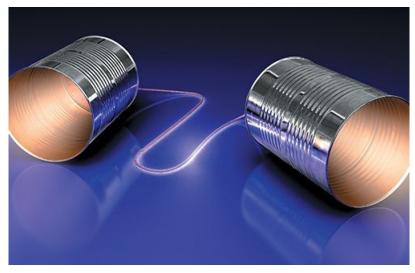
# Dynamic Chiropractic



CHIROPRACTIC (GENERAL)

## The Art of Communicating with Your Patients: Get Rid of Your Ego

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I have been in practice since 1994. Until 2007, I had great pride in the fact that I didn't have a high volume practice. I didn't want one. In fact, I judged those that did as being lesser doctors; not as engaged, only caring about money, not really listening. My practices were successful, but in retrospect, not nearly as successful as they could have been and the truth is that I was helping far fewer people than I could have.

Change began when I had children. No longer was I interested in working 70-hour weeks. I loved being a chiropractor, but I wanted to get in, fix what I could, and get out. As a result, a paradigm shift needed to occur. That shift, I learned over time, was simply letting go of my great big fat ego.



When I started paying attention to what took up most of the time I spent with patients, it was actually about me: my life, my weekend, why I was so busy, my office, my smarts, my diagnosis, my thoughts about them. I pretended it was patient education and, in fact, I did spend much time educating patients. But actually, I spent most of that time making sure they knew just how smart I was. It wasn't about them, it was about teaching them about me.

I resisted change. How on earth could I achieve patient compliance unless they understood the pathophysiology of their condition? Would anyone trust me if I didn't construct a daily story that made them laugh or cry? Certainly they valued my movie opinions as much as my medical decision-making. Obviously they were interested in the continuing education course I just took, but if not, then at least they knew I was taking them. And then one day I got laryngitis and I stopped talking. Remarkably, my patient visit time went from 15 minutes to 3-5 minutes. After all, how long does it take to adjust every single possible joint restriction on your spouse?

If you say 100 statements, people remember three. If we talk to a patient (or anyone) about three things, they will likely remember all three of them. If we spew out 100, they will still remember 3, maybe 4. Don't we want the control of what our patients recall from a visit? Weigh the importance to the patient, and to you, of what you say.

#### The New Rules

The short list of what you can talk to a patient:

- 1. Their health.
- 2. Their progress; how you and how they feel about it.
- 3. Their money, as it relates to their health.
- 4. Other people they know who you might be able to help, especially the rest of their family.

Dr. Objection #1

But, I have a close relationship with my patients. They like telling me about their weekends and the more I know about them, the better doctor I can be. Simply put: Baloney. They tell you about their weekend because you ask them about it. Knowing which movie they saw is not impacting their health or your treatment. If they say, "How was your weekend?" You reply, "It was nice and I hope yours was too." Do not tell them what you did, and do NOT ask them how theirs was! You can ask whether they participated in any activities outside the norm that might have positively or negatively affected their body IF you notice something different about their physical state.

## Dr. Objection #2

I enjoy talking with my patients and learning about them. Wouldn't it be rude if I ignored a conversation they start? If you truly value the work you are doing, then you are obliged to redirect the conversation. A friend of mine uses this technique: "Shhh, I'm concentrating on you." That may not work for everyone, but there are a number of statements we can say that serve to end meaningless conversation and communicate how seriously we take him or her and the care we are giving. Another friend says, softly: "I'm going to have you lie very still and be very quiet because the muscles you're using to talk, are the same ones attached to the bones I'm trying to adjust."

### Dr. Objection #3

I don't want to do higher volume. I want the connection with people. You can choose to do low volume. But if you are concentrating on the patient instead of unimportant details, you'll still serve them better. But honestly, do you think they want to spend 30 minutes a day talking to you? You might be a scintillating conversationalist, but they are paying you to help them, not to be their friend. Nor are they there to provide you with interesting small talk. And as long as we're being honest, do you want to help 2 to 4 people an hour, or if you could, would you help many more? And if the byproduct of doing that was that you happen to earn more money and get more referrals wouldn't that be appealing?

### Dr. Objection #4

But my patients have come to expect me to talk with them. Try cutting back. Time yourself. Pay attention to what you're actually talking about. If you must talk, tell them something that will benefit their healing goals. We aren't mental health therapists. If you must, say something like, "I am working hard on tuning into your body and I'm discovering that I get better results when I'm focused on you."

#### How to Make the Change

- 1. Decide that if you stop talking and start listening (with your ears and your hands), you'll help more people.
- 2. Get laryngitis, or fake it. I'm serious. Have your staff say you have laryngitis from yelling at your kid's soccer game. Watch what happens.
- 3. Realize that making this change is merely a minor shift. Make it happen.
- 4. Choose to listen for the sigh when you adjust the cervicals. If you don't listen, you'll miss it. It's amazing that at least 8 of 10 people will physically sigh upon receiving the adjustment. That's all the confirmation you need that you're doing the right thing and that your work is appreciated.

### Opportunities and Benefits

If you implement a "limited talking policy" for yourself, the opportunities for wellness care, patient education, growth, capacity, reactivations, referrals and valuable feedback are enormous. You can

talk, a little. But when you make conversation about them, they will offer usable feedback. You may get some negative feedback. You want that feedback because it allows you to make important, and often small changes that provide a better experience for your patients.

Patient education can be done in groups, but each visit can also be an opportunity. Just remember the 3 things concept. hough completely made up, I have decided that it's okay to talk a little when they are face down, but never to talk when delivering an adjustment. You can communicate much in just a few sentences and make it simple. Don't pepper with fancy medical words to demonstrate how well-educated you are. If you can't describe it to a 6 year old, you don't understand it yourself-Albert Einstein

The positive feedback is an active opportunity allowing you to implement call-to-action statements that will help the patient, the people in their circle and your business. Respond to positive feedback with a variety of practiced and carefully considered statements. For example, when a patient comment about how much better they feel, you have been given a golden opportunity to seek referrals. Don't be obnoxious or overt about it, but do say something genuine and succinct and you'll create a referral-based business. Connect with that patient. Look at them directly and say: "I'm glad you're doing so well, I wish I had 50 patients just like you who would do exactly what I tell them to do. Good work, John, you have made it happen." Or "That's terrific, now you have to tell that husband of yours that he can stop complaining if he comes in to see me," or "Please do send in anyone else you know who has numbness running down their leg. I genuinely want to help."

Reactivations occur when you perform a re-evaluation, discuss the findings and then explain what more you believe can be accomplished.

When to make the change?

Immediately. Some shifts require time to achieve; this one does not. Implementing less table talk takes less time than it took to read this article. The benefits certainly outweigh the drawbacks. See and help more people, spend more time in the "zone" that makes you the better doctor, make a better living, and become a better listener in your personal life.

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