



# Communicating with the Doctor

At the conclusion of this training, you will be knowledgeable of ways to facilitate communication with the physician.

## Communication

The need for good communication between the doctor and the individual and/or caregiver is a must. However, this does not happen as frequently as we would like when the patient has an intellectual and/or developmental disability.

There are generally several communicating factors that make good communication difficult.

Remember, communication, good, bad, or otherwise, is always a two-way street.

## Caregivers

The happiness and well-being of individuals with I/DD depends on their caregivers to meet their basic needs, provide emotional support and companionship, and keep them safe from harm.

## What can patients and caregivers do?

- Know how to tell the illness story
- Use concrete examples
- Learn about the illness
- Feel free to ask questions

## Telephone Tips

- Take time organize your thoughts before calling the doctor's office; write down a brief description of why you are calling.
- Name the individual you are calling about.
- Problems /concerns / symptoms
  - ◊ When did it begin?
  - ◊ Does it come and go or is it steady?
  - ◊ Does anything bring it on or make it worse?
  - ◊ What you have already tried—did it help?
  - ◊ Does the individual have a temperature?
- The more organized and prepared you are when you call the doctors office, the better your chance of getting a timely and helpful return call.
- Unless the call is urgent—try to call early to mid morning.
- Calls for cancellations should be made as early in the day as possible.
- Know the doctor's call back policy. Some doctors have a special time set aside (usually after office hours) to return calls.
- Keep the pen or pencil and paper by the phone so that you can write down the doctor's response when he/she does return your call. If you need an answer before that time, let the office know this at the time of the initial call.

**Disclaimer:**

The information presented in this home study is intended to provide education and ideas to promote the health and well being of people with intellectual and developmental disabilities; it is in no way meant to replace a doctor's orders or your agency's policies.



## Making the Appointment

### Ideally:

You have an appointment time and you are taken into the exam room and seen at the time you are scheduled to be seen.

### Realistically:

You arrive on time but then have to sit in the waiting room for a period of time before being taken to the exam room, where you sit and wait for the doctor.



### Suggestions:

Make any special needs known when you call to schedule the appointment:

- Trouble waiting? Ask for the first appointment in the morning or the first appointment after lunch
- Need help getting on the exam table? Let the office know that in advance.
- Need a longer appointment time? Ask for a longer time slot.

Often the doctor has more time just before noon or late in the day!

Call the doctor's office before leaving for your appointment and ask if he or she is on schedule.

## The Office Visit

### Ideally:

Visit is long enough to get all the issues taken care of and all your questions answered.

### Realistically:

Visit is short and hurried. The doctor is in and out of the exam room in a few minutes and many of your questions are unanswered or, if answered, the answers are often short and incomplete.



### Suggestions:

#### **Come to the visit prepared!**

- Why is the individual seeing the doctor?
- What are his/her symptoms, complaints, etc.? Have this written down prior to the visit.
- Have questions written out and write answers as soon as possible – during or immediately after appointment. The longer you wait the less you are likely to remember.

### Communication can be through:

- talking
- writing
- expressions of the face and eyes
- gestures
- listening and observing

#### **Tips for good communication:**

- have a steady voice
- good body language
- maintain good eye contact
- be concise

## Giving a History

Ideally:

Doctor asks all the right questions and the individual/caregiver has all the right information.

Realistically:

Nurse takes a brief history, doctor asks too few questions, and caregiver does not have access to the most up-to-date information.



Suggestions:

### Be Prepared !!!!!

- Bring medical history form with the most up-to-date medical information—including the current problem.
- Bring current medication list including and over-the-counter or herbal medications the individual may be on. Often the doctor does not know what medications another physician may have ordered for the individual.

## PACE

- **P**resent detailed information.
- **A**sk questions.
- **C**heck your understanding of information given to you.
- **E**xpress concerns you have about the treatment.

## Communication Skills

We come into contact daily with a variety of people in a variety of settings. In each of those interactions there is a possibility of ineffective message interpretation. Make the most of your communication skills and be effective in a positive way!

Think about how you respond and how you come across to people in different situations.

### **Assertiveness:**

The ability to honestly express opinions, attitudes, and rights without undue anxiety, in a way that doesn't infringe on the rights of others.

Assertiveness:

- is a core communication skill.
- helps create good, positive communication
- maintains respect for the rights of others, which is very important
- demonstrates that you're cognizant of others' rights and willing to work on resolving the issues
- is direct and respectful

**Recognize and learn assertive behavior and communication.**

### **Aggressiveness:**

Standing up for yourself in ways that ignore or violate the rights of others. You may be sarcastic or complain about others behind their back, demanding.

If you tend to be aggressive, you can learn to tone down your communication style.

### **Passiveness:**

Being shy or easy going, trying to keep the peace and avoid or prevent conflicts. If you tend to be passive, you can learn to be more assertive.

## Talking With the Doctor

Ideally:

Doctor listens to the individual/caregiver and understands what is being said to him/her.

Realistically:

Doctor may misunderstand what is being said or is in too big a hurry to listen to all you have to say.

Suggestions:

If in doubt, ask the doctor “Do you understand what I am saying?”

- You can be assertive without being aggressive .
- Being passive is not an option, and is not effective.
- Be concise and to the point.
- Maintain a steady tone of voice; courtesy and kindness are important.
- Good body language and eye contact are very important. Body posture can convey anger, rudeness, courtesy and kindness
- We are far more influenced by what we see than what we hear.

You must understand the diagnosis, risk and options.

It's a two way street and it starts with you.

Speak up!

## Doctor's Responsibility

Treating you with respect, listening, addressing the questions, educating, informing and considering your opinions and concerns.

## The Physical Exam

Ideally:

Doctor does a thorough exam and the individual cooperates for the exam.

Realistically:

Doctor does a cursory exam. Individual may/may not cooperate. Doctor may not know the best way to interact with your individual.

Suggestions:

- Prepare your individual ahead of time for the exam.
- Ask for a longer time-slot for the appointment if you think the individual may have difficulty cooperating.
- Ask to be put into an exam room as soon as you arrive if the individual becomes anxious in a room full of people.
- Do not be afraid to let the doctor know what approach or technique may have worked well for the individual in the past.

## Talking With The Individual

Ideally:

Doctor is able to take time to talk to the individual in language that is easily understood by the individual.

Realistically:

Doctor talks using medical terms that the individual does not understand or the doctor ignores the individual and talks to the caregiver.

Suggestions:

If the individual is able to answer for themselves, encourage doctor to talk to and with the individual.

If you do not understand what is being said to the individual or to you, do not hesitate to ask for clarification.

- “I don't understand what you just said. Could you please explain it to me again?”

## Refills

Just a reminder when calling to have prescriptions refilled, have the name and number of the pharmacy available.

Be sure to call before you are down to your last pill.

Keep in mind calls usually go through the receptionist or nurse

## Communicating with the Doctor Test

Name: \_\_\_\_\_

Role/Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

Please provide contact information (email address, fax number, or mailing address) where you would like your certificate to be sent:

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You must submit your completed test, with at least a score of 80%, to receive ½ **hour** of training credit for this course.

- \* To submit via fax, please fax the test and evaluation to 814-728-8887. Please fax only the test and evaluation, not the entire training packet.
- \* To submit via email, please send an email to HCQUNW@MilestonePA.org. Please put “Communicating w/Doc Test” in the subject line, and the numbers 1— 5 along with your answers, job title, and agency in the body of the email, OR scan the test and evaluations pages and email as attachments.
- \* To submit via mail, send the test and evaluation pages to Milestone HCQU NW, 247 Hospital Drive, Warren PA 16365.

1. It’s better to make doctors appointments later in the day, when it’s more convenient for you. **True False**
2. We are far more influenced by what we see than what we hear. **True False**
3. Use a stern voice when communicating with the doctor, be aggressive! **True False**
4. Body posture can convey anger, rudeness, courtesy and kindness. **True False**
5. Being passive is an effective and diplomatic communication style, willing to resolve conflict. **True False**



### Home Study Evaluation

Training Title: Communicating with the Doctor Date: \_\_\_\_\_

- Provider Administrator/Supervisor
- Direct Support Professional Supervisor
- Program Specialist
- Provider Clinical Staff
- Consumer/Self-Advocate
- Family Member
- Support Coordinator
- Support Coordinator Supervisor
- PCH Staff/Administrator
- County MH/MR/IDD
- FLP/LSP
- Other (please list): \_\_\_\_\_

Please circle your PRIMARY reason for completing this home-study training:

It's mandatory     interested in subject matter     need training hours     convenience

~~Please circle the best response to each question.~~

**5 = Strongly Agree    4 = Agree    3 = Undecided    2 = Disagree    1 = Strongly Disagree**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. As a result of this training, I have increased my knowledge. | 5 | 4 | 3 | 2 | 1 |
| 2. I learned something I can use in my own situation.           | 5 | 4 | 3 | 2 | 1 |
| 3. This training provided needed information.                   | 5 | 4 | 3 | 2 | 1 |
| 4. The training material was helpful and effective.             | 5 | 4 | 3 | 2 | 1 |
| 5. Overall, I am satisfied with this training.                  | 5 | 4 | 3 | 2 | 1 |
| 6. I am glad I completed this training.                         | 5 | 4 | 3 | 2 | 1 |

Suggestions for improvement: \_\_\_\_\_

\_\_\_\_\_

Additional information I feel should have been included in this training: \_\_\_\_\_

\_\_\_\_\_

I would like to see these topics/conditions developed into home-study trainings: \_\_\_\_\_

\_\_\_\_\_