No-No's (Or, What NOT to Say!)

It's important to think before you speak to patients.

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 soslynn@gmail.com which will be printed and answered in this column anonymously.*

Topic: No-No's (or, What NOT to say!)

Dear Lynn,

I overheard my staff person say something to my patient that set my nerves on edge. Guess I better have a sit down with everyone and go over things they should never say to patients. Besides those that I heard, can you think of some other "no-no's" I should address?

Patients do not want to hear that they are too old (or too young for that matter) because that makes them feel out of the ordinary.

Here are a few "no-no's" and some alternate phrasing to work through:

"It's all in your head"

Suggesting patients are imagining pain they are currently experiencing, or the fear they have of being treated is not the empathetic response they were hoping for. Instead, get (and document) as much information as you can so you can offer compassion and put yourself in a better position to help them heal.

Try saying: *"I'm sorry for the pain you are feeling, Mrs. Jones. Tell me, when did it start, what were you doing when it started, on a scale of 0-10 (zero being no pain at all), what are you feeling today and is it worsening or feeling better?"*

"Everything will be fine."

It's one thing to try to reassure the patient, and another to cause them more anxiety by giving them a wishful blanket response that may or may not be accurate.

Try saying: *"We are so glad that you chose our practice. Doctor Sterling is very experienced in this procedure and honestly, we have never encountered a problem. I want to assure you that we will do everything possible for a satisfactory outcome and keep you as comfortable as possible."*

"You just need to lose some weight."

Depending on the type of foot pain, excessive weight can absolutely be (and in many circumstances is) a probable cause that must be addressed. If the doctor determines that it is, the topic should be sensitively raised as part of an effective treatment protocol. Comments about a patient's weight, however, should never come from the staff.

Try saying: *"Mrs. Jones, the doctor will explain why you are having this pain and will give you the best plan on how to best deal with it."*

"You can deal with this if you just toughen up."

Oh, just get tough? Is that all? This sounds like nothing more than insinuating the patient is a weakling, feeble, pathetic, or inadequate.

Continued on page 54

No-No's (from page 53)

Any other personal insults you want to throw their way?

Try saying: *"I understand that you are suffering with this, Mrs. Jones. Just know that you are not alone. Dr. Miracle has treated many patients who have presented with a similar condition. No one wants to live with discomfort that holds them back from normal activities and we don't want that for you either."*

"You're too old (or too young) to have this problem."

Patients do not want to hear that they are too old (or too young for that matter) because that makes them feel out of the ordinary. They just want to feel better; that's why they are there. There are many factors at play besides their actual age, so steer clear of age-discrimination. Rather than focus on a number, evaluate more specifically their medical conditions, physical capacities, and ability to heal. If the patient asks you if their age is a deterrent, it's not for you to say.

Try saying: *"I'd like to think we're never too old (or too young)!"*

"This won't hurt at all."

Don't lie. If, for example, the patient is getting an anesthetic injection, be honest.

Try saying: *"You may initially feel a pinch, but it won't last and then the (toe) will be numb and you won't feel the procedure at all. I'll be right here with you, so if you do still feel a little something, please let me know and the doctor will give you a little more anesthetic."*

It also helps to put them at ease by explaining what you are doing first, or even in some non-invasive treatments (PT, diagnostic US, etc.) showing them what to expect by demonstrating it on yourself.

"You're wrong."

No one likes to be told they are wrong, but as a professional, you always want to use a little tact. If the patient makes an incorrect statement that relates to a foot condition, for example, staff should take a less confrontational approach and just listen to what they say because it never ends well by challenging their intellect. However, in an effort to educate them, make the doctor aware so that he/she can then introduce some medical facts (Who better to do so?) to help this patient understand what is and isn't accurate. Another sole saved from misinformation!

Try saying: *To clarify, Mr. Callous, are you saying…? (Then) Well, we can certainly double-check that information; however, I'm certain Dr. Truthy will give you her professional thoughts concerning that data. You deserve to establish what is and isn't true about this type of treatment so you can make an informed decision on how to proceed. She will take the time to fully explain what is and isn't true and what you can and cannot expect; then, you can then decide whether or not to move forward.*

"Oops!" or "Uh Oh!"

NO ONE sitting in a medical arena wants to hear the words, "Oops!" coming out of the doctor or staff's mouth. EVER! Not under any circumstance; off limits.

Let's play this out. Imagine your patient's reaction should they hear:

- (During a wound redressing) *"Uh oh, the skin around your wound is not supposed to look like that."*
- (During a post-surgical suture removal) *"Oops, I think I'm missing a suture somewhere."*
- (Awaiting an injection) *"Uh oh, I may have filled this syringe with the wrong medicine."*
- (Awaiting surgery) *"Oops! I think they prepped the wrong foot for surgery!"*

Do you think the patient would find any one of those concerning?

Besides totally terrifying them, you can expect that negatively charged phraseology will succeed in removing all faith in the practice, and the doctor (and staff's) expertise and competencies. Not to mention any hope for a follow-up visit; instead, you might expect a negative online review, or worse yet a prospective lawsuit!

Try saying: In this case, there is no acceptable alternative to offer. Silence is your friend. We all know that mistakes happen, but "oops" or" uh oh" are not appropriate or considered apologetic substitutes. Of course, you'll want to acknowledge and fix any potential problem. Do so without the verbal exclamation.

After all, if you don't find these little words give you a warm and fuzzy feeling…oops, chances are your patients won't either. **PM**

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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.