Bedside Manners

Penny Johnston

A person working in the Claims Department of a medical protection organisation or as an officer for a Health Care Complaints Commission will tell you that the best three features to possess when providing medical service are "communication, communication, communication".

When patients are asked to describe why they like their doctor, it is common to hear the response "He or she has a good bedside manner." This terminology is very interesting considering that most doctor/patient contact does not occur as an inpatient. Nevertheless, the terminology has a very specific meaning to patients and this begs the question "what is a good bedside manner?".

Ask any real estate agent what are the best three features to possess when selling property and the reply will be: "position, position, position" followed by "architectural soundness and value for money", and a myriad of other reasons. A person working in the Claims Department of a medical protection organisation or as an officer for a Health Care Complaints Commission will tell you that the best three features to possess when providing medical service are "communication, communication, communication".

This anecdotal evidence is supported by an English study that found that one of the main reasons patients complain was because of lack of explanation and poor communication[1]. A review of complaints made against UNITED members found that complaints were mainly triggered by events that occurred during the treatment process rather than the specific outcome of the treatment. Communication was not restricted to verbal interactions as it also encompassed the doctor's attitude and behaviour towards the patient. Procedures that are routine and simple for the doctor may often offend the patient who does not understand the need for particular examinations. Patients report what could commonly be described as breaches of medical etiquette or poor bedside manner, particularly where physical examinations are involved.

Below is a checklist to promote open communication and thereby reduce misunderstanding of the consultation and examination process.

THE CONSULTATION[2]

- Be a good listener, patients may need to be encouraged to express their concerns and anxieties.
- Be non-judgemental, avoid stereotyping patients on appearance or cultural or social background.
- Avoid making any unnecessary personal remarks or jokes, especially when the consultation involves matters of an intimate nature.
- Provide information in a language that is easily understood by the patient and avoid medical jargon that may be confusing. Listen to what you are saying.
- Acknowledge the patient's emotions and that they may be feeling frightened or anxious and need reassurance.
- Approach all patients in a caring and considerate manner.
- Remember, patients have busy lives, be mindful of waiting times.

PHYSICAL EXAMINATION

- Before any physical examination, explain to the patient the part of the body to be examined and why and what the examination entails.
- Indicate when an examination may be painful and ask the patient to advise if you are hurting them.
- If a patient is required to disrobe, explain to what extent undressing is required and why.
- A patient's modesty should be preserved when undressing and dressing before and after physical examination. This can be achieved by providing a screen for the patient to undress behind or the doctor excusing himself/herself from the consulting room while the patient is undressing.
- A sheet or gown should be provided to preserve the patient's modesty.
- When an intimate examination is required, carefully explain the reason and the nature of the examination to the patient.
- Patients should be assured of complete privacy during the consultation. This should be achieved by ensuring that staff will not interrupt the consultation.
- If the patient requests the presence of a chaperone or a friend, this should be respected.
- Doctors should not lock the door of their consultation room. The setting should allow the patient confidence to terminate the consultation at any time if they are uncomfortable.

TREATMENT PLAN

- Explain your treatment plan including a tentative timetable and explain your prognosis.
- Tell the patient what you will be advising a colleague when a referral is written.
- Assist the patient to take responsibility for their treatment by including them in the decision-making process.
- Listen to the patient's concern and explore any circumstances that they may feel will restrict or prohibit compliance.
- Be prepared to negotiate the type and time-frame for treatment to accommodate particular personal and lifestyle demands of the patient.

CONCLUSION

Patients who complain often comment that they were not heard, that their

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should read the ADA (American Diabetic Association) guidelines cover to cover instead of going out with our significant others. Needless to say, we did not contact him for another tutorial.

TOO NICE

If there was one major fault in my CG, it's that we were too nice to each other. In the sense that we were always conscious about not making each other feel inadequate, academically and otherwise. We never contradicted each other directly during tutorial presentations, even though it would have saved time when we were clearly in the wrong territory. Socially this was manifested by the fact that the girls often had the last say about where we had lunch, which is often out of the hospital.

Of course seeing each other so often for such long periods makes it easy to take each other for granted. Fortunately there were postings where we were forced to split and join other groups. It was those times that made us realize how lucky we were when we were together. At least none of us had too much of the passive-aggressive or shameless-self-promoting streak. God knows you only need to have one such person to make the environment intolerable. We had witnessed enough of those even among the trainees we encountered.

NO SECRETS BETWEEN CG MATES

To my CG mates, many thanks for patience, tolerance, companionable study hours and laugh aloud lunches.

Remember
In the years ahead
No secrets between CG mates
Thank you for the wonderful years
They tell me we studied

Editor's Note: This is the last of Terence's many contributions to the SMA News as a medical student. He passed his MBBS in April 2000 and would be commencing his housemanship soon. However we would not miss Terence as he is now a member of our SMA News Editorial Board. Congratulations, Terence, others in CG "N" and all those who passed the recent MBBS examination. Welcome to the fraternity of doctors. ■

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wishes were ignored or that the doctor did not understand their concerns. It is important that patients are treated with courtesy and respect and that communication and decision-making is a two-way process. Patients who are well informed and actively involved in their treatment process will generally report that their doctor has an excellent bedside manner.

Doctors are busy people and time is precious. However, the small amount of time required to ensure that basic medical etiquette is observed will be far cheaper than the costly time that may be required to defend a patient's complaint.

REFERENCE:

1. Why Do People Sue Doctors?: Vincent et al: Lancet 343 June 25, 1994
2. Guidelines for the Medico-Legal Consultations & Examinations: New South Wales Medical Board, July 1997

Editorial Note: Very often, the observation of proper etiquettes or bedside manners is the key to establishing good doctor-patient relationship. "Bedside Manners" is written by Penny Johnston, Manager, Risk Management, UNITED Medical Protection. We hope the checklist will enhance your communication skill and prevent unnecessary misunderstanding. ■

◄ *Page 3 – Defining the Roles of Restructured Hospitals and Polyclinics*

scheme. In this way, we will optimally utilise the GP specialist manpower that we now have in the country.

The second of the new and vital roles is that they should function as centres for training and practice based research for primary care in the same way as that of postgraduate teaching and research centres of hospitals. The recognition of the polyclinics as training centres deserves additional state funding of manpower and materials, in the same way as HMDP programme for specialists manpower development is supported by state funds.

TIMELINESS

In the reformed national defence system, both the restructured hospitals and the polyclinics would each and together play complementary roles in concert with the GPs and private specialists healthcare system. There is no better time than now as the healthcare reform is underway to redefine the roles of the providers to achieve an affordable, sustainable healthcare system for all Singaporeans. Food for thought for government, administrators, healthcare providers and patients. ■