



GENERAL PRACTICE
north west

Communications Workshop

By

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Topics Covered

- Grief counselling – skills to assist you to communicate with patients dealing with grief e.g. loss of a loved one, tragic accidents, diagnosed with a terminal or life threatening illness (some people can be very touchy in this area, read their body language)
- Phone etiquette
- Face to face patient contact
- Confidentiality in the workplace and beyond
- Communication within your work environment

Group exercise

- Discuss within your group what are the main attributes you think are important for reception staff to have.
- When you visit a doctor or specialist, what were the good things about your experience and what was not so good. Do not cover which surgery just a surgery. Cover from the initial contact to exiting the practice.
- Keep those thoughts in mind as you go through this workshop.

Group exercise - relaxation

- Sit comfortably on your chair, close your eyes and breathe slowly.
- Imagine yourself on a tropical beach alone.
- Lying on the sand not a care in the world feeling the slight breeze taking the edge of a beautiful 32 degree day with only thin strings of cloud in a fantastic blue sky.

Focus for the session

- The session will cover each of the areas listed
- However I will attempt to cover areas from your life as well as with your work situations
- Without your life being in order it is difficult for you to be really effective at work
- You really do work so that you can live and not live to work
- However your work is important and your job vital in so many ways to ensuring the health and safety of your community

Focus for the session cont 2

- You are the gate keepers for the doctors, nurses and other allied health professionals in the clinic
- Without you the practices could not run well.
- As such communication is vital between you and the doctors, between the other staff and with the patients and external services.

The patient.

- The people who attend the clinics are unwell and often in pain. You are not seeing them at their best. Some are creating new life others are coming to the end of their lives.
- It is not for you to be judgmental but to support and assist.
- There will be problematic patients but these people must be treated with the same respect care and attention as your best friend or loved family member
- Professionalism is about performing with high standards regardless of the patient or situation.
- It is not about judging, gossiping, ignoring or merely tolerating patients as we all can do when we have been really busy or we feel that people are wasting our time.
- A good exercise is to ask yourself what would I like to be faced with when entering my doctors surgery

What you think determines how you feel

How you feel determines what you do

What you do determines what others think of you

This means that the thoughts we have create our attitudes and colour the way we see the world and our place in that world.

If we learn to control our thoughts then we bring everything else into place in our lives.



"This is the pre-pre-pre-waiting room, sir. You have 3 other waiting rooms to wait in before you see the doctor...if it isn't too late in the day."



"Somehow your medical records got faxed to a complete stranger. He has no idea what's wrong with you either."

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"DOCTOR BOHAN WILL SEE YOU NOW, MRS. STRADLEY, BUT HE REALLY DOESN'T WANT TO."

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"He's not in today. You can send an email, leave a comment on his blog, tweet him, leave a voice mail message or contact him on Facebook. I can't take a message. That's above my pay scale."



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"HOW ARE WE GOING TO PLAY THIS.... GOOD RECEPTIONIST, BAD RECEPTIONIST?..."

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'THE DOCTOR WILL SEE YOU MR JONES - IF YOU COULD STILL BE ILL A WEEK ON WEDNESDAY.'

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"Is he expecting you?"

Quality of life is important

- Life has a habit of passing you by or you are that busy meeting everyone else's needs that you often forget yourself or at least short change yourself.
- In order to perform properly throughout the day you have to start from a sound base.
- Your life is important and there has to be several things in it that are just for you. Do not feel guilty about that.
- Spend time with your friends doing things that you like.
- Go for a walk or have a coffee, watch a movie etc. just for you.
- Pamper yourself occasionally.
- If you have a partner, spend some one on one time with them
- Do the things that got you together as they will keep you together.
- Practice relaxation it will help you in so many ways.
- Don't sweat the small stuff – it really is all small stuff until you decide to make it big. Read (or listen to) Richard Carlsons book of the same name as well as for women, teenagers, work and family versions.

Prepare for your day

- Get up a little earlier in the morning but dedicate the time just for you.
- Relax and reflect on yourself
- Take time to breathe slowly
- To expect the day not to be perfect and to look forward to the challenge anyway. That way you will not be disappointed if things go wrong, you will be much better prepared for them when they do go wrong and finally you will be much happier if the day ends well.
- That way you will not be as stressed during the day

Journey to and from work

- Use your journey to and from work to wind down and to relax. You can make the experience up beat by playing music you love to hear. The idea is that you don't take personal issues to work and you don't take work issues home.
- Go for a shower and wash any tension away.
- Breathe slowly in for three seconds and out for three seconds.

Before leaving work

- Write yourself a list of things that need completing or for things still to do.
- Then leave them behind at your desk or workstation.
- Do not take them home with you. You can make up as many excuses as you like but your quality of life is really important
- If you find this difficult then there has to be a review of your work.

Bed time routine

- For the best sleep results develop a routine that works for you and stick to it.
- Before going to bed write down a list of things to complete or to do. Then leave it.
- Do not drink alcohol after 7pm it can give you disturbed sleep in the second half of the night.
- The same goes for coffee and tea. Caffeine can make it difficult to sleep as it is a stimulant.
- No TV in bed – the bedroom needs to be associated with sex and sleep.
- Try to stop watching tv at least 30 minutes before going to bed.
- Use guided imagery to relax and take you away to a wonderful destination.
- Try and go to the toilet an hour, half hour and immediately before going to bed. This reduces the likelihood of getting up in the middle of the night to go to the toilet.
- Go to bed at the same time each night.
- Try to settle any issues before going to bed, don't go to bed angry.

Don't sweat the small stuff

- Practice being in the eye of the storm – when all around you seems chaotic try to remain calm and relaxed. Look at you going to work so that you can practice that so that you are ready when it comes.
- Become a less aggressive driver – leave extra time for your journey every time and you will be more relaxed when you arrive at your destination. Allow others to drive they way they want and do not own what they do.
- Breathe before you speak – it will make you more relaxed and gives you time to think about responses. This creates a better atmosphere and can help to foster mutual respect.
- Search for a grain of truth in others opinions – If you spend your time criticising others opinions because they do not line up with yours, this will help you be more patient and will help you learn more in life. “every opinion has some merit especially if you are looking for merit rather than errors”. If you think about it, judging someone says nothing about them but volumes about you.
- Just for fun agree with criticism directed at you. There are many times doing just that defuses the situation. That is not to say that you be a door mat but you also do not have to feel in crises and have to defend yourself. Criticism is not always bad. You could say, “Thanks for that, I really appreciate you pointing that out. I will take your comments on board”.

Make time to smile, make time for yourself and have a massage



70 % to 80 % of all communication is non verbal

Good communication is the foundation of successful relationships, both personally and professionally. But we communicate with much more than words. In fact, research shows that the majority of our communication is nonverbal. Nonverbal communication includes everything from posture, eye contact, gestures, personal space, expressions and locomotion.

We can tell a lot more from a person's nonverbal communication than their words, which is one reason people who do not speak each other's languages can communicate across borders. This type of communication can also complement, contradict, substitute or accent what a person is saying verbally.

People react to the unspoken just as much if not more than what is verbally said. Misunderstandings can often be clarified if the people involved have the ability to notice and comment on the nonverbal communications in an interaction. Being aware of physical habits and in control of the non verbal messages you are sending out is an absolutely crucial part of communicating with anyone; whether it be a friend, employer, client or even someone speaking a different language.

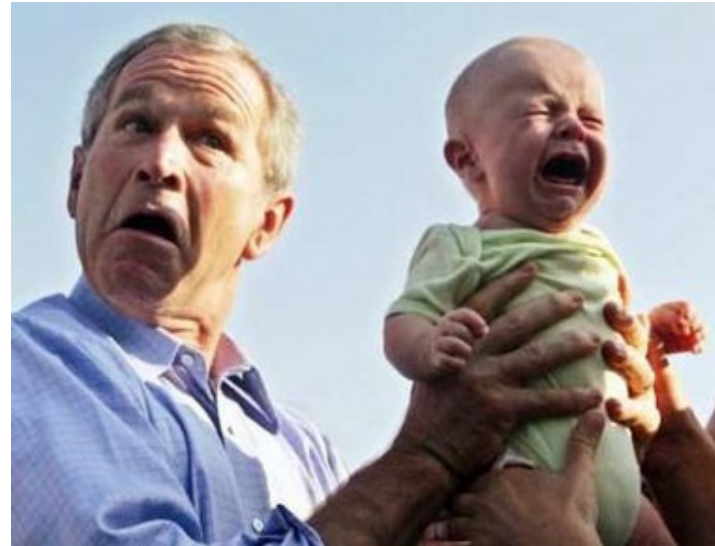
Verbal and non verbal communication

- Try to ensure what you say is backed up by how you say it and how you look when saying it.
- Otherwise the person may lose respect for you or not believe what you are saying

Group exercise

- Look in the mirror in front of you
- Make the following faces
- Sad
- Happy
- Confused
- Angry
- Tired
- Board
- Dismissive
- Contemplation
- Cheesy grin
- Now make the face you would like to be greeted with
- Practice that face and remember how it feels. Use it all the time (where appropriate)

Expressions





CLINTON: *The Early Years*



COMMUNICATION

Everything in this presentation is based on communication in one form or another. Because communication depends on you to a large extent, You need to be aware that your communication for a call can be set up many hours before. For example, that fight you had with your partner or child last night and have not gotten over comes to work with you the next day. That feeling tends to stay with you until it is resolved. As a result you tend to speak through a filter. Even if you are conscious of making a good impression you often have real difficulty achieving that goal unless the issue is resolved or you prepare for the day in particular ways.

Types of communication

- Speech
- Body gestures
- What you don't say or do when it would be expected
- Emails, twitter, facebook, mobiles, answering machines, text messages, news papers, the internet, gossip and rumour, letters etc.

Why Communication is often difficult

When two people talk, six possible messages can get through.

- 1 What you mean to say
- 2 What you actually say
- 3 What the other person hears
- 4 What the other person thinks they hear
- 5 What the other person says about what you said
- 6 What you think the other person said about what you said

Be a listener

- Practice being a listener not a talker
- Do not get drawn into a conversation
- Use what the person says to generate new questions for them not offering your own opinion.
- Just because someone says something you do not have to respond or own what they say.
- Don't interrupt others or finish their sentences.
- When on the phone, Ask patients name and or spell it out – do not repeat it at the front desk

Active listening

- There are five key elements of active listening. They all help you ensure that you hear the other person, and that the other person knows you are hearing what they say.
- **Pay attention.**
Give the speaker your undivided attention, and acknowledge the message. Recognize that non-verbal communication also "speaks" loudly.
 - Look at the speaker directly.
 - Put aside distracting thoughts. Don't mentally prepare a rebuttal!
 - Avoid being distracted by environmental factors.
 - "Listen" to the speaker's body language.
 - Refrain from side conversations when listening in a group setting.
- **Show that you are listening.**
Use your own body language and gestures to convey your attention.
 - Nod occasionally.
 - Smile and use other facial expressions.
 - Note your posture and make sure it is open and inviting.
 - Encourage the speaker to continue with small verbal comments like yes, and uh huh.

- **Provide feedback.**
Our personal filters, assumptions, judgments, and beliefs can distort what we hear. As a listener, your role is to understand what is being said. This may require you to reflect what is being said and ask questions.
 - Reflect what has been said by paraphrasing. "What I'm hearing is." and "Sounds like you are saying." are great ways to reflect back.
 - Ask questions to clarify certain points. "What do you mean when you say." "Is this what you mean?"
 - Summarize the speaker's comments periodically.
- **Tip:** If you find yourself responding emotionally to what someone said, say so, and ask for more information: "I may not be understanding you correctly, and I find myself taking what you said personally. What I thought you just said is XXX; is that what you meant?"
- **Defer judgment.**
Interrupting is a waste of time. It frustrates the speaker and limits full understanding of the message.
 - Allow the speaker to finish.
 - Don't interrupt with counter arguments.
- **Respond Appropriately.**
Active listening is a model for respect and understanding. You are gaining information and perspective. You add nothing by attacking the speaker or otherwise putting him or her down.
 - Be candid, open, and honest in your response.
 - Assert your opinions respectfully.
 - Treat the other person as he or she would want to be treated.

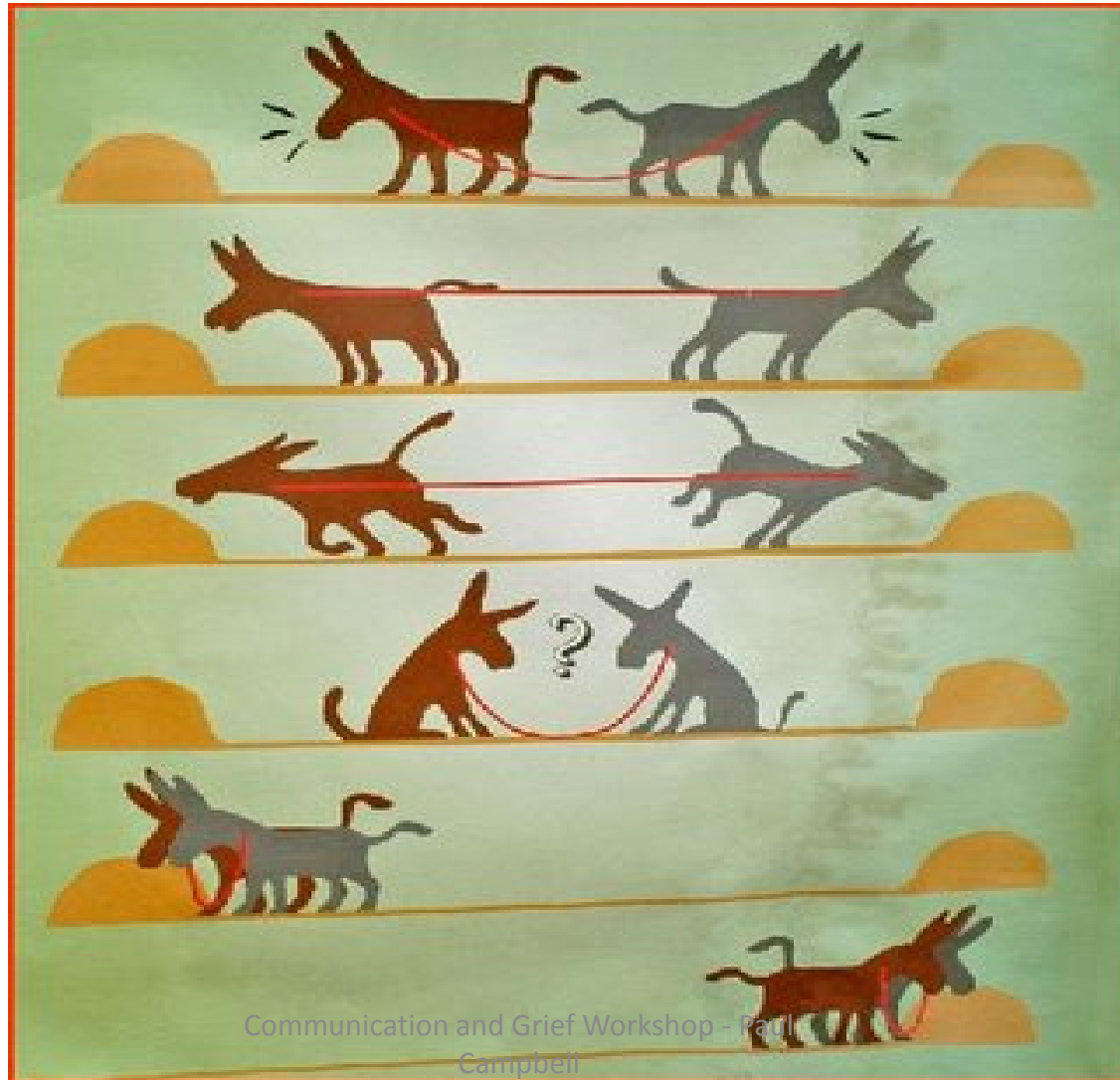
Don't interrupt others or finish their sentences.

- If you find yourself doing this you are a very bad listener as you stop listening half way through a conversation and start focusing on your point of view.
- Try accepting what the other person says without dispute. There are often many roads to the same destination.

Fair Fighting Rules

- 1 know what you are fighting about
- 2 Stick to one subject only
- 3 Be direct- say how you feel say what you require
- 4 Choose the time of your battles carefully
- 5 Keep quarrels private
- 6 Don't read your partners mind
- 7 Don't expect your partner to read your mind
- 8 don't blame
- 9 Own your own feelings – this means starting sentences with “I feel”, not “you make me feel”.
- 10 Don't talk each other down
- 11 Don't hit below the belt
- 12 Don't wear the belt to high
- 13 Don't bring up past fights and use them as ammunition for the present one
- 14 Actively listen
- 15 NO PHYSICAL VIOLENCE

Cooperation



7 Tips for better workplace communication

Do you think communication is mostly done through words? What if you found out that communication is actually 70% non-verbal? That means it's your body language including your movements, eyes and even hands that say things more often and louder than your mouth. The ability to communicate with clarity and effectiveness is an imperative skill for organizational leaders. Here are important ways to make your communication more productive and effective.

1. Provide clear information

Passing information from one person to the next is the purpose of workplace communication. If your communication isn't complete and accurate, it can cause confusion instead of clarity. Carefully plan your communication to be sure you are passing along the correct information and the right amount so those you are communicating with understand what you want to say.

2. Communicate honestly

People know when something isn't adding up. If you try to communicate something that isn't totally true and honest it will eventually be revealed. It's difficult to maintain dishonest communication in the workplace (or anywhere else) because it gets too complicated to hold all of the stories together. Instead of saying things that aren't totally true, just say less. Speak the truth and leave the rest for later or don't say it at all if it's not true and honest.

3. Bring non-verbal and verbal communication together

Remember, communication is both non-verbal and verbal. Sometimes, a person says one thing but acts in a different way. For instance, it's not uncommon to hear someone say "Yes" but shake his head in a horizontally which indicates "No" in a non-verbal way (in the US culture that is). This sends mixed messages. Bring your communication together by being conscious that your non-verbal and verbal messages are in agreement.

4. Listen

Listening is an important communication skill that is seldom done well. In order to actually share information with another person, you have to hear what is being communicated. This way you can respond to the actual message. Most conflict stems from poor listening. To help learn how to listen well, take time to repeat what you here from the other person. Simply paraphrase what you heard to verify accuracy. This will cut down on conflict and vastly increase the effectiveness of your communications.

5. Ask questions

Asking questions is a good way to verify what you hear so you respond appropriately. Questions let the other person have the chance to clarify what they said. It also allows you to hear a response in a different way or just hear it again in order to be sure of what you heard. Make sure your questions relate specifically to what is being said. Don't change the conversation by bringing in a question on a totally different matter. Also use questions to gather quick additional points that help you understand the conversation.

6. Let others talk

Have you ever been stuck in a meeting when only one person did all of the talking? Some people even go so far as to ask a question and provide the answer? Few things are as irritating as having a person dominate a conversation. A conversation is a two way event at a minimum. Remember to let the others speak. Even if you have a lot to say, dominating a conversation becomes a monologue, not a conversation. Solicit opinions, ask for response, and bring others into the conversation. Sometimes, all it takes is to be quiet for a moment.

7. Engage in Difficult Conversations When necessary

Do you ever avoid saying what needs to be said or avoid a difficult conversation altogether? Not saying something doesn't make a situation go away. Instead, things usually just get worse. Not communicating can also cause more stress and trauma in a situation. Instead of avoiding difficult communications, sit down and plan out what you're going to say. Actually write down the important points in order to feel comfortable about what you have to say. Make sure the tone you use is open and non-confrontational in order to encourage feedback from the other person. Conversations aren't always fun but getting the words out will relieve the tension and let the matter move forward.

Obviously there's a lot more that can be said about communications in the workplace. Starting with these top seven tips provides a good beginning to making you a better workplace communicator. Remember, practice makes perfect. Use daily opportunities to practice your communication skills until you feel comfortable in any situation that arises in the organization.

Be professional at all times

- Being a worker at a clinic has huge responsibilities attached to it. It does not stop when you close the door at night.
- There is an expectation from the community that their information remains private. How you behave outside is also important. The community has to have confidence in the clinic and all those attached to it.
- The clinic is not just the GP's it is everyone employed or who operates from the rooms.
- The best way to put it is think that you are in a court room defending how you operated in a day. Is what you said to a patient consistent with what the policies and procedures of your organisation and does it fit with the accreditation requirements
- If you start of with the correct practices it is very easy to defend your position. More importantly, you won't have to defend your position that often.

Dealing with the difficult patient

- Discuss in your groups how you would deal with a difficult patient say someone who is angry that they cannot get an appointment for a week when they are ill now. They start to swear at you.
- How would you handle this?

Get them as early as possible

- If you can see someone is agitated then intervene early
- Do not defend your position you don't need to
- Show them you understand, work with them to find a solution even if it means going to a different GP or the hospital if it is more urgent.
- Offer a range of solutions early in the conversation as a matter of practice such as your GP is not available until that date. However, you could discuss the issue with an on call doctor, call us at 8.30am each morning to see if there is a cancellation, see a different GP with an earlier appointment time, speak to a triage nurse either face to face or on the phone, or attend the hospital if it is more urgent.
- Thank them for their patience and understanding.
- Put a genuine smile on your face as much as possible.
- Take them to the side if possible to make the situation better for everyone concerned.

Dealing with the difficult patient

- Do not own their issue or take what they say personally.
- This is not about you it is about them – how they feel and as a consequence how they react.
- Speak calmly slowly and softly with a smile.
- Relax and breathe slowly
- Be aware of how you feel and keep a lid on it.
- “I feel you are upset but I cannot help you when you shout/ swear at me/ speak too fast. Please slow down so that I can help you”.
- If possible take them to the side for their sake as much as yours.
- Work together on a solution
- Take the blame even if it is not yours to take.
- Acknowledge their situation

Problem patients

- Why do patients sometimes behave as they do? Because they do not understand that medicine cannot always fulfil their expectations. They are not aware that this inability to fulfil their expectations sometimes affects the performance of the service provided. Also, because they are usually apprehensive.
- *Suggestions for coping with difficult patients*
- Try to avoid a patient becoming difficult by considering the patient/receptionist relationship and attempting to communicate.
- Understand that patients are usually only difficult when they are anxious, worried or frightened.
- Treat patients with warmth, understanding and consideration. Make them feel that you are genuinely interested.
- Listen to the patient with interest. Try to find out what is making the situation difficult.
- Be aware of your own feelings and values and make sure they do not cloud your response.

- If patients indicate they are upset, give them time to talk.
- Recognise that some people who are anxious become child-like and may react with anger. Do not react angrily yourself, and do not treat them like children. If you do, you will only make matters worse. Treat patients with respect and as responsible adults, and gradually they will become more reasonable. Tell them that you recognise that they are angry, upset and that you will do your best to fix the problem.
- If patients become particularly difficult, take them to one side to deal with the situation. Never touch the patient.
- Know when to call on the practice manager, practice nurse or GP for assistance.
- Remember that a polite, pleasant manner accompanied by a smile, can work wonders. It is difficult to be angry for long when someone extends you genuine understanding.

Face to face patient contact

- Face to face contact with patients is similar to that of communication on the telephone but with all the non verbal cues thrown in.
- This time your body language and facial expressions must support what you say
- Micro expressions are very important here and can often set the tone for the whole conversation regardless of what is actually said.
- Smile as much as possible
- Attempt to make the patient feel welcome
- Inform them of the approximate waiting time for the doctor.
- Check that their confidentiality forms are up to date.

Quick break and a stretch

Next section grief

Grief counselling

- skills to assist you to communicate with patients dealing with grief e.g. loss of a loved one, tragic accidents, diagnosed with a terminal or life threatening illness

Overview of grief

- Types of grief
- The grief cycle and stages of grief
- Grief in children
- Grief in the older person

Some types of grief

- Loss of a friend or loved one (pet)
- Loss of job or status
- Loss of independence
- Loss of health (physical, hearing, sight etc)
- Loss of confidence (critical incident)
- Illness
- Old age
- Loss of mobility
- Mortality
- Accommodation

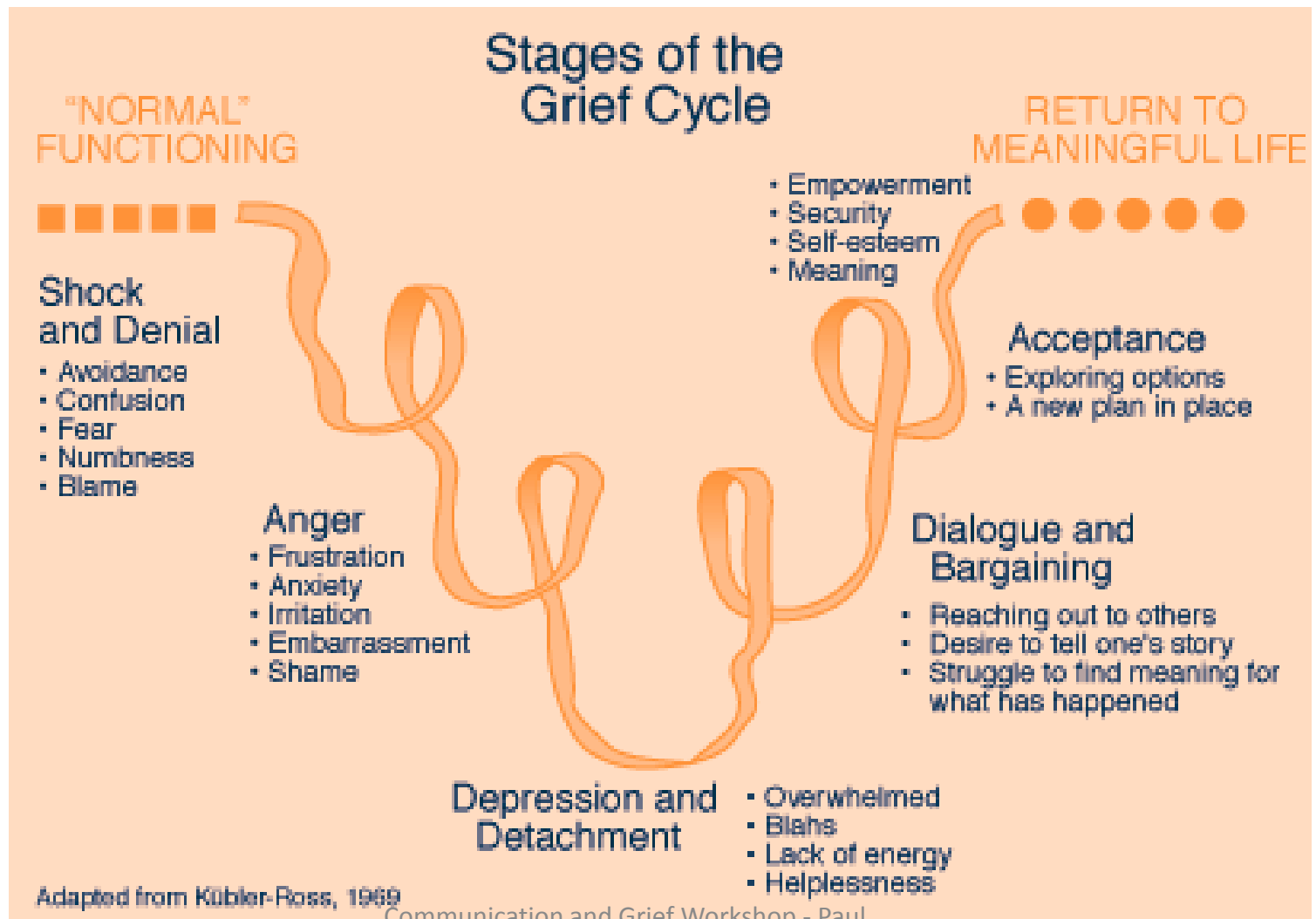


*“The union forced him to raise wages another 10¢ an hour.
I think he needs a grief counselor.”*

Stages in the Process of Grief

- (From Wayne E. Oates, *Anxiety in Christian Experience*, (Waco, Word Books Inc., 1971)
 - Shock - Unwelcome reality assaults a person in such an overpowering way that he or she cannot accept it. He or she may be stunned, angry, guilt-stricken, or may act temporarily as though nothing serious has taken place.
 - Numbness - The person may “freeze” and feel nothing. Numbness is nature’s way of helping him or her accept reality as fast as he or she can assimilate the facts. He or she may feel that family, friends, and even God are distant and indifferent. He or she may be tempted to withdraw excessively.
 - Alternating between fantasy and reality -The grief-stricken person struggles between reality and the fantasy that nothing has happened. If he or she “steels” him/herself against the unwelcome reality, he or she will experience an increase of such destructive emotions as anxiety, hostility, and guilt.
 - Flooding of emotions and grief - The wall of fantasy breaks and a flood of grief rolls over the person. Depression, loss of meaning in life, bitterness, or hostility may accompany this stage.
 - Selective memory and stabbing pain - After the out-pouring of severe grief, the process levels off to a more drawn-out and less intense day to day re-association of memories. Such memories usually bring brief stabbing pain. Grief-work continues through daytime fantasies or bereavement dreams which relieve anxiety. Guilt feelings may continue during this stage.
 - The acceptance of loss and the reaffirmation of life - The grieved person by now has gone through a sort of death, burial, and resurrection. He or she experiences a reaffirmation of goals, values, meaning, and life itself. He or she is capable of establishing new, meaningful relationships and of re-entering old ones with new meaning.

Grief cycle



Grief in children

- **The Stages of Children's Grief**
- **Disorganization** - The initial expressions of grief in children range from regression, temper tantrums, and exaggerated fears in younger children to physical symptoms, lack of concentration, and mood swings in older children. The disorganization of early grief is a true crisis for children, but parents and loved ones can help the child through this stage.
- **Transition** - Feelings of hopelessness, helplessness, and despair follow the stress and chaotic behaviors of the disorganization stage. Many children will exhibit true depression. More common are symptoms of withdrawal, aggression, and giving up in school.

Reorganization - When painful feelings are expressed their emotional energy wanes, and detachment becomes possible. During this stage children have more energy and motivation for moving forward to a positive resolution of their grief.

Though children's grief follows this progression, it is complicated by the circular nature of grief. If you've experienced grief in your life, you know this to be true. Just when you have moved forward in your resolution of grief, a reminder of the loss floods you with emotions that bring you right back to feelings of despair and great sorrow. Adults can recognize and understand what is happening with their emotions; children often cannot. Parents must recognize the circular nature of grieving to help their child through difficult times during their development.

The final consideration in helping children live through grief is the developmental stage of the child. It's important to note that a grieving child's developmental stage may lag behind his chronological age. Regression is expected and developmental accomplishments take longer to achieve.

Pre-schoolers grief

- **How Preschoolers Express Grief**

- Bedwetting
- Thumb sucking
- Clinging to adults
- Exaggerated fears
- Excessive crying
- Temper tantrums
- Regression
- Stubbornness

- **Helping the Grieving Pre-schooler**

- Answer the child's question honestly and simply; allow them to talk about the loss; help them share their fears and worries.
- Provide simple routines.
- Give the child affection and nurturing; attempt to connect with them.
- Provide more opportunities for play.
- Be patient with regressive behaviours such as thumb sucking.
- Provide opportunities for the expression of painful emotions through play, creative outlets, and talk. Teach them to recognize and name their full range of feelings.

Elementary school children's grief

- **How Elementary School-Age Children Express Grief**
- School and learning problems
- Preoccupation with the loss and related worries; daydreaming; trouble paying attention
- Bedwetting; regression; developmental delays
- Eating and sleeping problems (overeating, refusing to eat, nightmares, sleepiness)
- Fighting, anger
- **Helping the Grieving Elementary School-Age Child**
- Keep tasks simple. Explain things before they experience them - new neighborhood, school, church, family routines and changes.
- Provide a structured environment that is predictable and consistent; limit choices; introduce small, manageable choices over time.
- Contain acting out behavior; insist that children express their wants, needs, and feelings with words, not by acting out.
- Encourage them to let you know when they are worried or having a difficult time.

Pre-teens and early Adolescents grief

- **How Pre-Teens and Early Adolescents Express Grief**
- Physical symptoms (headaches, stomach aches, sleeping and eating disorders, hypochondria) Wide mood swings
- Able to verbally expresses emotions
- Feelings of helplessness and hopelessness
- Increase in risk-taking and self-destructive behaviours
- Anger; aggression; fighting; oppositional behaviour
- Withdrawal from adults
- Depression; sadness
- Lack of concentration and attention
- Identity confusion; testing limits
- **Helping the Grieving Pre-Teen and Early Adolescent**
- Accept that they will experience mood swings and physical symptoms.
- Encourage them to honestly recognize their painful feelings and find positive outlets in physical and creative activities.
- Listen for the feelings behind their words and actions and respond with empathy.
- Be truthful and factual in explaining the loss.
- Help them develop and maintain their sense of identity.
- Allow preteens to make choices that are not harmful. Encourage safe expressions and experiences of beginning independence.

Grief in the older person – some points to consider

- Recovery periods are reduced as more people around you die
- Support network of friends and family may reduce as they pass away.
- Own sense of mortality increased
- Rapidly changing world can make it difficult to participate socially (not always the case)
- Depression a risk
- Gambling can be a real issue in this group especially the pokies

- Older adults express their grief in the same ways as younger and middle-aged adults. However, because of their age and other life circumstances, older adults may:
- Experience several losses within a short period of time. Older adults are more likely than other adults to lose more than one friend or family member within a short period of time. This can cause them to grieve the losses at the same time or grieve over a long period of time. It may also cause them to feel overwhelmed, numb, or have a hard time expressing their grief.
- Not be aware that they are grieving. Older adults experience losses related to aging. They may need to give up roles within their family. They may lose physical strength and stamina. They may feel sad and experience other signs of grieving without knowing that they are grieving.
- Be unwilling to tell other people that they are grieving. They may also be unwilling to tell other people how sad they feel when they see or care for older loved ones who are ill or aging.
- Have long-term illnesses, including physical and mental disabilities, that interfere with their ability to grieve.
- Lack the support system they once had. Older adults who depended on their spouses or other family members for social contact may lack a support system after their spouses die or other family members move away or die. These older adults may feel lonely and think that they have no one to confide in.

Supporting a Grieving Person

- **Helping Others Through Grief, Loss, and Bereavement**

- It can be tough to know what to say or do when someone you care about is grieving. It's common to feel helpless, awkward, or unsure. You may be afraid of intruding, saying the wrong thing, or making the person feel even worse. Or maybe you feel there's little you can do to make things better.
- While you can't take away the pain of the loss, you *can* provide much-needed comfort and support. There are many ways to help a grieving friend or family member, starting with letting the person know you care.
- **In This Article:**
 - [What you need to know](#)
 - [Listen with compassion](#)
 - [Offer practical assistance](#)
 - [Provide ongoing support](#)
 - [Watch for warning signs](#)
 - [Helping a child](#)
 - [Related links](#)
- **What you need to know about bereavement and grief**
- The death of a loved one is one of life's most difficult experiences. The bereaved struggle with many intense and frightening emotions, including depression, anger, and guilt. Often, they feel isolated and alone in their grief. Having someone to lean on can help them through the grieving process.
- Don't let discomfort prevent you from reaching out to someone who is grieving. Now, more than ever, your support is needed. You might not know exactly what to say or what to do, but that's okay. You don't need to have answers or

- give advice. The most important thing you can do for a grieving person is to simply be there. Your support and caring presence will help them cope with the pain and begin to heal.
- **Understanding the bereavement process**
- The better your understanding of grief and how it is healed, the better equipped you'll be to help a bereaved friend or family member:
- **There is no right or wrong way to grieve.** Grief does not always unfold in orderly, predictable stages. It can be an emotional rollercoaster, with unpredictable highs, lows, and setbacks. Everyone grieves differently, so avoid telling the bereaved what they "should" be feeling or doing.
- **Grief may involve extreme emotions and behaviours.** Feelings of guilt, anger, despair, and fear are common. A grieving person may yell to the heavens, obsess about the death, lash out at loved ones, or cry for hours on end. The bereaved need reassurance that what they're feeling is normal. Don't judge them or take their grief reactions personally.

- **There is no set timetable for grieving.** For many people, recovery after bereavement takes 18 to 24 months, but for others, the grieving process may be longer or shorter. Don't pressure the bereaved to move on or make them feel like they've been grieving too long. This can actually slow their healing.
- **What to say to someone who has lost a loved one**
- It is common to feel awkward when trying to comfort someone who is grieving. Many people do not know what to say or do. The following are suggestions to use as a guide.
- Acknowledge the situation. Example: "I heard that your _____ died." Use the word "died" That will show that you are more open to talk about how the person really feels.
- Express your concern. Example: "I'm sorry to hear that this happened to you."
- Be genuine in your communication and don't hide your feelings. Example: "I'm not sure what to say, but I want you to know I care."
- Offer your support. Example: "Tell me what I can do for you."
- Ask how he or she feels, and don't assume you know how the bereaved person feels on any given day.

Source: [American Cancer Society](#)

Helping a grieving person tip 1: Listen with compassion

- Almost everyone worries about what to say to people who are grieving. But knowing how to listen is much more important. Oftentimes, well-meaning people avoid talking about the death or mentioning the deceased person. However, the bereaved need to feel that their loss is acknowledged, it's not too terrible to talk about, and their loved one won't be forgotten.
- While you should never try to force someone to open up, it's important to let the bereaved know they have permission to talk about the loss. Talk candidly about the person who died and don't steer away from the subject if the deceased's name comes up. When it seems appropriate, ask sensitive questions – without being nosy – that invite the grieving person to openly express his or her feelings. Try simply asking, “Do you feel like talking?”

- **Accept and acknowledge all feelings.** Let the grieving person know that it's okay to cry in front of you, to get angry, or to break down. Don't try to reason with them over how they should or shouldn't feel. The bereaved should feel free to express their feelings, without fear of judgment, argument, or criticism.
- **Be willing to sit in silence.** Don't press if the grieving person doesn't feel like talking. You can offer comfort and support with your silent presence. If you can't think of something to say, just offer eye contact, a squeeze of the hand, or a reassuring hug.
- **Let the bereaved talk about how their loved one died.** People who are grieving may need to tell the story over and over again, sometimes in minute detail. Be patient. Repeating the story is a way of processing and accepting the death. With each retelling, the pain lessens.
- **Offer comfort and reassurance without minimizing the loss.** Tell the bereaved that what they're feeling is okay. If you've gone through a similar loss, share your own experience if you think it would help. However, don't give unsolicited advice, claim to "know" what the person is feeling, or compare your grief to theirs.

Comments to avoid when comforting the bereaved

- **"I know how you feel."** One can never know how another may feel. You could, instead, ask your friend to tell you how he or she feels.
- **"It's part of God's plan."** This phrase can make people angry and they often respond with, "What plan? Nobody told me about any plan."
- **"Look at what you have to be thankful for."** They know they have things to be thankful for, but right now they are not important.
- **"He's in a better place now."** The bereaved may or may not believe this. Keep your beliefs to yourself unless asked.
- **"This is behind you now; it's time to get on with your life."** Sometimes the bereaved are resistant to getting on with because they feel this means "forgetting" their loved one. In addition, moving on is easier said than done. Grief has a mind of its own and works at its own pace.
- **Statements that begin with "You should" or "You will."** These statements are too directive. Instead you could begin your comments with: "Have you thought about. . ." or "You might. ..."

Source: [American Hospice Foundation](#)

Helping a grieving person tip 2: Offer practical assistance

- It is difficult for many grieving people to ask for help. They might feel guilty about receiving so much attention, fear being a burden, or be too depressed to reach out. You can make it easier for them by making specific suggestions – such as, “I’m going to the market this afternoon. What can I bring you from there?” or “I’ve made beef stew for dinner. When can I come by and bring you some?”
- Consistency is very helpful, if you can manage it – being there for as long as it takes. This helps the grieving person look forward to your attentiveness without having to make the additional effort of asking again and again. You can also convey an open invitation by saying, “Let me know what I can do,” which may make a grieving person feel more comfortable about asking for help. But keep in mind that the bereaved may not have the energy or motivation to call you when they need something, so it’s better if you take the initiative to check in.

Be the one who takes the initiative

- There are many practical ways you can help a grieving person. You can offer to:
- Shop for groceries or run errands
- Drop off a casserole or other type of food
- Help with funeral arrangements
- Stay in their home to take phone calls and receive guests
- Help with insurance forms or bills
- Take care of housework, such as cleaning or laundry
- Watch their children or pick them up from school
- Drive them wherever they need to go
- Look after their pets
- Go with them to a support group meeting
- Accompany them on a walk
- Take them to lunch or a movie
- Share an enjoyable activity (game, puzzle, art project)

Helping a grieving person tip 3: Provide ongoing support

Grieving continues long after the funeral is over and the cards and flowers have stopped. The length of the grieving process varies from person to person. But in general, grief lasts much longer than most people expect. Your bereaved friend or family member may need your support for months or even years.

Continue your support over the long haul. Stay in touch with the grieving person, periodically checking in, dropping by, or sending letters or cards. Your support is more valuable than ever once the funeral is over, the other mourners are gone, and the initial shock of the loss has worn off.

Don't make assumptions based on outward appearances. The bereaved person may look fine on the outside, while inside he or she is suffering. Avoid saying things like "You are so strong" or "You look so well." This puts pressure on the person to keep up appearances and to hide his or her true feelings.

The pain of bereavement may never fully heal. Be sensitive to the fact that life may never feel the same. You don't "get over" the death of a loved one. The bereaved person may learn to accept the loss. The pain may lessen in intensity over time. But the sadness may never completely go away.

Offer extra support on special days. Certain times and days of the year will be particularly hard for your grieving friend or family member. Holidays, family milestones, birthdays, and anniversaries often reawaken grief. Be sensitive on these occasions. Let the bereaved person know that you're there for whatever he or she needs.

- **Helping a grieving person tip 4: Watch for warning signs**
- It's common for a grieving person to feel depressed, confused, disconnected from others, or like they're going crazy. But if the bereaved person's symptoms don't gradually start to fade – or they get worse with time – this may be a sign that normal grief has evolved into a more serious problem, such as clinical depression.
- Encourage the grieving person to seek professional help if you observe any of the following warning signs after the initial grieving period – especially if it's been over two months since the death.
 - Difficulty in functioning in daily life
 - Extreme focus on the Death
 - Excessive bitterness, anger, or guilt
 - Neglect, personal Hygiene
 - Alcohol abuse
 - Inability to enjoy life
 - Hallucinations
 - Withdrawing from others
 - Constant feeling of hopelessness
 - Talking about dying or suicide

It can be tricky to bring up your concerns to the bereaved person. You don't want to be perceived as invasive. Instead of telling the person what to do, try stating your own feelings: *"I am troubled by the fact that you aren't sleeping – perhaps you should look into getting help."*

Take talk of suicide very seriously

If a grieving friend or family member talks about suicide, get professional help right away. IN A LIFE-THREATENING EMERGENCY, CALL 000.

GETTING THROUGH GRIEF AND LOSS

What you can do to help yourself

Although the pain of grief cannot be alleviated quickly, there are many things you can do to help yourself through a tough time.

- **Stay connected** to friends and family, and use support groups. Because some friends may be inclined to stay away, let them know how often you'd like to see them. Don't be afraid to ask for help.
- **Stay healthy** – Eat healthy meals, exercise regularly, get a good night's sleep and keep use of drugs and alcohol to a minimum.
- **Manage stress** – Lighten your load by asking friends, family members or work colleagues to help you with some chores or commitments. Relaxation and gentle exercise can be helpful.
- **Make time** to participate in enjoyable activities.

How to help a person who is experiencing grief and loss

- **Listen** to what the person says about what he/she is going through, but also talk about everyday things because life goes on.
- **Support** the person by initiating contact and by being available.
- **Encourage** the person to get help if he/she feels stuck.
- In reception if a person is openly distressed approach them and ask if you can be of assistance.
- If there is a separate quiet area or room ask them if they would like to use it. Ask if they would like a drink and offer to sit with them if you have time. Even if it for a few minutes.
- Allow them to speak and just listen to what they are telling you. Grief is a normal process and the only way to deal with it is to go through with it.
- Be comfortable with someone crying or being distressed.
- Be empathic and compassionate.
- Smile and use a soft slow pattern of speech
- If they are too distressed then feel free to seek assistance. You can ask if they would like to sit in their car and you will get them or call them when the doctor is ready to see them.
- Remain relaxed and calm. This is not about you but about the patient. Sometimes just being there with someone is enough to help them.
- If you know them and you have a relationship you can also offer some support in the community as a friend but check with your protocols, supervisor and possibly their GP first.

The Royal Australian College of General Practitioners (RACGP)

- Receptionists
 - An appointments system in general practice
 - The role of the receptionist in the emergency call
 - Precautions to prevent infection
 - Medical Records and Filing
 - Administration
 - Difficult Patients
 - Telephone Techniques
 - Handling Incoming Calls
 - Confidentiality

Phone etiquette

Always remember that your voice over the phone is the only thing your caller can use to base their opinions and make judgments on. They can only hear what you are saying and how you are saying it.

Principles of professionalism in answering

- Always speak clearly, in a courteous manner, eg 'Good morning ... Surgery/Health Centre.. May I help you?'.
• Never sound tired, bored or as if you are not listening.
• Use a pleasant tone of voice and try to speak slowly (try smiling as you talk).
• Concentrate on what is being said to you.
• Do not answer a call unless you are ready to give the caller your full attention. If you are speaking to someone else when the call comes in, ask to be excused while you answer.
• Do not use slang words, eg. 'so long', 'Hi'.

- Answer calls quickly. Do not leave the telephone ringing more than three rings, and if you have to keep the caller waiting, always apologise.
- Make sure you know your practice policy for the patient 'hanging on'.
- Always ask the patient's name and if you do not hear it clearly ask them to repeat it. If there is a break in the line you may decide to re- establish contact, but it is customary for the person who initiated the call to call back.
- Try not to be distracted. This can be difficult when so many things are going on around you in the practice environment. You may miss important facts if you aren't careful.

Practices of professionalism in answering

- Always have something to write on by the telephone (preferably detailed message book) and a pen to write with.
- Answer promptly (maximum three rings), speak clearly and with a smile.
- Pitch voice at a low level; don't speak too loudly.
- Announce your identity, eg. name of surgery and greeting - 'Good morning'; 'Good afternoon'; 'May I help you?'.
- Listen to what the caller has to say.
- Be sympathetic and keep calm.
- Take the caller's name, address and telephone number and extract medical record. Do not repeat this information if you can be overheard.
- Tell callers what you are going to do - don't leave them in the dark.

- Avoid using medical jargon and slang, eg. 'Hang on'.
- Take detailed messages.
- Check back details with caller, particularly telephone number and appointment details, eg date, time, doctor.
- Do not transfer a call without announcing the name of the caller, discreetly, if you can be overheard by patients.
- Always say 'Goodbye'.
- Put the telephone down after the caller.
- If the caller does not wish to leave a message, ask: would they like to call later; would they like to be called back. If so, make sure they are asked for their name, address, telephone number, extension number.
- **Practice sitting in the waiting room for short periods every now an then to experience what the patient experiences and especially what they can hear.**

Routine Calls

- Always ask the caller's name, but do not use it during conversation, because this could jeopardise confidentiality. Never pass a call on to another person without discreetly giving the caller's name. Always make sure you have details written down correctly, and if necessary, ask the caller to repeat or spell out names that are unclear. If someone has an unusual name, make an effort to get the pronunciation right, perhaps double-checking with a telephonist or secretary. Don't make funny remarks - the person will have heard it all before.
- Try to get the initials or first name, the surname and the address at the start of the conversation. There should always be pen and paper to hand for this information to be written down. Do not use small scraps of paper, but a proper message book in which the time of the receipt of the message can be noted. If the call is from another doctor or health professional, you should try to find out the nature of the call as early as possible so that you can deal with it appropriately.
- It is always a good idea to repeat the message to the caller before you finish as in that way a check is made on its accuracy.

- If arrangements have to be made on the telephone, they should always involve some positive action. For example, never say: 'If you don't hear from us it means the test is normal'. The correct action would be either to ring and give the result or tell the patient to ring and make a positive enquiry. This way there is no room for doubt.
- When a message is received which you cannot deal with yourself, you should make a note of the name, address and telephone number, write the message down and take one of three steps:
- Transfer the call to someone who can take action.
- Give the caller a time to be rung back when action can be taken as soon as possible.
- Take and write down a message so that action can be taken as soon as possible.
- If you are dealing with a patient and cannot attend immediately to the issue, you should not leave the caller for long periods without making contact. Every 30 seconds or so say, 'I'm sorry to keep you, the doctor is still busy', or some such phrase.
- If the patient is calling from a public telephone, get the actual number.

- Some practices ring back when patients wish to speak to the doctor, to avoid interrupting the consultation or making a patient hang on too long. It is surprising how grateful patients are for this courtesy, but a clear message has to be written in the book about this.
- If you say that you will call someone back - ensure that you do.
- You may sometimes have patients or relatives who talk to you at great length, and you do not have time to hear them out. In these circumstances, you have to be prepared to interrupt them with a question, but try to do it politely. A useful technique is always to use their name before putting the question to them. For example, you might say, 'Mrs Smith, what exactly was it you wanted me to ask the doctor?'. It is difficult to sound rude using this technique.
- Always remember that when someone telephones the surgery it is because that person, or a relative or a friend, is ill, or believes that to be the case. It follows that there must be some anxiety or apprehension which can be manifested in an apparently brusque telephone manner. Do not use your position to chide some callers, or indicate that you do not like their tone of voice. Remain warm and sound friendly, interested and helpful. Let the first impression on the telephone be a good one, and it will almost certainly be reflected in the subsequent visit to the surgery. On the other hand, an unsatisfactory mini-confrontation often takes a long time to be forgotten.

Message Taking

- Messages should never be entrusted to memory.
- Always date and time messages; take name, address and telephone number. Add name or initials of GP for whom message is intended. Never be afraid to ask the caller to spell their name.
- Messages should be short and to the point.
- Messages should be initialled by the receiver.
- Ensure the message is given to the correct person, as soon as possible, and if appropriate, attach medical records.
- It is preferable to use a standard message book to ensure all information is taken.
- Make sure urgent messages are passed on immediately.

Putting Calls 'On Hold'

- Try to avoid using the hold facility, especially when receiving calls from a public telephone.
- If there is going to be a long delay, ask the caller to ring back or if you can take a message. Most people will tell you their problem if given the opportunity.
- Let the patient state their business before putting the call 'on hold'. You can see the patient at the desk doesn't need immediate attention, but you do not know the circumstances of the telephone caller. Never keep a consultant or another doctor waiting.
- When callers are put 'on hold' make sure they are technically 'on hold' and cannot hear conversations.
- Go back regularly to your caller to give them the opportunity to ring back or leave a message.
- Always check the practice protocol about which other health personnel are to be put through immediately to the GP.
- Why should you never say 'Dr Blogg's Surgery, hold the line please'.
 - It may be an emergency.
 - It is annoying to the caller and creates bad feeling.
 - It does not save you time - in fact it wastes it!

Emergency Calls

- Always ask for the telephone number used by the caller first. This may be vital in tracing your caller if, in panic, they leave the telephone call. Your caller may be distressed, shocked or both. Make sure you speak clearly, using short simple questions. Know your practice policy about dealing with all types of emergency calls. Above all stay calm. Your manner - calm and efficient - will help calm the caller. Some simple rules are:
 - Keep calm, speak in a warm and friendly manner.
 - Extract telephone number and nature of problem, address, name. You will need this information if you are cut off or the patient collapses while making the call.
 - Make sure you know how to contact your doctor/duty doctor at any given time.
 - Pass on the message immediately. For emergencies there should be a written procedure about when to call an ambulance etc.

Telephone Techniques

- **Objectives of telecommunications**
- These may be summarised as follows:
- To give and receive messages accurately.
- To discuss a matter with the objective of decision making.
- The objective should be attainable without significant alteration of either party's time schedule.

- Efficient telephone techniques reflect an efficient organisation, and as your role in the organisation contains a large amount of telephone contact, it is therefore important that you, as the 'front person' of the organisation, reflect the efficiency of your practice. Avoid:
- Excessive length of calls.
- Attempting a task for which the telephone is not suitable.

- Telephone techniques may be considered from two aspects:
- That which applies to all situations.
- Aspects which apply particularly to medical practice.
- Twenty-five thousand people travel daily on Australian airlines, and 100,000 telephone calls are generated, a ratio of 1:4. How many calls are made at your surgery for each patient who attends?
- At times the telephone, and your other work, is quiet. At other times you would want ten pairs of hands for telephone and other duties.

- From the patients' viewpoint, there is nothing more annoying or dangerous than finding the doctor's number continuously engaged, then finally, on getting through, to be told to 'hold the line'. You are in a medical practice where emergencies can occur and, whatever the situation, this habit is dangerous.

Telephone Equipment

- It is important that you understand how to use your telephone equipment thoroughly, otherwise you will not get sufficient benefit from its technology. In this regard:
- Make sure that you understand all the functions of your telephone system
- Read the information booklet.
- Get someone your phone company to train you.
- This needs to be reviewed regularly to ensure that adequate lines are available, and Telstra will help. It is no use increasing the number of lines to cure basic inefficiencies in technique, if nobody is available to answer them.
- Touch phones and single dialling phones for frequently used numbers are a help to efficiency whereas answering phones, beeping machines and practice intercoms need to be considered in many situations. The intercom with a buzzer/light signal for 'Next Patient Please' can save much telephone usage, and well placed signs will help save the receptionist's time.

- Practices should provide a telephone system which allows patients to gain access easily. This is sometimes achieved by having a number of lines, keeping a particular line for outgoing calls only, or by spreading the load throughout the working day. Despite this, usage is so concentrated in the early mornings that it is very difficult for callers to get through. This may make patients frustrated and irritable. A good appointment system, and prior patient information and special advice on when to contact the practice, can relieve pressure at the peak call times.

Confidentiality in the workplace and beyond



Confidentiality

- In a quiet room confidential information may be whispered. Not so on the telephone, or other electronic intercom systems. Some dangers are:
- Waiting patients listening (playing soft music in the waiting area can help this).
- Pressing the wrong key!
- A hand over the mouthpiece does not prevent the caller hearing.
- The rules of confidentiality which apply to general practice apply with equal force when using the telephone.
- Ensure that patients do not overhear your telephone conversations.

- If you are allowed to give out results of tests, identify the caller and only give information with the doctor's written consent.
- When telephoning a patient with a message from the doctor, always let the patient know the message is from the doctor.
- Remember all information is privileged information and must not be divulged without the doctor's prior consent.
- You must be aware of your own practice protocol regarding passing on of information to patients, eg. results of tests etc.

Practice Protocols

- Protocols are individual to each practice and sometimes personal to each doctor/nurse. They should include the following:
- How doctor/nurse wants the telephone to be answered.
- Identify the calls doctors/partners wish to take during consultations, eg emergencies/personal etc.
- Times the doctors/partners are available to accept incoming calls.
- Whether the doctors/partners will return telephone calls and when.
- How to deal with enquiries.
- How to deal with home visits.

Standard advice you are able to give, eg. concerning diarrhoea and sickness, flu etc.

How to deal with emergencies when no doctor is on the premises, eg pager numbers and when you should dial 000.

When to advise to go straight to the Emergency Department, eg. suspected fracture, eye injury etc.

Whether you may let a caller know if a patient has attended surgery.

Adapted from *RACGP A Correspondence Course for Medical Receptionists*

RACGP, Online, Receptionist, Royal, Australian, College, General, Practitioners, Running, Practice

Confidentiality

- Practice Management and Services Committee of Council
- Confidentiality seems a simple and straightforward idea and is designed to protect patients and to encourage them to provide doctors with information that might be important in make a diagnosis. When medical care was of a simpler nature and involved just one doctor and one patient, it was easy to apply. Today, however, health care has become much more complex.
- Many doctors are often involved in the care of one patient and they need to share information. Other health care workers, such as *Psychologists*, nurses, physiotherapists and secretaries, may be involved. Because of this, confidential information can leak out accidentally. Relatives and colleagues of patients may find their lives affected by a patient's illness and claim that they should be a party to knowledge which will allow them to plan matters for the benefit of the patient or other people.
- Information is needed for people to obtain mortgages or life insurance, certificates to have a shotgun or fly a glider, to drive a heavy good vehicle or obtain a parking permit. The consent of the patient is usually sought before this information is transmitted to a third party, but with electronic communication it may be difficult to be sure where the passage of information ends. Nevertheless, although special circumstances may lead to modification, the cardinal rule is that information about a patient must **never** be passed to a third party without the patient's consent. This rule applies to all health care professionals.

The reception area and waiting room

- Reception areas vary enormously in design and structure. Some practices have a single hatch which will accommodate one patient taking to a receptionist, whilst a queue builds up behind them. Others have a long desk with a number of receptionists who may be separated from each other to restrict sound. Obviously the ability to maintain confidentiality will be influenced by the layout and the degree of patient activity and these can be out of the receptionist's control.
- A skilled receptionist will, however, develop techniques for shielding the patient. This will be done partly by being careful about what is said, particularly in earshot of the waiting room and partly by having an area where the patient is able to discuss matters in private. For example, it is not possible to discuss how to collect a mid-stream specimen of urine without such an arrangement, nor is it possible to get an indication of a patient's problem so that appropriate urgency can be applied. This is particularly so if the patient is deaf or has difficulty understanding what is being said.
- The question of asking patients what is wrong with them is a matter of great contention. The receptionist has to decide whether a patient is fit enough to sit in the waiting room or should be helped by a nurse. Many patients, however, feel annoyed at being asked to divulge medical matters to anyone other than the doctor. There are ways of doing it.
- Boldly asking, 'What is wrong with you?' is likely to produce unhelpful comments and antagonistic feelings in patients. A question such as, 'Are you able to tell me what the problem is?' is a softer approach and if expanded by a remark such as '.. so that I can arrange the best place for you to be seen', is completely acceptable to most.
- Remember, in this area the patient is always right and if the patient demonstrates any reluctance to give information, this must be accepted with a smile.

- Another problem which can arise in the reception area concerns people coming on behalf of a patient. It is common for relatives or friends to collect forms or letters or ask for test results on behalf of the patient. Strictly speaking, no-one but the patient is entitled to this information and this rule should always be applied. For example, girls under 16 requesting contraceptive advice are entitled to confidentiality, although the doctor should make every attempt to persuade them to tell their parents.
- The rule about patient information and confidentiality applied to mothers and children, husbands and wives, employers and employees, and a breach of this rule, even by something as 'harmless' as telling a husband the result of his wife's pregnancy test, can cause serious trouble.
- Any rule has to be applied with some degree of flexibility and there are bound to be exceptions. Most people will understand that you cannot pass on confidential information, for they themselves might be the patient next time.
- If written, confidential material is passed over the desk to anyone other than the patient, it must be sealed in an addressed envelope.

The telephone

- Most of the rules about confidentiality that apply to the reception area apply equally to the telephone. However, there is an added complication that you cannot always tell the person on the telephone is who they claim to be.
- The difficulties which can arise from asking a patient the nature of the problem are highly relevant to telephone enquiries. Many are requests for visits and the patient may, rightly or wrongly, believe that the receptionist is making the decision about the need for a visit at all. It is not the place of the receptionist to present the patient with a detailed series of questions. The only relevant questions related to the address and degree of urgency attributed by the patient.
- Remember that telephone lines occasionally get crossed and in any case, even one side of the telephone conversation overhead by other patients, can seriously breach confidentiality.

Letters and reports

- No information about a patient should be transmitted in writing, unless the patient has given consent. If a letter is the result of a consultation with a patient, eg a referral letter, it can be assumed that consent was given at the time of the consultation. In all other respects, whether the request for information is from another doctor or from a lay person, formal, signed consent to divulge information should be received and should be kept in the notes. Requests from solicitors or doctors working for insurance companies should be refused until written consent has been obtained from the patient.
- Confidentiality is a difficult area, but there is one rule: nothing, however trivial, should be done to breach confidentiality unless there is no doubt that the patient will benefit from such a disclosure - and the patient must be the judge of that.
- There is only one circumstance when the rule of confidentiality does not apply and that is when the doctor is ordered in court to make a disclosure.

Records

- It is very important that records are kept in a secure place. Ideally, they should be kept in lockable cabinets or at least, a lockable room. Where care is shared by a number of people, the receptionist should ensure that the doctor has given the consent for another person to see the notes. This may be blanket approval, in the case of the practice nurse, or may refer only to a single sheet of records. The receptionist must be sure of what is meant.

Computers and confidentiality

- Many patient records are kept on computer and this raises other issues. In general, computer-held material is as confidential as a paper record. 'Confidentiality', in relation to computers is not the same as 'security'. Whereas confidentiality relates to the privacy of information, security relates to the ability to store information, without risk of accidentally erasing it. Computer-held information should be more confidential, since it is possible to restrict access to different levels. For example, it is possible to give a doctor access via a computer to all the information in the patient's notes, whereas the medical secretary or receptionist only has access to identification material (name, address, date of birth etc).

Careless talk costs confidentiality

- The most common way in which confidentiality is breached is the spoken word. We all live in communities with our patients. People ask 'How is Mrs Jones?' , and in the shop or at the party it is tempting to reply using knowledge obtained in the course of work. What is, for most people, normal social conversation and friendly gossip, becomes quite unacceptable and unethical behaviour and all health professionals are at risk.

Confidentiality

- Policies and procedures
- Record keeping and storage
- Scanning system saving and deleting information
- Paper based and electronic files
- Release of information forms updated
- Working with other service providers and specialists
- Talking to people inside and outside of work

Where confidentiality really breaks down

- Record keeping
- Transporting files
- Telephone calls
- Front office chat
- Social functions
- Discussions at home
- Documents face up on reception counter
- Back ups
- Destroying of information
- Computer repairs (confidentiality agreement with repair company not just one worker)- often better to have no information on a computer but files stored via an external drive.
- On selling computers
- What about the cleaners? – lock up files and note paper
- Service personnel and records
- Records of staff members – if applicable
- Policies and procedures
- Emails – send test message to all new contacts before sending anything.
- Make sure release of information is received before discussing with other professionals

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**"We back up our data on sticky notes because
sticky notes never crash."**



Communication References

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Grief References

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- cartoonwork.com (grief)
- <http://probaway.wordpress.com/2010/08/08/discovery-enthusiasm-delusion-denial-grief-and-libration/>
- BeyondBlue
<http://www.beyondblue.org.au/index.aspx?>
- Taking care of yourself and your family (john Ashfield)

Phone References

- <http://www.racgp.org.au/runningapractice/receptionist>

Confidentiality References

- The Royal Australian College of General Practitioners (RACGP) ABN 34 000 223 807,
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Communicating with the doctor

- For a healthy person, I've seen a lot of doctors in my day. I've visited specialists in oncology, neurology, cardiology, ophthalmology, and orthopedics to name but a few. I've met excellent physicians and characters I wouldn't let wash my car, let alone treat my family. I've survived MRIs, CTs, x-rays, bone scans, biopsies and surgery. I also worked in health care for six years, but the majority of my expertise in dealing with doctors comes from my experience on the ground, in and out of offices. And so, for this [Thursday 13](#), I bring you some insight on communicating with doctors. (Note: These tips are focused on outpatient medicine and mostly on self-care versus caring for loved ones who are in the hospital.)

1. Expect delays, bring a book. *Duh*, I know. But I have to say it. I'm still waiting to meet a doctor who runs on time and so I always, always, always bring reading material or something to do in the lobby. What kills me is that they plan on YOU being late. Typically, the scheduler will add 15 minutes to the appointment time for paperwork. If you have a 1 p.m. appointment, there's usually a 15 minute buffer to 1:15.

2. For heaven's sake, be nice. To the front desk staff I mean. These folks deal with people--and sick ones, too--all day long. If you think it's hard to get an appointment, imagine what it's like to schedule them for hundreds of other people. Plus, in my experience, a little nice goes a long way. If you develop a rapport with your doctor's staff, they can often help grease the wheels on future appointments, find out test result information for you, message your doctor, etc.

Continued

- **3. Know thyself.** Every doctor I see asks me to fill out some sort of medical history sheet. Guess what? These are important. Recalling accurately family history and personal medical experiences makes my doctor's job easier in knowing what to recommend for a particular problem. This is especially important for prescriptions and over-the-counter medications. Write down what you're taking so that your doctor won't prescribe something that may conflict or cause adverse reactions.

- 5. Don't lie.** The doctor's office is not the place to fib about lifestyle. Although it may seem harmless to lie about how much exercise you get, how many vegetables you dutifully consume and how much you *don't* smoke, hiding information from your doctor makes it that much more difficult to get good treatment. And, I think it's like lying to the dentist about flossing everyday--they can tell.

- 6. Ask questions.** It's okay to ask questions, to seek definitions of terms, to try to understand the medical jargon, and to get the information repeated. I remember seeing a cardiologist who explained my issues in one long run-on sentence of medical terms I couldn't pronounce, let alone understand. After he finished I asked: "So what does that mean exactly?" He drew me a picture and used plain language. Miraculous. I find asking simple questions like "Why?" "Could you explain that part, please?" and "How is that important?" (in addition to definitions, of course) is really helpful.

Continued

- **7. Question authority.** A second type of inquiry is a little more challenging because it involves questioning The Doctor. If you've heard of the [Milgram Experiment](#), you know that lab coats and authority DO count for something and we are more likely to go along with what the "expert" tells us, than what we know is right. (Or even actors dressed up as experts! Scary, but true.) In the doctor's office, I think this means we should make a concerted effort to *respectfully* stick up for ourselves, question treatment, and engage in dialogue with our doctors instead of just accepting all prescriptions/diagnoses. For instance, when I was having anxiety attacks pre-thesis, my doctor immediately wrote me a script for Xanax. In general, I am incredibly concerned about docs that try to fix everything with pills, so I asked about alternative measures, the motivation for that particular course of treatment, etc. By asking questions, seeking a rationale and engaging in dialogue with my physician, I understood her motivation. In the end, I used homeopathic methods to control my anxiety, but by understanding her motives for prescribing the pills--that having them on hand in case I had a serious attack would be helpful--I felt more confident in my physician.
- **8. Bring pre-written questions.** As you're preparing to see a physician, write down questions ahead of time so that they don't escape you in the office. This may be very helpful when processing a new treatment or diagnosis, or allaying the fears of family members. After dealing with chronic hip pain in high school and seeing way too many doctor types, I ended up with a recommendation for hip surgery. Believe me, my mom had LOTS of questions. Writing them all down helped us when talking with the doctor at our next visit.
- **9. Take notes.** It's difficult to remember details. In fact, research suggests we forget upwards of a third of what we hear almost immediately after we hear it. Ever meet someone and then promptly forget their name? Think of that same principle at the doctor's office where your memory is the difference between taking your medications correctly or not. I like to bring a small notebook with me to write down advice/recommendations, my blood pressure/heart rate, and any to-dos. Having notes is helpful when I need to relate the pertinent info back to Mr. T, too.

DOCTOR VISIT

APPOINTMENT DATE: _____ TIME: _____ : _____ AM
 PM

DOCTOR: _____ SPECIALTY: _____

LOCATION: _____ PHONE: _____

PURPOSE OF VISIT: _____

BEFORE YOU GO

SYMPTOMS: _____

DURATION: _____ PAIN: YES NO 1 2 3 4 5

ACTIONS TAKEN: _____

CHANGES IN: MOOD STRESS DIET STOOL SLEEP SEX LIFE

CURRENT MEDICATIONS: _____

ADDITIONAL CONCERNS: _____

WHILE YOU'RE THERE

VITAL STATS: WEIGHT: _____ BLOOD PRESSURE: _____

DIAGNOSIS: _____ IT'S JUST GAS

DOCTOR'S COMMENTS: _____

NEXT STEPS

INSTRUCTIONS: _____

PRESCRIPTION(S): _____

FREQUENCY/DURATION: _____ SIDE EFFECTS: _____

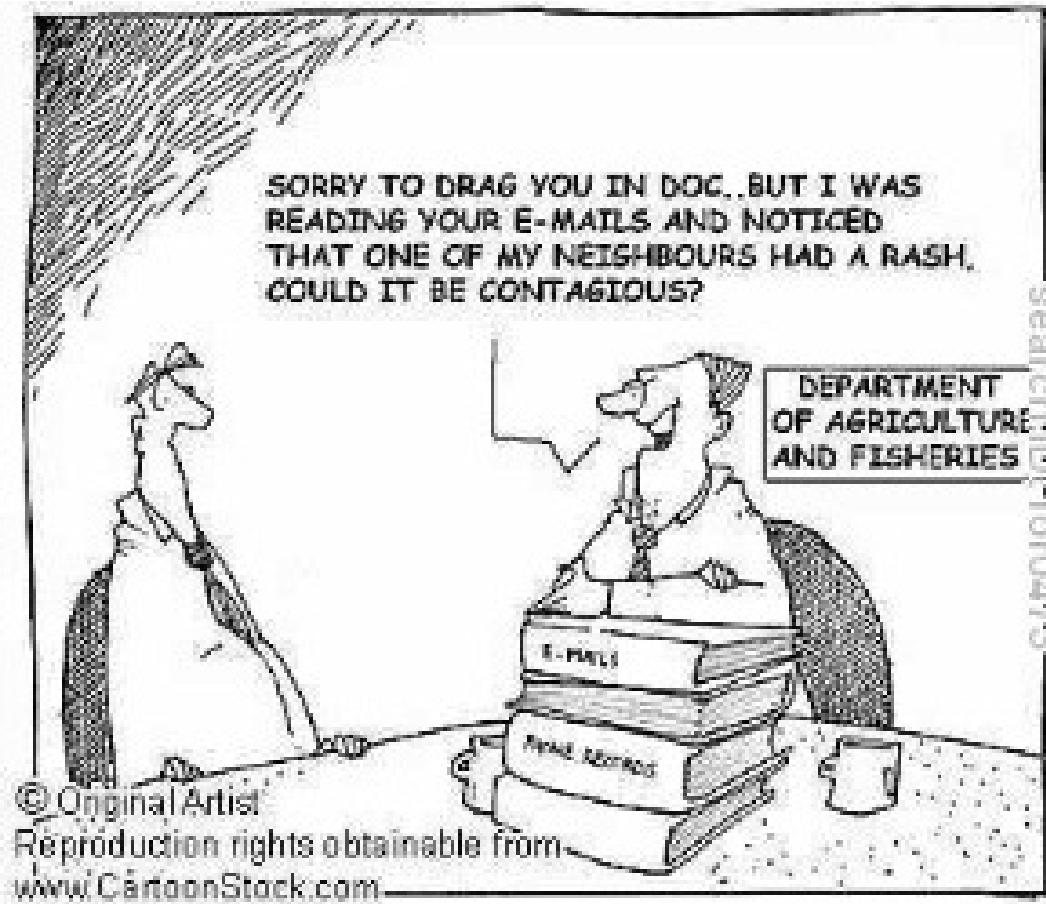
FOLLOW-UP: _____ REFERRAL: _____

NOTES: _____

AN OUNCE OF PREPARATION IS WORTH A POUND OF CURE

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