

The Meaning of Professionalism

The author spotlights ten ways to look at this vital concept.

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: Professional Is as Professional Does

Dear Lynn,

I'm in the process of hiring new staff and in addition to providing specialty job training, it is important they portray a professional image to our patients. In fact, I think it wouldn't hurt for our entire practice (staff AND doctors) to have a little refresher course in professionalism. Do you have some guidelines that we can review as a team at our next meeting?

Good for you for making this a priority! Patients look to us as medical professionals in every sense of the word—from attitude to actions, knowledge to appearance, and then some. For starters, here are some elements representative of “a professional” worth covering with your team.

1. Treat patients promptly and courteously. Stop to consider each new patient who walks into

your office and sees it for the first time. This initial connection is an opportunity for them to judge your practice and, make no mistake, they will! Your front desk staff plays a critical role in making them feel welcome by offering a friendly, first impression. The patient's immediate need for acknowledgement and guidance should be everyone's number one priority, because if they are made to stand there unattended for

be made to rectify the problem. “Mrs. Jones, I'm so sorry for the delay. I will look into this delay to see what the hold-up is and be back in touch with you later today. I can assure you we will do everything possible to get your orthotics to you as quickly as possible.”

3. Staff should never do anything they are not qualified or trained to do. Staff should never ad-

Staff should never administer patient care without first being properly trained.

ANY length of time, they are uncomfortable. Ignoring their presence (even for five seconds) is never an option.

2. Don't blame someone else for mistakes. Patients do not want to hear excuses like, “Well, your orthotics would have been here if the doctor completed the paperwork on time, but it is still sitting on his/her desk.” Talk about throwing the doctor under the bus! Instead, all members of the team should work hard to rebuild lost credibility by first apologizing and letting the patient know that all efforts on his/her behalf will

minister patient care without first being properly trained. If they are asked to perform a task they are not comfortable doing, they should immediately refrain, ask for help, and explain that they have not had the proper training to carry out the assigned task. Likewise, doctors should never assume staff know how to do a task. Before delegating one, it is in the doctor's best interest to make SURE the staff person is capable of performing the task to their satisfaction. This is effectively done in private training sessions or workshops. Only upon demonstration and ap-

Continued on page 48

Professionalism (from page 47)

proval of their practical skills, and fully trust that their trained staff is capable of responding correctly to patient questions, should the doctor feel confident to let them participate in patient care.

4. Never criticize your physician, a staff member, or another employee in front of patients. “I would never!” is what staff say, yet disgruntled staff do make comments to patients like, “Oh you think the doctor is so great? You should WORK with him/her!” Or from doctors, “My staff doesn’t know any better. Next time just ask me!” Comments like this are a very poor reflection on the practice. Not only does it make them uncomfortable, patients see verbal degradation or humiliation as a personality flaw. They may think, “If doctors and staff in this practice have no qualms talking negatively about each other, what do they say about me when I’m not here?” Similarly, if a patient looks to you to confirm a disparaging comment they’ve made about another physician, hold your tongue. Your concurrence can easily be misinterpreted as a defamation of character and is likely to come back to you in a bad way.

tor recommendations—all the better. Name badges or embroidered names on scrubs/labcoats help patients identify the team. Visible body tattoos, facial piercings, heavy make-up and extreme jewelry should be avoided. It is important that the practice enforce their own profes-

member is knowledgeable and up-to-date in HIPAA policy.

7. Keep personal phone calls brief and quiet (follow your written office policy). Cell phones are pervasive today, so if you don’t have a phone/Internet/texting poli-

If the practice issues a “no cell phone” policy for personal calls during clinic hours, the doctor or manager should be willing to set the example.

sional dress code for clarification of appropriate vs. inappropriate appearances.

6. Protect patient privacy. The introduction of HIPAA into our lives has made all of us (including patients) more aware of ways in which we should protect our patients’ privacy. Even though a



cy, do everyone a favor by developing and initiating one. Then make sure all team members understand the particulars, including the consequences for policy defiance. Remember, too, that established policies have much more credibility if the one making them is also the one following them. If the practice issues a “no cell phone” policy for personal calls during clinic hours, the doctor or manager should be willing to set the example.

8. Don’t eat or drink in public areas of the office. It’s disappointing to see a giant Slurpee or smell the remnants of a half-eaten hamburger at the front desk—even though staffs’ defense is that they are working through their lunch. There is no denying the unprofessionalism of hearing someone answer the phone

Continued on page 49

For a practice to stay compliant,

it is incumbent upon the designated HIPAA

Compliance Officer to make sure every team member is knowledgeable and up-to-date in HIPAA policy.

5. Dress appropriately. A professional appearance contributes significantly to the reputation of the practice and sends a non-verbal message to your patients. The team’s general appearance should be neat, not sloppy; clean, and free of body odor or overpowering perfumes/colognes. There should be no wrinkles, rips, tears, or stains on scrubs or lab coats. Approved scrubs should fit properly, and if athletic shoes worn are aligned with doc-

patient expressed genuine concern for a friend or family member, we must all remember our responsibility to the patient and not release unauthorized info, even if you think you are being helpful. It would be beneficial to have patients list and sign off on particular individuals with whom it is acceptable to share their PHI. For a practice to stay compliant, it is incumbent upon the designated HIPAA Compliance Officer to make sure every team

Professionalism (from page 48)

with something in the mouth. Spit out any food (or gum) before engaging in any conversation and make arrangements to either close the office during lunch or alternate shifts between staff so eating while answering the phone is prohibited.

9. Treat each patient as if they were a member of your family. It's unethical to offer a treatment plan to your patients based solely on what type of insurance they have instead of their clinical needs. The best rule of thumb when offering a treatment plan is to think first, "Would I recommend this if this patient were my mother?" That puts everything in perspective, prompting you to offer the best medical care at the most affordable cost.

10. Treat each patient as a person, not a condition. The "wart" is not in Room #3; nor is the room being set-up for the "ingrown toe nail." Patients are people...not conditions, and should be referred to by their given name. Speaking of which, if doctors and staff really want to address patients correctly, it would

Treat each patient as a person, not a condition.

be helpful to inquire at the onset how the patient prefers to be addressed. This can then be noted in their record for future reference. Some patients prefer "Mr., Mrs., Ms.," while others insist you call them by first name only. Nicknames or shortened names (Jim instead of James, or Betty instead of Elizabeth) should only be used as requested by your patients. Avoid using "hon", "honey", "sweetie", or any other terms of endearment. They should not be used in a professional setting.

Re: Patient Financial Hardship

Dear Lynn,

We have numerous patients that our practice designed as "WIP", which is: collect only "what insurance pays". We do have some patients that we feel qualify for a hardship account. Once a patient signs a hardship waiver, is that in effect for life or is that really up to us?

You should get a hardship waiver signed annually because patients need to provide PROOF of their current financial status via their yearly 1099, tax returns, or W-2 to be eligible. What's also important to remember is (check an article written by Ericka L. Adler, titled "Addressing Patient Financial Hardship at Your Medical Practice):

"As charitable as physicians want to be, the law does not allow routine write-offs of co-pays and deductibles

without risk to the physician for violating payer contracts or federal and state laws. If patients have insurance, the practice must document that financial hardship actually exists and should record any fees that are waived. Also, hardship should be assessed regularly, as a patient's financial condition may change."

Let's say that a patient does establish a financial hardship. Before waiving the entire balance due, experts recommend you consider negotiating a lesser fee by asking them what they can afford to pay. Together you may be able

.....
to arrive at a mutually agreeable fee without completely devaluing your time and services.

Protect the practice by adopting a written policy that is accepted by your docs and enforce it across the board with ALL your patients! **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

Podiatry Management's Lifetime Achievement Award and was inducted into the PM Hall of Fame. She is also an Editorial Advisor for Podiatry Management Magazine and is recognized nationwide as a speaker, writer, and expert in staff and human resource management.