



On Customer Service and the 'Good' Doctor (cont'd)

Health care delivery in the United States has transitioned from a physician-dominant interaction into a patient-centered care model. Patient engagement and *satisfaction* have become increasingly important and are, right or wrong, a measure of quality of care. While medical expertise is central to healthcare, our patients evaluate us on our "softer" side more than our clinical skills. This is the case because they assume we're good clinically- otherwise they wouldn't come to us. They build their impressions not on our degrees and certifications but on their interactions with us. That's how they determine if we are "good".

While we do not see ourselves as customer service providers, our patients are truly healthcare customers. Their experience throughout the visit matters, and as such, healthcare is closer to a retail service than we would like to admit. The standards of customer service apply to us as much as to coffee shops and hotels. The good thing is: We do know what our 'customers' ask for. Our patients appreciate empathy and good manners and they frown upon indifference and poor service. Addressing these variables increases patient satisfaction, compliance, and, ultimately, health outcomes. It also leads to a busier practice.

Patients expect us to listen to them; take the time to address their problems; be familiar with them; and, above all, to want to help. Remember, it is all about perception: standing across the room from a seated patient, keeping your eyes pinned on a computer, and half-listening to what they have to say are interpreted as lack of interest and rushing.

Patient-Centered Interviews

First impressions are very important and happen very quickly. Good impressions are made by being neatly dressed, well groomed, and smiling. Clear your thoughts before you enter the room. Knock on the door, enter the room, and greet the patient by name. Introduce yourself by name. Wear a name tag with your title and area of expertise to confirm your identity. If you are part of a team, emphasize your role and skill set. Smile, make eye contact, and speak in a clear pleasant voice. Make sure that the patient notices that the attention is upon him/her. Acknowledge family or friends in the room. This sets up the atmosphere for a friendly and professional visit.

Determine the purpose of the visit. Sit close enough to the patient and be aware of the patient's comfort level with the visit. Keep your attention on the patient.

Interview the patient. Let the patient finish speaking (not easy, but important). Be attentive and make it obvious: again, it is important that the patient knows that you are paying attention. Nodding, appropriate body language, maintaining eye contact, and follow up questions signal your attention. Open-ended questions allow you to control the direction of the conversation and the patient to provide the material.

Perform an appropriate physical examination. If part of the exam requires undressing or is uncomfortable/ painful, explain it upfront. You may want to delay the least pleasant parts of the exam to the end. A surprised and hurting patient is not a happy patient.

Explain your impression and explain your next move, be it further testing or treatment. Use clear direct words, in patient-appropriate language and avoid medical jargon. Provide alternatives and explain their benefits, challenges and risks, then invite the patient to make an informed decision. If the patient asks you to make the decision, explain your reasoning. Provide a reasonable, well defined, time-frame for follow up, and explain what the next steps may be and the variables that determine those next steps. Share the future visits key questions and invite the patient to actively monitor their progress and compliance.

Empathy can be a crucial factor to the success of the visit. Patients may express life stressors such as grievance over a family member's loss or frustration with work or school. Acknowledging the situation and offering a supportive atmosphere establishes rapport and demonstrates that you recognize them as individuals. Be aware of barriers such as transportation and motivators such as return to work. Adjust the treatment plan accordingly. Humor can be an important method to display confidence and establish a close and trusting doctor-patient relationship. Sharing a relevant and appropriate experience from your own life helps too. My favorite story is my own experience with weight loss!

At the end of the evaluation, ask about the patient's understanding of the diagnosis and plan and clarify any uncertainties. Give the patient the opportunity to ask questions. You may provide a list of instructions and supplementary reading material, but remember — reading material cannot replace effective communication.



When multiple complaints extend beyond the primary purpose of the visit, identify them and offer to schedule a future visit to address them if they are not serious or pertinent. Provide a reliable mechanism to contact you.

Conclude the visit by thanking the patient and/or family for their trust, and instruct them to check out. If you do not, they may stay in the room waiting for further instructions, creating an atmosphere of uncertainty, and keep the room unnecessarily occupied.

In brief, patient-centered care revolves around good customer service on behalf of the physician. Skillful interviews improve diagnostic accuracy and good communication skills establish rapport and improve compliance and outcomes.

My lovely patient closed her letter with this: "people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

I close with another famous quote: "The patient will never care how much you know, until they know how much you care."

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