

It's Not Only What You Say, It's How You Say It

Presenting criticism in a negative way
is counter-productive.

BY LYNN HOMISAK, PRT



***To Our Readers:** There are no foolish questions. Chances are that if you have a question or concern in your practice, others are experiencing a similar situation. We're here to help. PM [doctor and staff] readers are encouraged to submit questions to lynn@soshms.com which will be printed and answered in this column anonymously.*

Re: After-words

Dear Lynn,

I am told I have a habit of presenting criticism in a negative way. I don't mean to, my remarks just seem to come out wrong and my staff gets upset. For example, yesterday, a long-time employee did something irresponsible and my first response was "What's the matter with you? You should have known better!" Apparently, that was the wrong approach. Now, she's giving me the silent treatment. I know damage has been done but is it irreversible?

A problem with criticizing or critiquing is not uncommon. Words are like toothpaste. Once out of the

tube, it's super hard to get it back in there (try it!). The lesson? Taste your words before you spit them out. While words alone account for only 7% of our communication, they are still pretty powerful and can easily spark anger, defensiveness, and/

"What's the matter with you?" or "You obviously don't know what you're doing!" are personal and negative. Although you very likely meant to attack the action or behavior and not the person, your response came across as personal blame. And if your

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or injured feelings. You know the saying, "It's not only what you say, but how you say it". We have all had to explain what we really meant in a misinterpreted text, so keep in mind that it's not only your words, but also your non-verbal cues (facial expression, body language and tone) that come into play when sending a message. It's not clear what slip-up caused you to react so swiftly, but mistakes happen. And hopefully, we learn from them.

Let's look at your example.

main objective in criticizing was a teaching moment, badgering her for making a mistake is not the best approach to take.

Think about it. It's doubtful that employees would have the desire to make things right or learn how to be more responsible when they're too busy defending themselves. In the future, try to avoid using the word "you" (a very accusatory word) and manage mistakes instead from a more positive, coaching position. Try

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saying, “I tried it that way, Evelyn, and the same thing (or here’s what) happened to me.” or “Can you see how we might do it differently to get

you will know which ones make a habit out of tying up a room or monopolizing the doctor’s time; either by bringing a giant bag of shoes, life stories, or playing 20 questions. Patient questions should be encouraged.

somewhat of a proactive approach by heading them off at the path.

Option 1: Make your patients aware in advance with a phone call, online, email, etc. that their upcoming appointment is scheduled for (this condition) only. If they feel they would like the doctor to address other concerns have them contact the office to make other arrangements.

Option 2: Upon setting up patients in the room, hand them a piece of paper on a clipboard and a pen and ask them to jot down any specific questions they’d like to ask the

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a better outcome?”

What you say is not always what your staff hears. Our words are mostly misinterpreted or misperceived when they are vague, such as “I’d like you to take care of that soon.” (Sooner than what?) Or “Let’s change the schedule and work a little later on Friday.” (A little later? Until what time? 2 o’clock? Three? Four?) “I’m going to trust that you can handle this one.” (Didn’t you trust me before?) This happens more than we realize and sets the stage for confusion. To avoid that, we need to be more aware and choose more clarifying words.

Is your situation reversible? The answer is yes, with a responsible dose of adjusted management and communication skills. Sweeping things under the rug is never a successful option. It only builds frustration. Little issues escalate into big ones, and what you resist persists. While your staff person chose to retreat using silence, you should take the higher road and be the master problem solver.

What is your end goal? Is it to build your staff up or break them down? If the former, then ask yourself, “How can I say things differently to get a better outcome?” Your words have power. Use them wisely.

Re: Quash the Questions

Dear Lynn,

How do you deal with patients who ambush the doctor as he or she is exiting the treatment room by asking a lot of questions?

Tough one; still, very controllable. If you are familiar with your patients,

They prevent unnecessary and interruptive phone calls back to the office for more answers. For that reason, it’s always best to ask the patient before leaving the room, “Mrs. Jones, what questions do you have for me?” And make sure they understand the care they received or their at-home instructions.

It’s the questions that jump from one topic to another that tend to throw us off course and need to be reined in. If we indulge our patients to the point of pulling up a chair and giving them all the time they want, we are creating a

doctor while they are waiting. This may sound counter-intuitive to a quick getaway; however, it usually keeps their questioning brief and focused and that saves time. The doctor, seeing all the questions at once,

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behavior that, for them, has no consequence. They want the doctor to spend time with them, but heaven forbid they have to wait because another patient is also demanding of the doctor’s time. As you know, that dominos into another late-running day! So, how do we fix it? You can take

can offer one comprehensive, yet condensed response that covers them all.

For example, the patient may write down “Why is my heel hurting? Do I have a heel spur? I read about plantar fasciitis. Is that what this

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THE CONSULTANT IS IN

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is? What causes it? Will it go away? What is the recommended treatment?" Chances are, the doctor already addressed these same questions in his/

On the other hand, if the patient veers off topic and rambles just for the sake of rambling or wants answers to a totally unrelated (non-critical) condition, here is a recommended response for staff or doctor:

Of course, if the patient has more questions after that, move on to Option 3: Weigh their additional queries.

her presentation and can respond by simply pointing out, "Well, based on your questions, it looks like we covered all your concerns, Mrs. Jones. Did I miss anything?"

Of course, if the patient has more questions after that, move on to *Option 3: Weigh their additional queries*. In the name of thoroughness, the doctor must spend the necessary time answering questions, for example, that pertain to any special procedure or surgery (pre- or post-op).

"Mrs. Jones, it appears you have additional concerns and we certainly don't want to rush you through them. In fact, if we had realized you would need more time for your appointment this morning, we would have made those arrangements. Unfortunately, our schedule is a little full to be able to do that now, so, if you'd like to talk (to the doctor) more about this, I would be happy to re-appoint you (with the doctor).

This way, he/she/I can take the

necessary time to talk about this in more detail and address all your questions. In the meantime, here is a pamphlet so you can read about the condition, and if you have further questions, please do not hesitate to schedule that appointment and we'll be sure to fit you in. Thanks and I look forward to seeing you again." PM



Ms. Lynn Homisak, President of SOS Healthcare Management Solutions, carries a Certificate in Human Resource Studies from Cornell University School of Industry and Labor Relations. She is the 2010 recipient of

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