PATIENT RELATIONS PLAN PART II

Principles of Communication

Communication is the area where there is the greatest potential for misunderstanding. Effective communication, both verbal and non-verbal, can avoid an incident of concern to both patient and practitioner alike. By applying these guidelines with patients, you may prevent an incident that can be perceived as inappropriate or abusive.

WORDS
Choice of vocabulary is important to maintain good patient relations. Select words that the patient will understand. Confirm the patient’s understanding by asking them to repeat what you have communicated. Be attentive to answering the patient’s questions in plain language.

• Be honest and direct. Demonstrate respect and concern for patients.
• Use the correct terminology for body parts and procedures. Use charts or diagrams to help patients understand the services you propose.
• Avoid use of sexual terms, jokes or stories of a sexual nature. Do not make sexual comments about a patient’s body or clothing.
• Be sensitive to words that could cause misunderstanding.
• Use an interpreter if necessary. Talk directly to the patient, even if an interpreter is present.
• Refrain from discussing your own personal problems with patients. Don’t discuss your patients’ personal problems except as required for appropriate assessment and treatment.
• Refrain from discussing the patient’s or your own sexual orientation.

BODY LANGUAGE
Non-verbal messages and gestures are as important as the words we use.

• Maintain appropriate eye contact.
• Avoid body positions, sitting or standing which may be interpreted as being suggestive or offensive to the patient.
• Use physical gestures with care (they may be interpreted differently than intended, based on each patient’s unique culture).
• Respect each patient’s personal sense of space.
LISTENING

The goal of communication is mutual understanding. Therefore, listening is as important as speaking.

• Be an active listener. Listen and carefully observe your patient.
• Be an effective listener – acknowledge and repeat what you’ve heard to ensure you’ve interpreted what they’ve said to you.

TOUCHING

Many procedures that a chiropodist or podiatrist may perform require direct body contact.

• Explain to the patient what you plan to do before touching.
• Encourage patients to bring an appropriate change of clothing (e.g. shorts) in case of need. Under certain circumstances, patients may be required to change clothing so that an assessment can be completed (e.g. biomechanical, gait analysis, etc.).
• Take care to avoid moving the patient’s foot or knee so that it does not touch the practitioner’s thigh, genital or breast area.
• Use gloves, in accordance with the Standards of Practice.
• Use gentle but firm pressure when touching the patient. Ensure that your movements are deliberate and efficient.
• Respect each patient’s privacy. If a patient needs to change clothing, ensure that they may do so in private. Allow patients enough time and privacy while disrobing (e.g. removing stockings or pantyhose). Ensure that office staff who assist patients are sensitive to patient’s privacy. Some practitioners have found it helpful to post a notice advising patients of their right to have an assistant/friend or family member present.

A chiropodist or podiatrist would rarely, if ever, have a patient completely disrobe or expose a genital or breast area. If a member needs to examine or palpate tissue near the genital area, the member should first explain why this is indicated and precisely what will be done, obtain an informed consent, have a witness present and do everything possible to avoid inadvertent touching or brushing of the patient’s genitals.