

The Doctor Can “See” You Now

Having the patient “see” you is paramount.

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Most patients have expectations of their visit based on a previous visit to a medical office. It could be yours or someone else's. But this is what they typically carry with them as they walk through your door.

Actual time spent with the physician is usually around 20% of the whole experience of an office visit—truly, the icing on the cake. But we want patients to feel that their physician is a part of every conversation and decision. You, the physician, cannot be everywhere, but you can be present without your physical presence. The key is cross-referencing among staff, always reflecting back to you, the physician, and showing that you are involved with every step of a patient's care.

As I write this, I notice that I have a message from my own physician in response to an inquiry I sent just this morning. Feeling that my provider is in touch and a part of my care is the most important thing to my feeling loyal and remaining an active participant in my care. I am sure that it's the nurse who is actually relaying the message, but I feel like it's my doctor.

In the medical office, we prefer to

see our staff as one symbiotic team delivering unified patient care. However, a patient sees your name represented in each staff member, individually, on every level with every interaction. This is why it is essential for all of us to be aware of others' roles, responsibilities, and average workday (as much as we can).

build a relationship with welcoming language and specific contact information for concerns and issues. For example, a photo of a children's area can be very inviting and reassuring. Group photos of providers and staff can add great comfort.

Patients look for the difference in your care versus that of another

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We also expand professionally with co-workers, peers, and leaders. This is where our emotional intelligence kicks in to help each employee associate and connect beyond their role, collectively designing an encompassing “tapestry of care” created with different sizes, colors, textures, and shapes.

Some define patient satisfaction as “customer service,” which does not account for the finer points of a physician-leader's approach to patient fulfillment. We anticipate our patients' fears and complete their sentences.

Expectations usually are met most effectively when we all work together. Spark interest with your online presence and website—more than 80% of prospective patients view those sites before entering your doors. Your website truly offers an opportunity to

practice. Location, procedures, staff, providers, and access are just some of the things that can add to your community value. In other words, what makes your practice special?

We reach out to patients on so many platforms in so many ways. Be sure that all resources match the information provided in voicemails that you leave for patients and other attendant messages. The most common areas where discrepancies occur include business or office hours, callback timing, and whether an issue is urgent or non-urgent. Patients will pick up on inconsistencies in these areas very quickly.

Financial Care

Financial care also is a part of

Continued on page 48

“See” You (from page 47)

the experience. Please protect your patient’s dignity and pride. We want them to be able to handle monetary issues comfortably, so we can all concentrate on their care. Relay pertinent information regarding high-deductible and uninsured options to ensure accessibility...and continuity of care.

Do not let the financial issues get in the way. These concerns enter the decision-making surrounding the patient’s return for completion of care and follow up. An open door is always welcoming. Simply adding an inviting phrase such as “For our underinsured and high-deductible patients, please be sure to call the office to discuss your specific plan and benefits.” Everyone remembers the

like? From curb appeal to entrance-way and front door all the way to checkout—these are often areas that we do not notice as we stay behind the scenes. Enter through your front door. See what it feels, smells, and looks like. Is your reception area welcoming and clean? Again, patients see the physical appearance as a reflection of your oversight. Is the exam room well maintained? Or are the tables torn and the carpeting worn? Trust me, your patients take in every nuance of your practice. I may be your millionth patient, but it is my first visit here.

In extensive interviews with patients, the one thing they all wanted was “to be heard.” Physicians typically interrupt patients within seconds. Of course, questions must

I could not take it in. My recommendation was to supply information afterward, not necessarily during the visit, or to extend the visit...or maybe a little of both.

We partner in healing and become comfortable with each other. That is a beautiful thing. It also can, at times, lead to becoming too casual in front of others, often without realizing it. Keep private conversations behind closed doors. I have experienced, both as a patient and as a consultant, all of the following: staff that second-guess the physician; staff that display inappropriate and disrespectful body language; and staff that portray a very different picture than you may believe. In front of the patient, we are a unified team, with the physician leader always in charge.

Trust goes both ways. Just as your staff should trust that you have the best intentions as you set standards, you should trust that they will do the job they were hired to do. Keeping track of the daily footprint of your practice individually or as a group is essential. Watch them fly with any positive acknowledgment. Something as simple as thanking your front desk receptionist for helping maintain a good flow, getting patients to the exam room and seen on time, boosts their confidence and encourages independent decision-making, affirming you stand behind them 100%.

Also consider your patients’ trust and how it extends beyond your office walls. Ensure that any care your patients are referred to outside of your setting coincides with your standards. Your name is on the referral.

If you really want to know how your patients feel (which is always a good idea), just ask! It does not take much to be fully aware, meeting in the middle, and empathize with the patient’s stance.

Create a patient panel or conduct an experience-based survey that is administered continually to obtain consistent feedback. Beyond the more predictable issues—listening, wait time, and parking are the top three—this will help you catch patterns you did not anticipate, such as when new employees are being trained. The questions you should ask are very

Continued on page 49

First impressions are made in seconds, and not just by your staff.

What does your office really look like?

word benefit and takes that welcoming statement from there. Remembering to be aware when someone is nervous about returning because they cannot pay their bill, because that affects their care and possible outcomes. That is not our goal. We want to be available and seen as a first resource for care whenever possible.

Practice-wide emotional intelligence affects the relationship between the patient and physician.

Leaders bolster the entire team when cross-referencing to other team members. For example, when the physician introduces a patient to the new lab tech, by name, with a reassuring tone, that affirms the lab technician’s presence and skill, and also makes the patient feel more comfortable because of the personal introduction. That is a win-win situation.

Many things become automatic and become mechanical reflexes, and patients notice the lack of sensitivity. Maintaining eye contact is one way to keep it personal.

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be asked for a precise diagnosis, but most physicians also are entering vital information to a tablet or device while they examine the patient. This attention paid to the EHR, as you probably know, is a top patient complaint, and one that is easy to handle. Reassure the patient, if documentation is needed, by maintaining eye contact and explaining what you are doing. By the way—the rule of thumb is if you see more than 15 patients in a day, it is typically worth having a scribe. (This is an individual decision for each person, and you know your style and patients better than anyone.)

As a consultant, I remember every inch and subtlety of your practice. As a patient, I have to write everything down because I am nervous. Offering written information, whether making it available to access through the portal or handing it to me on paper, allows me to concentrate on instructions at the moment, while having information I can take in after I return home. I once was a ghost patient where the provider—a very pleasant person—spoke so fast in such a short visit that

“See” You (from page 48)

simple and easy to respond to. I have found (and recommend) that the best time to conduct this type of survey is three weeks after the patient’s visit, because the patient has had time to

easy to get used to, and leave a lasting impression. For example, greeting someone with a smile is a universal language. I was at a location where an employee literally turned away as they saw me approaching to register for an event. I am grateful that the other em-

need, and it takes just one negative experience to taint the visit. Each step toward self and group awareness helps each of us along the way and improves outcomes. Positive change occurs when there is a conscious, collective, and continual effort that becomes part of the everyday progression—in the most fruitful way.

It sounds simple, and it’s true. Common consideration and respect for every role—from housekeeping to CEO—composes a concerto with all in tune. And the physician-leader is the one that sets the tone and conducts on that stage. **PM**

Good manners cost nothing, are easy to get used to, and leave a lasting impression.

consider the visit, and the answer tends to be more honest. One example of a survey question would be, “My level of communication with my physician is _____” or “My experience placing an appointment for the time I prefer is _____” or “my visit with the lab technician is _____,” with answer choices ranging from “exasperating” to “incredibly helpful.”

Good manners cost nothing, are

ployee greeted me with a smile. Be fully aware of your staff-patient relations. I once heard a coach say that we are only as strong as our weakest player. It’s true. Also true is that as we bring that weakest player up, it brings all of us up. This is what establishes support for the compassionate and stellar foundation of care that you want. We work very hard every day to give each patient the individual attention and care they



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