

A PRESCRIPTION FOR MANNERS

The Medical Protective Company

You don't have to be "warm and fuzzy" to be loved by your patients. So says Dr. Michael W. Kahn, assistant professor of psychiatry at Harvard Medical School and a psychiatrist on the staff of Beth Israel Deaconess Medical Center, Boston.

Rather than urging healthcare professionals to be more sensitive to their patients' feelings, Dr. Kahn suggests that a simpler and more effective route may be for practitioners to practice good manners. Not everyone is capable of engaging in sympathetic or empathetic behaviors. These are personality traits that people either have — or not, Kahn says. "It's very hard to teach empathy," he adds. "In general, people either get it or they don't."

It's also frustrating for many fine clinicians who just don't understand why they're faulted for an apparent lack of compassion. And, when they try, but fail, to establish a warmer relationship with patients, they become irritated or defensive, worsening the situation.

But anyone can learn manners — and should, according to Kahn, whose own surgery was overseen by a European-trained surgeon who wasn't a "buddy" to his patients. Instead, this doctor treated his patients with courtly manners. Kahn came away from the experience convinced that this approach might have value.

Recalling that simple procedure checklists had dramatically reduced ICU infections, Kahn wondered whether a similar approach might improve practitioner–patient relationships. "If we introduce checklists to enforce the use of hand washing . . . and the results of this simple intervention were swift and dramatically effective . . . [then we ought to] develop checklists of practitioner etiquette for the clinical encounter."¹

He began working on a checklist of the common, everyday niceties that could help establish a positive framework for practitioner–patient communication. It wasn't his intention to phase out programs that encourage humane behavior; rather, he believed courtesy would complement these efforts.

¹ Kahn M.W. Etiquette-Based Medicine. *The New England Journal of Medicine*. Vol. 258: 1988-1989. No. 19. May 8, 2008.

Kahn's research resulted in an etiquette checklist, published in 2008.² Patient's love the approach, Kahn reports. "The good news is that patients respond in a positive way to courtesy. They are more cooperative. It's as though the practitioner's changed behavior helps them [challenging patients] to be less difficult."

"I tell others that this is a way for you to get more thank you's," Kahn says. "Manners are part of the service we provide. Just as Nordstrom or Apple sells their products through responsiveness, courtesy, and respect, we should do the same thing. And, I've seen patients respond in the same way. It really helps resolve those situations where patients have become uncooperative or difficult to work with." If for no other reason than the prevention of angry exchanges, practitioners should try a little courtesy.

According to Kahn, healthcare practitioners should start with the basics (see Build Your Own Courtesy Checklist, below) but modify the list to fit their own clinical situations. A few examples might include explaining an ongoing treatment plan; educating the patients regarding his or her healthcare condition; or delivering bad news. "This is a skill that can be learned relatively easily — and practice makes perfect" Kahn says. And, it's a more honest approach. It doesn't ask practitioners to be someone they're not or to try to fake emotions or behaviors they really don't feel.

The training can be implemented throughout the clinical education programs and in continuing education.³ Repetition and reinforcement of the new skill can help prevent communication breakdowns and the dreaded disruptive behaviors that undermine the success of any healthcare team.

Dr. Kahn concludes, "Courtesy's not the most important element in the practitioner–patient relationship — but it sets the tone for all of the other steps along the way." It's certainly worth a try.

Build Your Own Courtesy Checklist

(Use Dr. Kahn's list as your starting point.)

1. Ask permission to enter the room; wait for a response.
2. Introduce yourself. If relevant, show your ID badge.
3. Shake hands (wear gloves, if appropriate).
4. Sit down. Make eye contact. Smile (if appropriate).
5. Briefly, explain your role on the team — or your understanding of the purpose of the meeting with the patient.

² Op. cit.

³ Jerrad, J. Mind Your Manners. *The Hospitalist*. November 2008. Found at: www.the-hospitalist.org/details/article/186104/Mind_Your_Manners.html

6. Ask the patient for his or her feelings, input, and concerns.
7. Don't be afraid to add to the list.
8. Seek consensus among the clinicians on your team. Agree to the same set of courtesies, e.g., always introduce other staff members and explain their role(s) in patient care; always confirm action agreements at the end of an appointment, e.g., "I will call you with the results. If you don't hear from me by XXX date, please do call me. I will definitely want to talk with you."
9. Focus on building courtesies into the way staffers interact with patients as well.
10. Don't be afraid to ask patients for their suggestions.

This article was produced by the clinical risk management team at Medical Protective, the nation's oldest professional liability insurance company dedicated to the healthcare professions. For additional information, please contact Laura Cascella at laura.cascella@medpro.com or visit the Medical Protective website at <http://www.medpro.com/>.

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