the reason trainees may not be following such basic social protocols is that hospitalists, the senior doctors they often learn from, fail to use them. Even though it's important to note down the patient's medical history and other health related information, most doctors make it the sole purpose of the appointment. With their heads in computers, trying to keep up with the software, they forget to pay attention to their patient. The first thing a patient needs during a doctor's visit is compassion. They need to feel the connection that only a doctor and patient can have. What you need is a checklist to help you out with this. You can find it at the end of this chapter.

What's In A Name

A study conducted on the greetings in medical encounters found that more than 78% of patients want the physician to shake their hand. "Upon first meeting patients, it's a sign of respect and courtesy. *"World's Best Doctors: How Good Old-Fashioned Manners Improve Patient Satisfaction and Can Lower Litigation Risk"* explores the role in helping physicians. The younger the patient, the more positively they'll react when doctors use their first names. When doctors do not do this, they are missing a great opportunity of building good rapport.

Making Eye Contact

Everything can wait while there is a patient in your office trying to overcome their fear and sharing their problems with you. Maintaining eye contact with them reassures them. It might not mean much for you but a person who's already battling fear of the unknown, an attentive look can make all the difference in the world.

Listening Skills

Pay attention to your patients and listen attentively. Lending an ear will not only help you diagnose them, but will also lift the weight off their chest.

Studies have shown that "physicians stop patients and redirect the conversation after about 20 seconds while patients need an average of 32 seconds to complete their explanation of concerns." Many of practicing professionals disregard the importance of listening.

Reassure Them

You have to step outside of your role as doctor and connect with the patient. They need to feel compassion from another person. You don't want to give them any promises you can't keep. Tell them the truth as gently as possible and discuss the best treatment options. The connection doesn't just put your patients at ease and makes your job easier, but it also saves you from any possible repercussions.

Imagine one of your patients doesn't do well and passes away, at that time, you face the family, console them and show sympathy. Take that extra step and show them empathy. In contrast to that, another doctor provides better care but fails to connect with the patient and their family. Since the family already doesn't have a great impression of the doctor, they're likely to blame the doctor of negligence. These physicians are not at fault, and they have not violated the standard of care. We find the doctor may have wittingly or unwittingly offended someone because of their action or inaction. Physicians who communicate less with their patients, are more likely to be sued for malpractice.

“Our leaders need to be good role models for what good bedside manner looks like.” Maureen Mahoney

Get someone to appreciate the importance of compassion and coming to an understanding of a patient, they will be able to develop bedside manner. You can teach them some skills in terms of ways to say things and ways to approach difficult topics.”

Checklist

Preparing For an Appointment

- **Be on time**
- **Be prepared**
- **Recharge Yourself**
- **Make sure you have fresh breath**
- **Consider the cultural factors**
- **Put your cell on vibrate mode**

For Greeting Patients

- **Shake hands**
- **Introduce yourself (when dealing with new patients)**
- **Look them in the eye**
- **Listen aptly**
- **Read their body language**
- **Use their name when addressing them**
- **Ask open ended questions**
- **Try and ease their fears away**
- **Be compassionate and show empathy**

Chapter 2: Ask the right questions, get the right answers

“Tell me more should be every doctor’s favorite phrase.”

What doctors need to understand is that direct questions work. For a doctor, the most important thing is to make the patient well but some of them forget that the comfort of their patients also matter.

Bombarding patients with questions the minute they step in your office just won't do. If it's not an emergency, take your time in putting the patient at ease.

“What’s been going on in your life?” How many of us have been to many doctor’s appointments where the moment you enter the doctor started bombarding you with questions regarding your health. This does nothing to calm fears. Instead it makes you more nervous. The best way to get a patient to relax is to start off the appointment with general conversation. Remember that you might not always get a straight answer. The main purpose is to try and distract the patient from his health concern. If the patient is in a corner, this question will help you get a view of their lifestyle, which will eventually help you with the diagnosis.

“What brought you here today?” Once the patient has calmed down a bit, it’s time to return to the matter of concern. You shouldn’t ever interrupt the patient. You might want to ask a few questions but it’s better to note them down and ask them after the patient has described their concern.

“Go on.” With a limited time and waiting room that’s full to the brim, it’s not always feasible for doctors to listen to all that patients have to say. What we fail to realize is that patients don’t just come to a doctor’s office looking for a cure. What all human beings crave for is compassion and care.

“Why does it make you anxious?” All illnesses are bound to make people anxious but for people who have a history of illness in their family, each visit to the doctor’s office could be nerve wrecking. When they tell me the specific reason their disease makes them anxious, it helps in making an accurate diagnosis and help them overcome the fear.

“Do I have the right details?” In their hurry to complete the history chart and note all the details, doctors fail to make a connection with their patient. You’ll be able to do the two things simultaneously. Ask them if you missed anything. Precise information is necessary to make an accurate diagnosis.

“What are your goals for your care, and how can I help you?” When a patient comes to you with multiple issues, ask them what they’d like to do about their health. It might be difficult for some doctors; letting their patient take the reign but if it helps your patient, go for it!

“Do you follow everything I said?” Taking the extra step and going out of your way to make sure your patient feels fine signifies your level of competence.

“Do you understand the treatment option?” Explain treatment options to the person accompanying the patient. If they are alone and unable to take directions, help them out by writing it down or handing out leaflets.

Establish A Caring Relation

1. What’s your name?
2. Where do you live?
3. Where did you grow up? (ask them a little about their past)
4. What are some of the things you enjoy doing?

5. Can you tell me about how you ended up in the hospital? (Don't interrupt them. Let them talk for as long as he or she wishes)
6. Ask them whether they are satisfied with their current level of care.
7. Ask about suggestions they can provide to make the service better.
8. Are you satisfied with the care you get at the facility?
9. Are there other members of your family or the community who check in on you?

Chapter 3: How do you show you care?

“Patients who don't feel connected to what we are telling them, because many times we are not doing as much as we could to make that connection.”

When doctors don't take the time to get to know their patients, they are creating a barrier; such a barrier that must not exist between a doctor and patient. Only 10% of patients can name a doctor who cared for them in the hospital.

Dr. Anju Yogakuman is a primary care physician whose opinion on this matter changed overtime, as she began to see the benefits of practicing compassion at work. “Number one thing I think is just self-analyze yourself, to spend a little bit of time, what is stressing you really? Is it you who is giving stress? With the same complaint, when you are in a good mood you deal with it in two minutes, but if you are in a very bad mood that day the same problem it will take twenty minutes.”

Ask patients if they have been treated with care and respect. HCAHPS did a survey gauging the communication skills of staff and doctors and how effective they were in explaining things. Atul Gawande said, “the social dimension turns out to be as essential as the scientific matter of how casual you should be, how formal, how reticent, how forthright, how apologetic, how self confident...”

Chapter 4: Don't Be A Cowboy

Whenever I talk about how the entertainment industry has influenced our perceptions of doctors, I like to give this example. “I was a bit of a super mum,” says Jane laughing, “always happy, always on the go with my children, always busy.”

All that changed after a while. “I was suddenly absolutely exhausted all of the time.” All the test results and visits to the GP turned out to be no good. There was simply nothing wrong and after years of futile attempts, the doctors convinced Jane that she was suffering from depression or a somatoform disorder. Though Jane finally got the cure she had been searching for, medical practitioners were not happy with the doctors conduct. The General Medical Council (GMC) hounded the doctor in the later part of his life and questioned his reckless prescribing. Many doctors have been the subject of about 30 different cases brought by the GMC for alternative treatments.

“Doctors who fail to toe the drug-industry driven, conventional medicine, symptom suppressing line are singled out for special attention (by the GMC). I said mammograms do more harm than good. I

have faced 11 years of GMC prosecution simply because my ideas on medicine lie outside conventional medical practice.”

With such concern and hostility for cowboys in the society, would you really want to go down that path? “Doctors making up their own rules are a danger to patient safety and these cases were brought before the GMC for that reason... they’ve called them work shy and mad. If it is proved that they have done them harm by not treating them, the whole world will come down on their heads.”

The next step is, however, your choice. There might be times when you’d be tempted to take on a different approach and adopt unconventional ways. That’s ill advised.

Chapter 5: Better Medicine Technology Leads the Way

“I think when the healthcare professional comes into the room, their goal should be multifaceted,” says Dr. Lila Stageberg, MD, assistant professor of Health Sciences at South University Online Programs. “Part of that agenda is to discover what the patient’s needs are. But, sometimes the most important thing is to just be present.”

Clinical practice guidelines are changing the healthcare system. The last few years technology started affecting the medical field. It has left a significant mark. The quality of human life has increased drastically.

The wave of innovation has greatly impacted the bedside manners of medical professionals. However, it is difficult to translate human compassion and empathy in the technology. It is very much the responsibility of medical professionals to do that job. Webside manners are your next assignment on the list..

Webside manners can differ somewhat from conventional bedside manner. “It’s a different level of skill that you never learned in medical school.” One attendant was allergist Tania Elliott, MD, ACAAI Fellow. “We are looking for ways to leverage technology to improve access to top quality medical care and maximize the patient experience. We want to preserve the doctor patient relationship while translating bedside manner to ‘webside manner’.”

“The goal is to have an exceptional user experience- a patient’s perceptions and responses... that focus of making things easy to use, easy to grasp, easy to understand, and by putting the patient at the center of experience.”

Telemedicine might be the perfect way forward. ‘Telemedicine offers us the opportunity to provide high quality care for patients who might not easily be able to reach our offices.

Aditi Joshi, MD, is the Assistant Professor at the Department of Emergency Medicine, Thomas Jefferson University Hospital, Director of JeffConnect, a service that strives to make patient-doctor interaction easier. “This is still a patient-provider interaction and it’s very important for the patient... We recommend that healthcare providers also wear a scrub top or white coat to create a professional

appearance. We want (the doctor) to look inside toward the web cam, as opposed to the screen, because the patient will then realize that you are looking at them.”

Ross Medical Corporation and Air Visits, Inc. is another platform that wants to provide patients an easy way of obtaining healthcare. “In a demanding market for telemedicine care we treat patients as valued customers.” Said Alexander Chiu, MD, MBA, CEO, Ross Medical Corporation and Air Visits, Inc.

“Visual presence and demeanor is just as important as medical protocols and guidelines, “ he continued. “Air Visits, Inc. provides doctors, NPs, and PAs to our client facilities, ensuring nothing short of white glove customer service.”

For many patients, follow-ups are critical. Without supervision, these patients might end up in trouble. Air Visits, Inc. offers patients the ease of connecting with medical professional even after their discharge. A simple phone call fails to do the job, these technological advances take the lead.

Aditi Joshi says we must “also adopt hospitality standards akin to 5-star guest relations. Service with a smile is just as important as diagnosing adrenal insufficiency, and in bedside manner, the smile is worth more.”

Dr. Ferdinando L. Mirarchi is the Medical Director of UPMC Hamot’s Emergency Department and Chief Medical and Scientific Officer of the Institute on Healthcare Directives. “...the visual I get from seeing each patient is invaluable to me...I can see general aspects of demeanor such as whether a patient is in emotional distress, as well as the overall picture you get just from looking at them. Lots focuses on good eye contact and posture, and a clean and polished background.”

The GetWellNetwork system is an interactive care patient system. Michael O’Neil is the found and chief executive of GetWellNetwork. Devices have helped advance the medical field and care of patients, they have also become a source of disruption. Their usage can direct the focus of medical professionals away from the patient.

Dr. Wolff says, “...the device should be used strictly for recording or seeking data.” He says. “Always address the patient directly. Enter data and look back at them. The patient should be number one in that room.”

Where technology has been a great help for medical professionals, it has also become a nuisance. The general public self-diagnose and don’t contact medical professionals. The desire to look for information on their own leads to confusion and fear. “... people are not assertively asking their healthcare providers questions.. but our purpose as healthcare providers is to be gatekeepers of knowledge.”

University of Arizona professor, Elizabeth Krupinski was interviewed by the publication, “When you’re conducting a videoconference with a patient, it’s not the same thing as getting up Saturday morning, going on FaceTime and talking to your best buddy.”

Chapter 6: Review of What Interferes with Bedside Manners and Empathy

“We have a responsibility (to patients) to help create doctors who are not only brilliant diagnosticians and clinicians but are also compassionate, caring and able to easily work with others.”

While many medical practitioners might be willing to practice good bedside manners, they do have to face some challenges.

1. Time Restraint

“In today’s healthcare environment, limited time for patient interaction, variable expectations and increasing medical complexity. When physicians and advanced clinical care providers are given the support and resources to develop relationship-centered communication skills, they become empowered to handle any communication challenge and can enhance the experience of patients and their loved ones.”

Bedside manners are often an afterthought. The issue is, not talk is to be a gap as healthcare workers strive to manage their time. Time constraint is the culprit standing between their goal to practice good bedside manners. Only by equipping themselves with the right resources would these professionals be able to communicate better.

2. Tip: Plan for your interaction with the patient

If you have already planned for the meeting beforehand, you’ll be able to overcome the time constraint, and use the saved time to offer them comfort.

3. Unwilling patients

Numerous patients who don’t want to be helped. There are people who came to see me but were not willing to cooperate. They come with an agenda of their own and no matter how hard you try, they refuse to let you in. The best you can do in such situations is to try your hardest. Let your compassion through and make sure the patient understands that you care.

4. Tip: Reflect on your previous experiences

Learn from your patient encounters and apply those lessons to improve your bedside manners.

Chapter 7: Where Do We Stand?

Why is there such an emphasis on bedside manners?

“Patient satisfaction scores, and surveys are becoming a greater part of medicine.” According to “World’s Best Doctors: How Good Old-Fashioned Manners Improve Patient Satisfaction and Can Lower Litigation Risk”, “They can greatly impact a physician’s career. Identify what a patient feels as far as comfort and respect.”

If a patient is not satisfied with the treatment that they have received from a physician, it can certainly impact the ability of the physician to earn the salary that they would desire to earn. Most physicians, I find, are physicians because they wanted to treat someone, heal someone – because they were impacted themselves by physicians.

Improving Bedside Manners

How can they improve? Thorough and effective strategies have to be devised so that the dispensing of knowledge can be facilitated.

a. Communication Skills

The Centers for Medicare and Medicaid Services are now allowed to withhold 1 percent of overall filings and then redistribute it based on performance and patient experience. “Roughly \$1 billion is withheld every year, and 30 percent of that amount can be earned back through good patient satisfaction scores. There’s a very large dollar amount hanging on good communication.”

“It’s pretty fundamental (to the practice of medicine) to care about our patients as people. Otherwise medicine could be practiced by a computer. There’s a big difference between getting cured and being taken care of!”

b. Listening Skills

Listening skills is what truly helps you empathize with your patient. It’s important to give the patient some space and a chance to tell their side of the story. “A few little comments about patients’ lives show them that you value them as people.

A practice that can actually be beneficial for your patients. By being quiet you let the silence probe your patients to tell you more. Dr. William T. Branch, Jr. of Emory University School of Medicine in Atlanta says “We all know there are huge problems in healthcare now. So many doctors are pushed to feel they can only spend so much time with patients. These skills can help physicians grow not just in terms of knowing more but in becoming a more whole person.”

c. Emphasize Patient Satisfaction

Your patient satisfaction has a direct impact on you and with the new regulations set, it can impact your career.

“It’s about recognizing their life outside of the hospital... Three or four times a year for 15 minutes they’re a patient, but they’re always a person.” Healthcare is a much more consumer-oriented field because people can shop around. They have a lot of options.

Final Words

There's no doubt that doctors who actively practice good bedside manners have high patient satisfaction scores. Patients have been known to have recovered faster when the medical staff practiced bedside manners. With a clear concept of ethics and an etiquette based approach, physicians can not only make life easier for themselves but they can also prevent a tirade of claims and negative patient reviews. Never underestimate the power of online reviews!

Remember that it is the small things that count. The introduction has to be friendly and meant to put your patient at ease. Find some time to sit down, as this will help patients perceive they are listened and properly attended to. This makes them feel valued and appreciated. It might be difficult, spending too much time with one patient is a luxury not all medical practitioners can afford. Paying head to the patient's story and taking time to attentively listen to their concerns creates a lasting impression.

- a. What you say is important but so is listening to your patient. If an average patient-doctor interaction is evaluated 75% should be listening while the talking part should be 25%.
- b. Your body language also plays a part in labeling your bedside manners. A defensive body language isn't something patients expect. A stone faced person listening to the patient is bound to be perceived as impatient or indifferent.

With many successes and a few failures, I've reached a point where I'm appreciated by my patients. It wasn't easy and it took years to develop. Bedside manners can be taught and learned. Where I stand now, much loved and respected in the community, was only possible because mentors were kind enough to direct as I set new milestones for myself every day. The science of medicine is important but it is the art of medicine that takes the winning stand.

Let's hope, SPC bedside manners become a coherent part of the medical practice and not something that needs to be taught.

Compassion and communication. Remember these two important words and you'll enjoy success in your medical career.

Bedside Manners Addendum

1. <http://blog.evisit.com/bedside-manner-101-5-tips-to-improve-patient-satisfaction>
2. <https://catalyst.nejm.org/how-we-improved-hospitalist-patient-communication/>
3. <http://hslmcmaster.libguides.com/c.php?.g=306726&p=2044095>
4. <https://health.usnews.com/health-news/patient-advice/articles/2015/01/20/why-nice-doctors-are-better-doctors>
5. <http://source.southernuniversity.edu/healthcare-professionalism-how-important-is-proper-bedside-manner-132067.aspx>
6. <https://www.aamc.org/initiatives/hotspotter/toolkit/356828/patientinterviewquestions.html>
7. <http://www.capson.com/blog/improve-your-bedside-manner>
8. <https://www.economist.com/news/business/21652327-small-data-patients-home-will-mean-big-cost-savings-bedside-manners>
9. <https://www.forbes.com/sites/robertglatter/2017/10/30/how-does-your-doctors-webside-manner-compare-to-their-bedside-manner/#661056f03783>
10. <http://www.foxbusiness.com/features/2012/09/25/improvising-bedside-manner-with-technology.html>
11. <http://giving.clevelandclinic.org/articles/bedside-manners>
12. <https://www.monster.com/career-advice/article/Patient-Provider-Communication-Tips>
13. <https://www.nuemed.com/news/2017/06/29/improving-telemedicine-bedside-manner-tips-healthcare-providers>
14. <http://www.nytimes.com/2009/01/30/health/29chen.html>
15. <https://www.pbs.org/newshour/health/hospitals-push-physicians-improve-bedside-manners>
16. <http://www.sonographersmedical.com/blog/medical-news/Tips-For-Improving-Your-Bedside-Manner/>
17. <https://www.theatlantic.com/health/archive/2015/03/how-to-teach-doctors-empathy/387784>
18. Arora N. Interacting with cancer patients: the significance of physicians' communication behavior. *Soc Sci Med.* 2003; 57((5)): 791-806
19. Baile W. F., Buckman R., Lenzi R., Glober G., Beale E. A., Kudelka A.P. SPIKES – a six-step protocol for delivering bad news: application to the patient with cancer. *Oncologist.* 2000; 5((4)): 302-311.
20. Bensing J. M., Sluijs E. M. Evaluation of an interview training course for general practitioners. *Soc Sci Med.* 1985; 20((7)): 737-744.
21. Brown J.B., Boles M., Mullooly J. P., Levinson W. Effect of clinician communication skills training on patient satisfaction: a randomized, controlled trial. *Ann Intern Med.* 1999; 131((11)): 822-829.
22. Campbell, K. : Promoting the Team Approach in Medical Education: Dealing with “The Gunners” March; 2013 : Available from: <http://drkevincampbellmd.wordpress.com/2013/03/04/promoting-the-team-approach-in-medical-education-dealing-with-the-gunners/%20> (Accessed October 2014)
23. Chio A., Montuschi A., Cammarosano S., et al. ALS patients and caregivers communication preferences and information seeking behavior. *Eur J Neurol.* 2008;15((1)):55-60. Epub 2007 Nov 14. Doi:10.1111/j.1468-1331.2008.02143.x.
24. Diette G.B., Rand C. The contributing role of health-care communication to health disparities for minority patients with asthma. *Chest.* 2007;132((5 Suppl)): 802S-809S.
25. Harms C., Young J.R., Amsler F., Settler C., Scheidegger D., Kindler C.H., Improving anaesthetists' communication skills. *Anaesthesia.* 2004;59((2)):166-172

26. Iobst, C., ;Resolve to Improve Your “Bedside Manner” January; 2013;Available from: <http://www.aaos.org/news/aaosnow/jan13/clinical4.asp> (Accessed October 2014)
27. Lee S.J., Back A. L., Block S. D., Stewart S. K., Enhancing physician-patient communication. Hematology Am Soc Hematol Educ Program. 2002;1:464-483.
28. Parker S.M., Clayton J.M., Hancock K., et al. A systematic review of prognostic/end-of-life communication with adults in the advanced stages of life-limiting illness: patient/caregiver preferences for the content, style, and timing of information. J Pain Symptom Manage. 2007;3((1)):81-93.
29. Platt F. W., Keating K. N. Differences in physician and patient perceptions of uncomplicated UTI symptom severity: understanding the communication gap. Int J Clin Prac. 2007;61((2)):303-308
30. Roter D. L., Hall J.A., Aoki Y. Physician gender effects in medical communication: a meta-analysis review. JAMA. 2002;288((6)):746-764.
31. Shanafelt, TD. “Enhancing the Meaning of Work: A Prescription for Preventing Physician Burnout and Promoting Patient-Centered Care.” Journal of the American Medical Association, 302, 2009:1338-1340.
32. Stewart, M., Brown J.B., Donner A., et al. The impact of patient-centered care on outcomes. J Fam Pract. 2000;49((9)):796-804
33. Zuger, A. “Dissatisfaction with Medical Practice.” New England Journal of Medicine. 350, 2004: 69-75.