



BY JARROD SHAPIRO, DPM

# Lights, Camera, Action

Your role as a doctor requires some acting.

*Practice Perfect is a continuing every-issue column in which Dr. Shapiro offers his unique personal perspective on the ins and outs of running a podiatric practice.*

So much of what we do is a performance where we play a role—a job or residency interview, a call to someone to get something we need, and, of course, every single patient encounter we have. We may have the goal of being genuine, but we ultimately act out a role with the object being to convince patients to accept and follow the treatment plan we design for them. In much the same way, our interactions with those around us are performances with a design to get what we want, whether for ourselves or those we choose to help.

Let's take a patient encounter as an example to clarify. There once was a patient with Charcot arthropathy of the ankle. It was caught in time to cast the leg before the ankle fell apart, creating that terrible deformity that so often ends in limb amputation. Each time the patient was seen (weekly to every other week due to the total contact cast [TCC]—you don't leave anyone in a TCC for long stretches due to the concern for ulcerations), he would be somber, quiet, and generally depressive.

This patient was extremely lucky to even have his leg, much less have a straight ankle. If we could just be patient long enough to allow his Charcot to coalesce and begin consolidating, he would avoid ulceration, major reconstruction, and possible limb loss. He would even have a rectus lower extremity that would allow him to walk without too much difficulty. How



much luckier can a person be, given his circumstances? Despite these positives, the patient remained depressed.

Here's where the acting part comes in. Before going into the patient's room, you have to mentally prepare yourself for the encounter, becoming more positive than normal, more supportive, and more patient. Your spin on the entire situation should be highly positive with the goal being to convince the patient that things aren't as bad as he thinks. Although you should believe everything you say to him, you need to act much more patient than you feel. In reality, you may want to tell him he is being a baby, should "suck it up", deal with his adversity like an adult, and realize just how lucky he is, especially considering this entire situation is partially his fault through his uncontrolled diabetes. Obviously, those types of comments, made out of frustration, would not be helpful.

Like an actor taking on a role, you do this for all of the more difficult patients. You stand by the door for a second, take a deep breath, urge

patience to yourself, and then open the door, smiling. Are you being disingenuous? Perhaps you are a dishonest person and should just tell everyone exactly what you think and feel.

Some amount of dishonesty must occur between human beings for us to get along with each other. Clearly there's a balance between honesty and the need to function in society. We all must be dishonest to some extent, and therein lies the challenge. Here are a few suggestions from one dishonest actor to all you other dishonest actors out there.

1) *Always try to be kind*—Brutal honesty is just that: brutal. It may make you feel better to let it all out, but if your goal is to help others, then brutality won't do the job.


2) *Be empathetic and sympathetic*—Empathy—putting yourself in another's place—will help you maintain patience with your patients. Sympathy—having actually experienced the same thing as someone else—is more common than you might think. We've all experienced hard times, injury, and


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pain. Use your own prior experiences the way an actor using the Stanislavski method would to know the “truth” of a character. Use that prior pain to better understand your patients and help them through their personal tribulations.

3) *Have a goal*—If your goal is to convince a patient to accept your recommended treatment plan, then how you portray that plan will matter. Act unconfident, and

**Empathy will help you maintain patience with your patients.**

the patient will not accept the plan. Act confident—maybe better to say BE confident in your plan and represent that confidence—and the patient will follow you down that course.

4) *Live by the golden rule*—It may be trite, but it’s true. Treat everyone—your family, patients, friends, co-workers, trainees, etc.—as you would want to be treated. Many times that will mean acting out your roles as a spouse, parent, leader, teacher, and doctor.

We’re all actors playing a part in our own lives and the lives of others. Accepting that role, and the importance of a certain amount of benign dishonesty, will make each of us a little more convincing as healthcare providers. **PM**

**Dr. Shapiro** is editor of PRESENT Practice Perfect. He joined the faculty of Western University of Health Sciences, College of Podiatric Medicine, Pomona, CA in 2010.