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Guideline

Communicating Effectively With Patients to Improve Quality and Safety



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Introduction

Effective communication of health information is one of the most important aspects of the provider–patient relationship. If communication lapses occur, they can be detrimental in various ways. Patients who do not understand healthcare information and instructions might not adhere to their treatment plans or might have unrealistic expectations about the outcomes of care. As a result, healthcare providers may struggle to engage patients in their care and build meaningful patient relationships, which could potentially result in suboptimal patient outcomes and increased liability exposure.

Healthcare providers and staff members should be mindful of both how and what they communicate to ensure that patients thoroughly comprehend their diagnoses, treatment plans, care instructions, and other pertinent information.

Implementing proactive strategies to provide high-quality service, deliver patient-centered care, make a positive impression, measure and improve patient satisfaction, and efficiently manage patient complaints can help clinicians and staff build strong partnerships with patients. These strategies also may reduce the likelihood of miscommunication and preventable adverse events.

Objectives

The objectives of this guideline are to:

- Review the impact of communication failures
- Discuss key elements of a service-oriented culture and how to promote effective communication
- Discuss methods of making a positive impression during patient encounters
- Describe actions that demonstrate a commitment to patient satisfaction
- Discuss strategies for developing electronic and telephone communication policies
- Outline effective strategies for managing patient complaints
- Provide information related to communicating an unanticipated outcome

The Impact of Communication Failures

Ineffective communication in healthcare is one of the leading causes of medical errors and patient harm.¹

Communication failures also play a significant role in malpractice liability. An analysis of almost 124,000 medical professional liability cases showed that communication issues, which were found in all care settings, were one of the top contributing factors in malpractice claims. Communication failures between healthcare providers and patients/families, as well as among healthcare providers, occurred at these rates in these settings:

“Ineffective communication in healthcare is one of the leading causes of medical errors and patient harm.”

- Thirty-one percent of ambulatory care cases (examples included inadequate consent, poor communication about medication risks, unprofessional communication, and unclear responsibility)
- Thirty-one percent of inpatient care cases (examples included lapses in reading the health record, failure in reaching a consensus, deficient discharge/follow-up instructions, and inadequate notification of adverse events)
- Thirty-two percent in emergency department care cases (examples included communication issues related to hierarchy, language barriers, and inadequate follow-up instructions)²

These statistics speak to communication’s impact in healthcare and the need for healthcare providers and staff to include communication as part of quality improvement and patient safety initiatives.

Committing to Quality Service and Patient Satisfaction

Creating and maintaining a service-oriented culture, which focuses on providing exemplary customer service and quality patient care, is an important strategy for reducing the risk of communication failures that could potentially lead to patient complaints, errors, and liability exposure. Good customer service is the foundation for patient satisfaction and the basis for engaging patients in the shared responsibility of their healthcare.

Promoting a service mindset requires:

- Leadership involvement and support to reinforce the message that the organization is committed to service excellence
- A mission statement that reflects the importance of quality care and patient satisfaction
- Mechanisms to achieve the mission (e.g., use of patient satisfaction surveys and techniques for handling complaints)
- Policies that outline the organization's code of conduct and expectations for professionalism
- Staff involvement in setting priorities and working toward improving the practice's level of service
- A retaliation-free environment in which staff members can speak up and hold each other accountable to the practice's mission and goals
- Measurement of patient engagement indicators in a formal quality improvement process, and sharing results with the practice's providers and staff on a regular basis
- Recognition of staff for outstanding customer service

Demonstrating a commitment to patient satisfaction includes:

- Treating all patients in a courteous manner at all times without exception (e.g., in-person, over the phone, and via electronic communication)
- Offering timely access to appointments and provider advice, as needed
- Providing adequate time during clinical encounters for patients to explain their reasons for visiting without feeling rushed
- Monitoring patient wait times, frequently updating patients regarding delays, and providing the option to reschedule when a delay is longer than 30 minutes
- Respecting patients' modesty, dignity, cultural preferences, and confidentiality
- Continuously soliciting feedback on patient satisfaction, and conducting formal patient satisfaction surveys

- Addressing patient complaints promptly on a case-by-case basis
- Analyzing trends in patient complaints and applying corrective actions to improve service

Making a Positive Impression

During Patient Triage

Patients' initial interactions with healthcare practices often occur when they schedule appointments. Scheduling that is responsive to patients' needs and specific circumstances can help establish a positive impression of the practice.

In healthcare practices, scheduling should adhere to standard written procedures that use the following criteria (modified as necessary):

- **Emergency care:** life-threatening conditions that require immediate referral to an emergency department
- **Urgent care:** conditions that require attention the same day
- **Routine care:** nonurgent conditions that require a timely appointment in the near future
- **Preventive care:** physical examinations and similar services that require a visit within a reasonable timeframe

During Patient Encounters

Numerous strategies can promote patient-centered communication and positive impressions during patient encounters. The term "patient-centered" refers to healthcare approaches that encourage collaboration and shared-decision making and that are responsive to patients' needs, perspectives, values, and desired outcomes.³ According to the Picker Institute, the eight dimensions of patient-centered care are:

1. Fast access to reliable healthcare advice
2. Effective treatment by trusted professionals
3. Continuity of care and smooth transitions
4. Involvement and support for family and caregivers
5. Clear information, communication, and support for self-care

6. Involvement in decisions and respect for preferences
7. Emotional support, empathy, and respect
8. Attention to physical and environmental needs⁴

The following sections offer guidance for improving communication during patient encounters and providing a positive, patient-centered approach.

Remember Common Courtesies

Common courtesy generally is an expectation in professional interactions, including healthcare services, and it can create a good impression with patients. Examples of common courtesy include the following:

- The practice's reception staff greets patients with direct eye contact and a smile when they arrive.
- Reception staff monitors the waiting room to identify patients who might have questions or need assistance.
- The practice's answering service follows the same rules of courtesy as expected from the staff. (A call to the service can help ensure that the same courtesy is extended.)
- Healthcare providers briefly review patients' health records and notes for the visit before entering the room so they can maintain eye contact with the patient in the first minutes of the appointment instead of looking at the chart or electronic health record (EHR).
- Providers knock before entering examination rooms.
- Providers greet patients and introduce themselves if needed.
- Providers address patients by their preferred names and politely ask for clarification if it is unclear what a patient would like to be called or how the patient would like to be addressed.
- Providers ask patients for input and concerns regarding their treatment plans.

Maintain Awareness of Nonverbal Communication

Effective verbal communication is vital to successful personal and professional relationships. However, good nonverbal communication — facial expressions, gestures, eye contact, posture,

and tone of voice — also is essential. Research suggests that the majority of daily communication is nonverbal,⁵ which stresses the importance that this aspect of communication plays in human interactions.

The ability to understand and use nonverbal communication, or body language, is a powerful tool that can help healthcare professionals connect with patients in a positive way and reinforce mutual understanding and respect.⁶

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Providers should have situational awareness of their nonverbal communication so they can recognize potentially problematic body language and consciously change it. For example, certain situations might trigger negative nonverbal reactions, such as seeing a difficult patient, managing a patient complaint, or dealing with stress. Various strategies can help healthcare providers consciously improve nonverbal communication. For example:

- Smile and maintain appropriate eye contact, but do not stare.
- Show interest in what the patient is saying and avoid actions that might indicate that you're bored or in a hurry, such as tapping your fingers, gazing out of the window, looking at the clock, and yawning.
- Sit when you can and lean forward to show that you're engaged. Don't stand looking down on the patient in a paternalistic stance.
- Nod your head to show you are listening.
- Avoid EHR documentation habits that create barriers to patient engagement, such as turning your back on the patient while typing information, looking at the computer during sensitive discussions, or failing to explain to the patient what you're including in the record. Some strategies that might help include explaining the EHR and some of its benefits to the patient, setting the computer aside during discussions with the patient, or [using scribes to document clinical care](#).
- Avoid a judgmental or disapproving attitude, and encourage the patient to share relevant and complete information.⁷

Create an Open Dialogue and Listen

A patient-centered approach seeks to get patients more involved in their care. Providers can nurture these partnerships by allowing adequate time for dialogue and taking the time to understand patients' concerns and perspectives. For example, healthcare providers can take a patient-centered approach by:

- Determining what each patient hopes to get from the visit
- Listening to patients and letting them speak without interrupting
- Repeating important information back to patients after they have finished describing their chief concerns or reasons for visiting

Additionally, asking patients open-ended questions — that is, questions that require detailed answers rather than yes/no responses — can help generate an open dialogue and support greater provider–patient understanding.

Ensure Comprehension

For many people, health information and services are unfamiliar, complicated, and technical. Patients of all ages, races, ethnicities, educational levels, and socioeconomic backgrounds may have limited health literacy. This may prevent them from understanding and correctly following their care plans. Taking steps to ensure that patients comprehend information is a critical component of effective communication.

Consider providing patients with a welcome brochure prior to their visit or as they arrive at the front desk to sign in for appointments. Staff can instruct patients to review the information in the brochure and encourage them to ask questions during their visit. Adding a “notes” page to

Health Literacy

Nearly 9 out of 10 adults struggle with health literacy, and many have trouble understanding and using the health information.⁸ These statistics are significant because people who have low health literacy are at increased risk for poor outcomes, have higher rates of emergency department visits and hospitalizations, have more difficulty managing chronic conditions, are more likely to skip preventive services, and have higher mortality rates.⁹

the brochure can prompt patients to document any questions they have prior to the appointment. Other strategies for ensuring patient comprehension include the following:

- Involve patients' families and significant others in the patients' care (with permission).
- Use lay language and explain medical terms when communicating with patients verbally. Explain to patients why the information is important.
- Don't overload patients with information. Focus on the most critical points and the necessary actions that patients should take.
- Present information in a simple, organized way; discuss the most important information first, and repeat key concepts.
- Ensure that patient education materials are written in [plain language](#). Healthcare practices that are conscientious about developing or using easy-to-read materials may increase the likelihood that patients will understand and use the information correctly.
- Allow time for questions at the end of each patient encounter and restate information as needed.
- Ensure that the dialogue is sufficiently comprehensive to give patients a full understanding of their conditions and treatment plans.
- Use a technique, such as teach-back, to confirm that patients understand the information provided. Teach-back is a research-based health literacy intervention that improves patient/provider communication and patient health outcomes. This technique involves asking patients (or their family members) to explain diagnoses, medications, and care instructions in their own words.
- Carefully consider whether cultural beliefs, values, or practices might influence interactions with certain patients. Incorporate approaches into practice that promote [cultural competence](#) as a key component of patient-centered care.

Teach-Back Technique

For more information, resources, and tools on using the teach-back technique, see the Agency for Healthcare Research and Quality's [Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families](#).

- Provide comprehensive language access services and assistive technologies to meet the needs of diverse patient communities. Healthcare practices that receive federal financial assistance and/or funding are generally responsible for providing auxiliary aids or other service accommodations at no cost to patients. Be cognizant of state and federal laws that apply to accommodating these patient communities.
- Provide patients with an office visit summary containing written instructions for follow-up care. If using paper records, be sure to document discharge instructions or make a copy for the record.

Resource

For more information about language access services and assistive technologies, see MedPro's [Risk Q&A: Interpreters and Auxiliary Aids](#).

Keep Conversations Professional and Appropriate

Patients have varied backgrounds, values, and perspectives as well as opinions and preferences. To minimize the possibility of personally offending any patients, avoid conversations concerning religion, politics, and other sensitive issues. Advise staff members to also steer clear of these topics in their interactions with patients.

Establish an Atmosphere of Cultural Competence

Culturally competent care is care that respects diversity in the patient population and cultural factors that can affect health and healthcare, such as language, communication styles, beliefs, attitudes, and behaviors.¹⁰

To ensure quality care, healthcare providers should treat all patients, regardless of social or personal characteristics, with dignity and respect and make them feel comfortable providing any information relevant to their care, including information about sexual orientation and gender identity. MedPro's article [Providing Culturally Competent Care for LGBTQ+ Patients](#) and [LGBTQ+-Inclusive Care](#) resource list can provide more specific information and additional resources.

Engaging Patients With Satisfaction Surveys

Measuring patients' perceptions of the quality of care and services they receive can offer healthcare practices valuable information and data on which to build quality improvement

initiatives. One common mechanism for assessing patient perceptions is through the use of surveys. Patient satisfaction surveys can collect critical patient feedback and also offer opportunities to improve communication among healthcare providers, staff, and patients.

Some healthcare practices contract with vendors that develop patient satisfaction surveys, facilitate data collection, and/or help assess data. Other healthcare practices devise their own tools based on their specific needs. In either instance, careful planning is necessary to ensure patient satisfaction surveys are well-designed and implemented.

For more information about planning and implementing patient satisfaction surveys, see MedPro's article [Patient Satisfaction Surveys as a Quality Improvement Tool for Healthcare Practices](#). Additionally, two sample patient satisfaction surveys are available in the appendix.

Developing Policies and Standards for Telephone and Electronic Communication

Telephone Communication

Telephone communication is a routine but significant component of every healthcare practice. A patient's first and lasting impression of a practice is often from a telephone call. All staff members should be instructed to regard telephone calls as an opportunity to provide patients with good service and to obtain important information. The following strategies are intended to help healthcare practices develop well-defined telephone policies and approaches.

"A patient's first and lasting impression of a practice is often from a telephone call."

Establishing Phone Communication Protocols

- Train all office staff on telephone etiquette, including how to handle angry or dissatisfied patients.
- Ensure that automatic menu prompts offer callers the option of speaking with a person.
- Try to answer the telephone by the third ring and monitor calls that are put on hold. Allow callers to speak before asking permission to place them on hold.
- For automatic call distribution systems, limit the menu selections to four or five at most. Consider whether the healthcare providers in the practice serve as primary care

providers for some or all of the patients. If so, the first message should include instructions for these patients, such as “If this is an emergency, dial 911 or go to the nearest emergency department immediately.”

- Conduct telephone conversations out of the hearing range of patients to protect the caller’s privacy.
- Install additional phone lines if all lines are frequently in use or chronically busy.
- Ensure that after-hours phone messages refer patients who have urgent needs or concerns to the emergency department.

Giving and Receiving Information

- Have staff obtain the caller’s phone number and confirm identifying patient information.
- When return calls are required, staff should ask callers what time they will be available, and give an approximate time for return calls. Calls should be returned as promised. This assurance and prompt follow-up reinforces respect for patients’ time and concerns.
- Develop a telephone advice protocol manual for staff members who are authorized to give telephone advice. The manual should address situations such as handling routine questions and doing telephone assessments, and it should include triggers for referring patients to a healthcare provider when necessary. Monitor staff compliance with the protocol. Make sure any phone advice is documented in the patient’s health record.

Using an Answering Service

- Use a reliable answering service when the practice is not open. Place test calls regularly to assess the quality of the service. Provide the service with an emergency number in the event that they cannot reach the provider on call.
- Request a log of calls from the service to review for appropriate disposition and referral.
- Implement a process to promptly retrieve, document, and respond to after-hours calls if an answering service is not used.
- Develop a policy and procedure for handling phoned-in lab reports; the policy should include how critical values should be communicated to the provider.

Documenting Telephone Communication

- Document every telephone conversation with a patient or family member in the patient's health record, including date, time, caller's name, reason for call, and information or advice given.
- Document all telephone calls to discuss patient care and concerns with other providers. A high risk of communication failure exists during patient handoffs and care transitions.
- Maintain a copy of the practice's appointment schedules for as long as health records are maintained.

Monitoring Trends

Consider keeping a log of categories of calls received, such as scheduling, test results, prescription refills, etc., as a way to identify protocols possibly needing revision or opportunities for improvement in managing telephone communications.

Electronic Communication

Electronic communication in healthcare has made a significant leap over the past decade through the use of email, texting, telehealth applications, patient portals, and social media. With the increased prevalence of smartphones, tablets, and other mobile devices, healthcare professionals have more opportunities to access and send information from anywhere that a cellular signal or wireless network exists.

As electronic communication has gained momentum, it has proven beneficial in many ways. For example, electronic communication may:

- Increase efficiency and productivity
- Decrease costs
- Improve care coordination
- Reduce the number of unnecessary patient visits to the office
- Offer patients a more convenient method for reaching their healthcare providers
- Facilitate healthcare practices' efforts to raise awareness, provide education, and promote services

However, electronic communication has risks for providers to consider, such as privacy and security, professional boundaries, and duty to care. Healthcare practices that use electronic communication methods should develop written policies and guidelines to standardize their approaches to this form of communication and address potential risks.

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General considerations for policy development include defining acceptable uses and boundaries for electronic communication, determining appropriate users, establishing timeframes for responding to electronic inquiries, developing standard disclaimers, specifying privacy/security features and limitations, and establishing documentation guidelines.

Defining Acceptable Uses for Electronic Communication

Healthcare practices should consider limiting the use of electronic communication to nonemergent situations. Practices also should think about the types of services and information that are suitable for electronic interactions (e.g., prescription refills, appointment scheduling, and general questions) as well as the sensitivity of the subject matter (e.g., information related to sexually transmitted diseases, mental health status, substance abuse disorders, etc.).

Each practice’s written policy for electronic communication should delineate the appropriate uses to avoid confusion among providers and staff members.

Determining Appropriate Users

Healthcare practices should reserve email, texting, portals, and certain other forms of electronic communication for established patients who have provided consent to communicate electronically. Responding to or interacting with other individuals in the capacity of answering medical questions or providing medical advice could inadvertently trigger a duty to care.

Establishing Timeframes for Electronic Inquiry Response

Patients should be aware of the timeframes in which they can expect to receive a response to electronic communications, such as emails and portal messages. Establishing and conveying standard timeframes will help healthcare practices reinforce expectations and boundaries related to these communication methods. Additionally, timeframes can help practices prioritize

care and communication so that the office isn't overwhelmed with electronic inquiries that divert time from patients who are most in need.

Developing Standard Disclaimers for Electronic Communication

Disclaimers should specify the intended purposes of electronic communication and any limitations for which patients should be aware. As part of disclaimers, healthcare practices might want to include information about terms of use, patient privacy, and electronic services. For example, a disclaimer might include language stating that the electronic communication medium is intended for informational purposes and specified services only (e.g., prescription refills) and is not appropriate for diagnosis, treatment, or medical consultation.

Specifying Privacy and Security Features and Limitations of Electronic Communication

Under state and federal regulations, healthcare providers and staff are required to maintain strict confidentiality and safeguard patients' protected health information. Providers and staff should be aware of the security capabilities and limitations of any electronic communication methods they use, including email, texting, and social media. Additionally, patients should understand these risks before they consent to communicate with the practice electronically.

Establishing Documentation Guidelines for Electronic Communication

Communicating electronically is often more convenient, quicker, and more casual than other types of communication. However, electronic interactions with patients should be documented in their health records with the same consistency and level of detail that healthcare providers would use with other forms of communication.

Managing Patient Complaints

Even the most diligent healthcare practices will most likely encounter patient complaints on occasion. For this reason, practices should implement a complaint process that all providers and staff members can understand and follow. Every employee should be prepared to manage patient complaints promptly and according to office protocol.

When a complaint occurs, providers and staff should respond calmly and empathetically, while reassuring the patient that someone is available to help resolve the problem or issue. One simple set of recommendations for complaint management is a common customer service strategy called LEAP, which stands for:

- **Listen:** Stop what you are doing and give your undivided attention to the patient. Do not argue with the patient or interrupt with explanations. Repeat back key information to affirm your understanding of the patient's complaint or concern.
- **Empathize:** Identify the patient's emotions and offer empathy. For example, "You must feel frustrated that you had to wait so long."
- **Apologize:** An apology can go a long way, particularly if a patient has a legitimate complaint. However, even if the validity of the complaint isn't clear, it is possible to apologize without admitting wrongdoing. For example, "I'm sorry that your appointment didn't go as you expected."
- **Plan:** Suggest solutions you can offer or strategies to resolve the issue. If you can't come to an immediate agreement, assure the patient that an appropriate staff member will follow up on the issue, and provide a timeframe for that follow-up.

Risk Tip

Place LEAP tips and reminders where they are easy to reference to enforce a consistent and reliable complaint management process.

The provider or staff member managing the complaint should document the issue, any resolution offered, and the commitment of any follow-up with the patient. The practice will need this information if the patient reports the complaint to the state medical board or subsequently files a malpractice claim. The information documented from patient complaints also can serve as an educational opportunity for staff.

In some cases, a patient making a complaint might become angry or aggressive. Whenever possible, have a designated employee available that has been trained in de-escalating this type of behavior. If a patient becomes threatening or violent, staff should seek help from law enforcement.

Disclosing an Unanticipated Outcome

One of the most difficult types of communication in healthcare is disclosure of unanticipated outcomes. When an unanticipated outcome occurs, the patient and/or family should be informed and updated on a frequent basis regarding the patient's clinical status. The following tips can help frame the conversation and provide useful reminders about essential disclosure information:

- Use compassion, empathy, and good communication skills, including mindfulness of body language and eye contact.
- Clearly communicate the facts as they are known at the time of the disclosure.
- Offer an apology for the occurrence of the event if all of the facts and causes are not known. Offer an apology for the error if an obvious error occurred.
- Explain the plan of action relative to either continued investigation or changes being implemented to prevent similar incidents in the future.
- Ask whether the patient and/or family has questions or would like to clarify any information.
- Offer to help with any additional counseling needs, and provide the patient and/or family with the names of agencies they can contact to address their concerns or complaints.
- Provide assurance that as more information becomes available, it will be shared with the patient and/or family.
- Identify a contact person who will have primary responsibility for continued follow-up with the patient and/or family. Doing so is critical to restoring trust and confidence.

Risk Tip

When facing disclosure, keep in mind the relevance of apology laws, if applicable to the state(s) in which you practice. These laws protect certain statements, expressions of sympathy, and other evidence from being admissible in malpractice litigation, and they differ in the types of information and statements covered. Some states cover expressions of empathy or sympathy; others go further and protect admissions of fault. Consult with an attorney to get a correct interpretation of the laws in your state.

- Keep in mind that the disclosure may not be well received, and the encounter could potentially be volatile. Further, the existing clinical relationship might not be sustainable. If so, or if the patient and/or family requests a different provider, create a plan for transitioning the patient's care.

MedPro's guideline [Disclosure of Unanticipated Outcomes](#) provides additional details and guidance about the disclosure process.

Conclusion

Communication is one of the most important tools in providing quality patient care, improving patient satisfaction, and engaging patients in healthcare decisions. When patients understand health information and their treatment plans, they are better able to participate in the decision-making process, adhere to care recommendations, and manage their own health.

Healthcare practices can commit to effective patient communication by treating patients with respect and common courtesy, making a positive impression at all stages of the care process, measuring patient satisfaction, identifying communication gaps, and implementing corrective actions when communication lapses occur.

Resources

- [Agency for Healthcare Research and Quality: Health Literacy Universal Precautions Toolkit](#)
- [Centers for Disease Control and Prevention: Health Literacy](#)
- [MedPro Group: Checklist: Strategies to Support Patient Comprehension](#)
- [MedPro Group: Guideline: Refunds & Waivers](#)
- [MedPro Group: Guideline: Risk Management Strategies for Informed Consent](#)
- [MedPro Group: Promoting Patient Dignity in Healthcare](#)
- [MedPro Group: Risk Tips: Communicating Effectively With Patients Who Have Limited English Proficiency](#)
- [MedPro Group: Risk Tips: Engaging Patients/Families to Improve Diagnosis](#)
- [MedPro Group: Risk Tips: Managing Negative Online Reviews From Patients](#)

- [MedPro Group: Telephone Triage in Healthcare Practices](#)
- [MedPro Group: The Power of Words: Using Language to Support Collaborative Provider–Patient Relationships](#)
- [U.S. Department of Health and Human Services: Think Cultural Health](#)
- [U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion: National Action Plan to Improve Health Literacy](#)

Endnotes

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¹⁰ Agency for Healthcare Research and Quality. (2014, July 8). *Improving cultural competence to reduce health disparities for priority populations*. Evidence-based Practice Center Systematic Review Protocol. Retrieved from <https://effectivehealthcare.ahrq.gov/products/cultural-competence/research-protocol>

Appendix. Sample Patient Satisfaction Surveys for Healthcare Practices

Dear Patient:

We value your opinion and want to improve our service. Please take a moment to complete this survey. Your responses are confidential. When you finish, please return the survey to the front desk in the reception area.

We appreciate your input!

1. How long have you been a patient of our practice?

- ☐ First visit
- ☐ 1–5 years
- ☐ 5–10 years
- ☐ More than 10 years

2. Why did you decide to seek treatment with us?

- ☐ Near home or business
 - ☐ Referral by another patient
 - ☐ Referral by a doctor
 - ☐ Referral by a healthcare organization
 - ☐ Telephone or internet listings
 - ☐ Other:
-

3. Was making an appointment a simple process?

- ☐ Yes
- ☐ No

If no, please explain:

4. How would you rate the telephone service of our practice?

- ☐ Good
- ☐ Average
- ☐ Poor
- ☐ Doesn't apply

5. Once in our facility, were you treated in a friendly, polite manner?

- ☐ Yes
- ☐ No
- ☐ If no, please explain:

6. How long did you wait in our reception area?

- ☐ Less than 15 minutes
- ☐ 15 to 30 minutes
- ☐ More than 30 minutes

7. How long did you wait in our exam room?

- ☐ Less than 15 minutes
- ☐ 15 to 30 minutes
- ☐ More than 30 minutes

8. Did you have enough time during your visit to address your concerns?

- ☐ Yes
- ☐ No
- ☐ If no, please explain:

9. Were your problem and treatment plan explained in a way you could understand?

☐ Yes

☐ No

10. Are you comfortable asking questions about your treatment plan?

☐ Always

☐ Sometimes

☐ Never

☐ If sometimes or never, please explain:

11. Was our staff cooperative in helping with insurance coverage?

☐ Yes

☐ No

12. Was our staff helpful and polite?

☐ Yes

☐ No

☐ If no, please explain:

13. What did you think of the inside of our office? (Check all that apply.)

☐ Beautiful

☐ Organized/efficient

☐ Clean

☐ Average

☐ Disorganized

☐ Shabby

☐ Dirty

14. Was the reception area comfortable?☐ Yes☐ No

If no, please explain:

How can we improve our reception area?

Do you have other comments, concerns, or suggestions?

Thank you for taking the time to complete our patient satisfaction survey.

Dear Patient:

You recently visited our practice. Your opinion about the service you received will help us improve our care and better meet your needs. Your responses will be kept confidential. Thank you for your help.

Please rate the following by circling the corresponding number or checking "Doesn't Apply"	Excellent	Very Good	Good	Fair	Poor	Doesn't Apply
A. Your Appointment						
Ease of making appointments by phone	5	4	3	2	1	<input type="checkbox"/>
Getting care for illness/injury as soon as you wanted it	5	4	3	2	1	<input type="checkbox"/>
The efficiency of the check-in process	5	4	3	2	1	<input type="checkbox"/>
Waiting time in reception area	5	4	3	2	1	<input type="checkbox"/>
Waiting time in exam room	5	4	3	2	1	<input type="checkbox"/>
Ease of getting a referral when needed	5	4	3	2	1	<input type="checkbox"/>
B. Our Staff						
Courtesy of the person who took your call	5	4	3	2	1	<input type="checkbox"/>
The friendliness and courtesy of the receptionist	5	4	3	2	1	<input type="checkbox"/>
The care and concern of our nurses/ medical assistants	5	4	3	2	1	<input type="checkbox"/>
The helpfulness of the people who assisted you with billing or insurance	5	4	3	2	1	<input type="checkbox"/>
The professionalism of our lab or X-ray staff	5	4	3	2	1	<input type="checkbox"/>

Please rate the following by circling the corresponding number or checking "Doesn't Apply"	Excellent	Very Good	Good	Fair	Poor	Doesn't Apply
C. Our Communication With You						
Your phone calls answered promptly	5	4	3	2	1	<input type="checkbox"/>
Getting advice or help when needed during office hours	5	4	3	2	1	<input type="checkbox"/>
Explanation of your condition, procedure, and/or treatment	5	4	3	2	1	<input type="checkbox"/>
Your test results reported in a reasonable amount of time	5	4	3	2	1	<input type="checkbox"/>
Effectiveness of our health information materials	5	4	3	2	1	<input type="checkbox"/>
Our ability to return your calls in a timely manner	5	4	3	2	1	<input type="checkbox"/>
Your ability to contact us after hours	5	4	3	2	1	<input type="checkbox"/>
Your ability to obtain prescription refills by phone	5	4	3	2	1	<input type="checkbox"/>

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