Continued from previous page

injury, and to guide them through the challenges of childhood. That requires a caring and helping nature, which—through constant communication—demonstrates that the child is not just a number or a billable E/M to you and your staff.

Remember that your staff members are critical allies in promoting your caring personality. Remind everyone that this is part of the job, and enforce it.

Then, minimize your risk. Communicate, communicate, communicate!

Tell the parent about your constant availability should there be any changes in the child's condition. Let the parent know when you expect a phone call to discuss an update on the illness. Better yet, you or a staff member should call the parents an hour before you asked them to call you. How better to get across that you care?

Keep a list of patients who have a worrisome illness, and be certain they don't fall through the cracks.

I am constantly amazed by the assumption that we physicians must be nearly perfect, whereas parents are allowed to be forgetful, to disregard medical advice, to overlook obvious problems. Yet, it's our fault if we don't pursue things to the nth degree!

Of course, it makes sense to counteract parental foolishness for the health and welfare of the patient alone, regardless of minimizing your liability risk. The fact that the goals are concordant is a plus.

But let me back up a bit to the beginnings of communication and the minimization of liability risk: The staff needs to be upbeat and pleasant when making appointments and greeting patients. Also, staff members should understand that their job does not include being a barricade to keep out unnecessary patients. If a parent truly wants to bring a child in, the staff should make the appointment. Remember that, quite possibly, the child may actually need your help!

Proper empathy toward an ill patient is important, with friendliness and helpfulness for sick and well patients alike. All of that communication occurs before you likely will even know the patient is scheduled to come in to the office unless you peruse the schedule in advance (which suggests you have loads of free time).

After the intake comes your all-important encounter. The first rule is to figuratively embrace the patient and parent. Make them feel as though they are the most important part of your professional life and that you also personally take an interest in them. Hopefully, some part of that advice actually is true!

Do not rush the exam, even if you have a waiting room full of patients. The problem may be simple and straightforward to you, but it isn't to the parent; otherwise, they would not have come in. Sometimes we forget that our training and experience allow us to recognize the trivial nature of an illness.

You may need to change your approach. Speak slowly, stay seated, and ask whether there are any additional questions. You also should repeat treatment plans and any needed follow-up. All of these measures are important to show parents that their child is of utmost importance to you.

No matter how rushed you may feel, sit calmly and speak slowly. When you leave the room, open and shut the door slowly, and then run down the hall to the next chart. But never—absolutely never—give the patient the impression that you are rushed. Parents who feel you are not rushed are less inclined to become angry should outcomes not be optimal. Again, the better the communication and rapport with patients, the less chance there is of provoking parents.

Another critical part of making the patient and parents feel important is listening well. We have always been taught that if we let the parents speak, they likely will tell us the proper diagnosis. I have also been taught that we have two ears and one mouth, so we should listen twice as much as we talk!

In my next column, I will focus on specific techniques that help our practices and further enhance our relationships with our patients and their parents. ■

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