RAP

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*Your Resident Assistance Program provides not only counseling but personalized coaching and an extra measure of support to help you become a more successful physician. We're a ready resource for problem-solving, goal-setting and fine-tuning your interpersonal skills. We welcome you to get to know us. Call the Resident Assistance Program (RAP), **813-870-3344**.*

CONFIDENTIAL

Fast Takes: Tips for Gauging Patient Communication and Behavior Styles

As you become more experienced as a physician, you'll get better at sizing up patients' communication styles and at detecting potential behavior problems. It might be simply a matter of developing and trusting your own intuition. Or you may find you need to train yourself to pay attention to the small clues a patient presents. Sometimes, asking a few specific questions up-front will yield the information you need. Even when your time with patients is compressed into brief encounters, there are some fast ways to figure out what type of patient you're dealing with, and how to communicate in a way that they can understand and respond to.

Dana Simpler, M.D. practices general and internal medicine in Baltimore City, Maryland. She also speaks to groups, including medical residents and TV audiences, on a variety of medical topics. In her 18 years as a physician, she has identified a few of the patient behavior and communication problem areas that less experienced doctors often have difficulty dealing with.

The Talker

The patient who talks too much is a universal problem. While it's important to make sure a patient knows they can talk to you, how do you set limits?

"We all get patients who want to talk," says Simpler. "They tend to over-explain and give us way too much information. What I do is simply lean over and touch their arm, and say 'I'm sorry to interrupt you, but I have an awful lot of questions I need to ask you here. I need to have this information to make a good medical judgment.' That helps get the talker on same page with you. You acknowledge the fact that you're interrupting, but emphasize that you're doing it for their benefit."

The Drug-Seeking Patient

"When I first went into practice, I would get some rather shady characters as first-time patients," Simpler explains. "You can spend quite a bit of time trying to evaluate a person's pain problems before figuring out that they're drug seekers. One clue was when I'd tell them that an over-the-counter pain medication was as effective for their problem as a prescription narcotic – and they'd make a scene. So I use a

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In everyone's life, at some time, our inner fire goes out. It is then burst into flame by an encounter with another human being. We should all be thankful for those people who rekindle the inner spirit.

- Albert Schweitzer, 1875 - 1965

Money Matters

How Can I Keep My Money from Slipping Away?

Any good cash management system revolves around the four As — Accounting, Analysis, Allocation, and Adjustment. Use the four As to stay on track toward your long-term goals.

Accounting involves gathering all your relevant financial information together and keeping it close at hand for future reference. Listing such items as mortgage payments, credit card statements and auto loans will give you a clear picture of your overall situation.

Analysis is reviewing your financial situation to look for ways to reduce your expenses. This can help to free up cash that can either be invested for the long term or used to pay off fixed debt. For example, if you were to reduce spending on non-essential items by $100 per month, you could use this extra money to prepay the principal on your mortgage, saving thousands of dollars in interest payments.

Allocation involves determining your financial commitments and priorities and distributing your income accordingly. One of the most important factors in allocation is to distinguish between your real needs and your wants.

Adjustment involves reviewing your income and expenses periodically and making the changes that your situation demands.

Questions? Call *Julio Muniz* or *Kim Fults* at ***Muniz and Associates,*** 813-258-0033.

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Fast Takes on Patient Types, *continued*

quick 'lie detector test' when I get a creeping feeling about a patient's motives. I say, "I just want to let you know I never prescribe narcotics to a new patient. If you'd like to leave right now, I won't charge you for the visit.' The results are amazing. I can't tell you how many burly, rough-looking types say 'thank you' and leave. At first, I thought I might offend a legitimate patient, but when I have made that statement to a patient who truly was there for treatment of their pain, the response has been, 'that's fine, whatever you think is best.' So it's been very effective."

The Hostile Patient

What can you do about the patient who wants to do it their way, even though that's not what you advise? "I had an example of that recently," says Simpler. "A gentleman came in after he had been hospitalized for a heart attack. He said, 'Don't tell me to quit smoking, I'm going to eat what I want, and there's no way I'm going to see anybody about surgery.' What I'll tell this kind of patient is this: 'Medical care is totally a voluntary proposition. There's no law that says you have to do what any doctor says, and there are no medical police to track you down if you don't follow medical advice. However, there *is* a law that says doctors are legally obligated to tell you what the standard of care is.' By telling them you respect their right to refuse medical care, you can often defuse a hostile, non-compliant patient."

The Confused Patient

Many patients want to be compliant but they just don't understand what you've communicated. "We have to keep in mind that our medical language is a foreign language to the rest of the world," says Simpler. "So we need to use plain language as much as possible — don't say *axilla*, call it the armpit."

To reduce the chance of misunderstanding, Simpler uses half-sheet note pads as a part of every office visit. "I make notes for the patient, including the name and spelling of the disease if they have one, and they always walk away with written instructions," she explains. "Residents could do the same thing by keeping a small notepad in their pocket when they see patients in the hospital, and by making notes to leave with the patient. That way when family members ask 'what did the doctor say?' the correct information is there in writing."

Learning to quickly assess patient communication styles and problem behaviors is all a part of your role as a successful physician. Every patient you see will teach you a little more.

Resources

"Improving Patient Communication in No Time," *Family Practice Management*, May 1999 http://www.aafp.org/fpm/990500fm/23.html

"Medical Communication," Byron J. Bailey, M.D., FACS http://www.utmb.edu/otoref/Grnds/Med-comm-2002-09/Med-comm-2002-09.htm