

# Communication -- the Answer to Malpractice Prevention

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Is there one answer to malpractice, patient drop out, poor insurance collection, lack of referrals, and slow or no practice growth? Yes, there is one answer -- effective communication.

Studies of malpractice insurance have shown that the breakdown in doctor-patient communication is one of the major causes of malpractice. These studies show that the number one cause of malpractice is advertising or failure to diagnose, depending on which study you use. When you analyze them, these causes reflect a breakdown in communication. From my 30 plus years in solo practice and in consulting with many DCs with unprosperous practices, I have come to the conclusion that poor, ineffective communication is the major cause for patient failure to follow recommendations, for lack of referrals, and for lack of practice growth. It has been my experience that the number one cause of slow or non-payment from insurance companies is lack of or ineffective communication.

I believe that if DCs could communicate what they know, understand, and believe about chiropractic to individual patient and others, most of the problems mentioned above and many others would be solved.

Mutual understanding is extremely important in the doctor-patient relationship. You need to understand the patients questions and/or objections, and they need to understand your answers and instructions.

Linguists claim every sentence in the English language contains either a deletion, a distortion, a generalization, or a combination of all three. Therefore, every sentence spoken or written in the English language is non-specific. The deletions, distortions, and generalizations are left up to the person hearing or reading the sentence to interpret according to their past environment, values, beliefs, and attitudes. To complicate matters even further, people are constantly communicating with themselves through an internal dialogue. Imagine trying to listen to a report of examination findings in words you are not familiar with while talking to yourself and/or seeing images in your mind, or experiencing various feelings at the same time. It can be confusing; add that to the deletions, distortions, and generalizations in the report language, and it's no wonder that some communication is easily misunderstood and misleading.

Being able to get through the deletions, distortions, and generalizations, and get to the specific meaning of the language is essential to real understanding. To do this you need to be able to recognize deletions, distortions, and generalizations when you hear them, and how to get to the real meaning with the proper questions.

Dr. John Grinder developed a simple set of questions to ask when you recognize the various forms of language patterns. These questions help the doctor gather the specific information needed from the patient to understand their problem.

There are five questions that cover the various forms of deletions, distortions, and generalizations:

1. When you hear an unspecified noun such as "they," "it," "people," "groups," ("doctors," "lawyers," "politicians," etc.), the question you want to ask is, "To whom or what specifically are you referring?" Example: (1) When a patient makes a statement such as, "They told me I had to go to a medical doctor," or, "The boss told me ... ," the question would be "who" specifically, "What is their name?" (2) My work is really demanding. Question -- "What type of work do you do and what is demanding of you?"
  
2. When you hear an unspecified verb or adverb such as "do this," "prepare that," "fix this," "tensing," "feeling," "thinking," "accidentally," the question you want to ask is "How specifically?" Example: (1) When you ask your CA to prepare a report on Mr. , their question should be, "How would you like it prepared -- typed, written, long and detailed, short and concise, etc.?" (2) The patient says, "I accidentally hurt my back." The question should be, "How specifically did you hurt your back and how specifically was it accidental?" (3) "I feel terrible." "How specifically do you feel terrible?" (4) "I know how you feel." "How do you know how I feel?" (5) "I'm very tense." "How do you feel the tension?" (6) "I know what he thought." "How specifically did you know what he thought?" (7) When you hear a statement that x causes y, the question should be, "How do you know?"
  
3. When you hear statements of necessity or rules such as "should," "shouldn't," "must," "can't," "possible," "impossible," the question would be, "What stops you?" or, "What would happen if ... ?" Example: (1) "I can't come in three times a week." "What stops you?", or, "What would happen if you did?" (2) "I can't act like that, that's not like me." "What would happen if you did?" (3) "I would really like to do that." "What will happen when you do it?"
  
4. When you hear universal generalizations such as "all," "every," "never," and "always," the question you would ask is "All?" "Every?" "Never?" "Always?" Example: (1) "I hurt all over." "You hurt 'all over,' even your little toe?" (2) "I never feel good." "Never, not even ... ?" (3) "They always give me the worse job." "Always?"
  
5. When you hear statements such as "too much," "too many," "too expensive," "it's bad," "that's crazy," or similar statements applying to a judgement, the question to ask is, "Compared to what?", "Who says it's ... and what is their criteria?" Example: (1) "It costs too much." "Compared to what?" If you compare the cost of 12 treatments to a loaf of bread, it is too much. However, if you compare the cost of 12 treatments over a 4 week period to a week's stay at a hospital, it is very reasonable. (2) "That's crazy." "Who says it's crazy and what do they base their judgement on?"

Many times one sentence will contain a combination of deletion, distortion, and generalization. For example, let's take the statement, "I hurt myself at work, and I told them about it." The first deletion you hear is an unspecific verb ("hurt"), so you will ask, "How did you hurt yourself?" The next is an unspecified verb used as a noun ("work"), so the question would be, "What kind of work were you doing and exactly where were you doing that work?" The next is another unspecified noun ("them"). The proper question would be, "Who specifically? What were their names?" The next word is another unspecified noun ("it"). The question would be, "What specifically did you tell them about?"

To sum up, here is an outline to make it simple.

## Statement Question

- I. Unspecified noun - I. Who or what specifically?
- II. Unspecified verb - II. How specifically?
- III. Should-shouldn't, etc. - III. What would happen if?
- IV. All, everyone, etc. - IV. All? Everyone?
- V. Too much, too many. - V. Compared to what?

Remember to use all the other guidelines for effective communication when asking these questions. Don't be rude or disrespectful with your questions. When you question an unspecified noun, you might ask, "Who (or what) exactly are you referring to?" instead of, "Who (or what) specifically?"

As a doctor trying to gather information from a patient, you run across these non-specific statements frequently. The challenge is to fill in the specifics from the patient's map of reality, and not fill in the specifics according to your own map of reality. These five sets of questions will help you get the specific information you need in your quest to understand and help the patient. They are helpful in all forms of verbal communication, especially in negotiations of all kinds, whether one-on-one or a large group.

This model of language is not only helpful in gathering information, it is helpful in giving specific instructions. Pay attention to your instructions to patients and make sure they are specific and not filled with deletions, distortions, and generalizations to be filled in by the patient.

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