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## How to Put Patients at Ease: Learning the Language of Caring

By Tiffani Sherman

Being a caring person and being able to show it are two different things, and that gap can negatively affect patient care.

“Communication has an impact,” said Wendy Leebov, Ed.D, partner at The Language of Caring, a consulting group that helps health care professionals develop better communication skills. “Patient and their families may not feel connected to their physician. They don’t want to be processed; they want to know someone is caring.”

Most people do not go to the doctor because they are happy and relaxed. They’re often sick, vulnerable and anxious. Communication with their physician can make a huge difference, and it starts with the introduction.

“Call a person what they want to be called. Start formal and ask what they prefer,” Leebov said. She suggests using a courtesy title such as Mr. or Ms. when meeting a patient for the first time. Then the patient can say if it is okay to switch to a first name.

“That’s an example of something seemingly small that has a huge impact,” she said. “It needs to start out parallel.”

Sitting down instead of towering over the patient is also important because it allows you to see eye-to-eye, Leebov said. That makes you also appear to be more fully engaged in what the patient is saying.

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The biggest problem most physicians face when trying to implement Leebov's suggestions is time, or, more accurately, a lack thereof. But even if a clinician is feeling rushed, a quick expression of empathy can go a long way toward helping a patient relax.

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"Most people go into health care because they care, but these days people are so busy many doctors are task oriented," Leebov said. "If the doctor gets right to the business at hand and processes the patient in and out, the patient's anxiety can build."

Shutting down small talk and sticking to the business at hand is not advised. "A lot of young doctors are scared to say the wrong thing, so they don't try to personally connect or show empathy," Leebov said.

Developing the communication skills to relate to patients can be taught, but it's not something young doctors typically learn in medical school because of the focus on clinical and technical skills.

Showing care and empathy does not take extra time during an already busy day, Leebov said. In fact, it can save time by eliminating what Leebov calls doorknob questions, where on the way out, the doctor turns to the patient and asks if he or she has any more questions. That's often when important information is shared because the patient is finally beginning to feel comfortable.

Doctors can eliminate such questions by working with the patient to set an agenda for the appointment from the beginning, allowing the patient to feel connected to his or her care plan. "Tune in with your full attention and do everything you can to let the patient drive the bus," she said.

Good communication not only improves patient safety, it can also impact the bottom line. With the growing emphasis on value-based reimbursements from Medicare and Medicaid, patient satisfaction surveys matter. If a physician, practice or hospital receives negative patient ratings, it can cost them money.

As health care continues to become increasingly patient-focused, Leebov said she hopes more hospitals and group practices will offer communication development for their physicians. It's never too late to learn, she added.

"It's worth investing in people and sharpening these skills," she said. "By helping people master a skill set for patient-centered skills, everyone wins."

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