

# A Patient Communication Primer

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## Why a Procedure and Script?

You should be able to be woken out of sleep at night and be able to recite your new patient consultation dialogue without skipping a beat. You should be able to recite it word for word. Not because you want to parrot the words, but because scripting frees you up to connect with the patient and their needs. Just like in Broadway shows, the lines are always the same. However, it is a different show each night because the actors are responding to a different audience. When you have a mastery of scripting, you are in control and can focus your attention on the patient.

## Cultivate an Attitude of Excitement

Get excited about new patients! Remember how excited you got when you were first in practice and a new patient phoned? Does your CA have to pull you away from Facebook or the Wall Street Journal to get you to move now? The hard part is over. Someone has made it to your office and against the odds, decided to try chiropractic. They have heard the rumors about how you're not a real doctor, how you might twist their neck, and how they will have to go for the rest of their lives. They have heard all of this and yet, they're sitting in your reception room. All you have to do is not fumble the ball!

## There Are No Accidents

When someone is in your office, it is because they are supposed to be there. Connect with that person and get excited about it! When you shake his hand, tell him that you are glad to meet him and that you are glad that he is there—and mean it! When you consult with a new patient, be right there with the patient. Don't sit behind the great big oak desk that you inherited from granddad—sit knee-to-knee.

## Focus on Day One

The old paradigm of 5-10 years ago placed an emphasis on the patient's second visit: the "report of findings." Focusing on a Broadway-show quality report of findings, with flip charts and videos, is not an effective procedure. In the age of managed care and high deductibles, you must create high perceived value for the patient on the first day. Or else, there might not be a day two!

## Create Perceived Value

Value is the *perception* of value. It is the value the *patient* has for the procedures that you are performing. Value has nothing to do with how a code is valued, or its usual and customary rate for your area. Value has everything to do with the value that the patient perceives. You are responsible for creating a perception of value for your practice, and this is achieved through following proper procedure. B. J. Palmer had it figured out years ago. B. J. used to say it this way: "Tell them what you are going to do, do it, and then tell them what you did." This is how

you create perceived value. Let the patient know what you are going to do. Then do it. And then review it with them and tell them what you did.

### **Create a Positive First Impression**

We all have heard it over and over again: you only get one chance to make a good impression—on a first date, at a job interview, and when welcoming a new patient to the practice. A positive first impression will make a new patient feel comfortable, more willing to provide accurate and honest information, and more willing to follow through with care. The greater the level of anxiety present in the patient, the more it affects their conscious willingness to cooperate with your recommendations.

### **Stop, Look, and Listen**

Stop what you're doing to acknowledge that a person has entered the reception area. This makes him or her feel positive about the whole idea of coming to the practice. On the phone? Give a "Be with you in a moment wave." In the middle of paperwork? Mark your place and give your full attention. Talking with staff member? Stop and give the patient a moment's attention. Look patients directly in the eyes, smile, and greet them with a welcoming tone of your voice. You give the entire practice a positive personality and set the stage for long term quality relationships. Listen to patients and encourage them to share facts they might not want "strangers" to know, such as employment and family information, as well as other tidbits. This builds a relationship of trust and the patient's perception of your personal commitment to them as an individual.

### **Record Your Exam**

This procedure creates high perceived value for your exam in the mind of the patient. In the absence of calling out your findings to a digital recorder, the patient is left to wonder exactly what the examination procedures you are performing means. When you call out your findings, the patient can follow your thought process as you develop your diagnosis. It's like giving them a mini-report of findings on the spot. Recording your exam is also a valuable risk management tool specifically when examining a patient of the opposite sex. The recorder decreases the potential for a claim of sexual misconduct. Recording your exam is also time efficient as the patient is typically less chatty. People often hate being recorded and are quiet while you perform your exam.

### **Present First Day Procedure Confidently**

Each step of the consultation and examination process is important as it sets the stage for care in the future. If you are wishy-washy, patients will sense it. They can smell it just as strongly as if it is cologne that you are wearing. When you establish the parameters of your relationship with certainty and conviction in the beginning of care, you will find that patients will be compliant. They will know that the recommendations you make are to meet their needs and not yours.