

Interpersonal Skills 101: Enhancing the Value of Our Patient Interactions

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Recently, I read an interesting article in our local newspaper titled "The Value of Human Interaction." The article presented comments from a senior editor for *Fortune* magazine who discussed "Civility in the Business World." One of the subtitles in the article really caught my attention: "Interpersonal Skills, Key to Indispensability in the Info-Tech World." The gist of his speech was that technology is destroying jobs quicker than it is creating them "and no one is safe." He offered the following: "Here's the challenge: As technology gets better and better, faster and faster, what will humans do better than computers?" His answer: "the skills of human interaction."

This message resonated with me. I suggest that chiropractors may enhance the value of their human interactions through professional behavior and the provision of patient-centered care.

"Project Professionalism" Applied to Chiropractors

The American Board of Internal Medicine's "[Project Professionalism](#)" promotes integrity within the specialty of internal medicine and the educational environment, and among internists and subspecialists.¹ Its principles are committed to the enhancement of professionalism by the medical profession as a whole. One of the issues that diminishes professionalism is abuse of power, which can establish a norm for deviant behavior. One example of this abuse is not allowing patients to voice their wishes or contribute to decision-making.

Many chiropractors will recall that the American Medical Association attempted to eliminate the chiropractic profession by preventing medical doctors from referring patients for chiropractic services. I remember when the local radiology group in Albuquerque would not release radiographic studies or reports to me because of my professional degree, which forced me to repeat radiographic studies in order to rule out contraindications to spinal manipulation.

It was common for patients to be chastised by their medical doctor for visiting a chiropractor. In fact, many a medical doctor advised patients that if they were going to receive chiropractic care, they needed to find a new MD. This type of abuse of power promulgated by the AMA, and intended to harm the chiropractic profession, often harmed many *patients* and clearly demonstrated a physician-centered system of health care.

National Prevention Strategy: Relevance to Our Profession

The [National Prevention Strategy](#) envisions a prevention-oriented society in which all sectors recognize the value of health for individuals, families, and society, and work together to achieve better health for Americans. The strategy vision, *Working together to improve the health and quality of life for individuals, families, and communities by moving the nation from a focus on sickness and disease*

to one based on prevention and wellness, suggests a theme familiar to the chiropractic profession. This same strategy calls for the integration of patient-centered care and spinal manipulation: *Integrated health care describes a coordinated system in which health care professionals are educated about each other's work and collaborate with one another and with their patients to achieve optimal patient well-being.*

If we intend to integrate into a prevention-oriented society as health care professionals, we must become more familiar with the patient-centered system and eliminate our own physician-centered behaviors. The chiropractic professional must determine effective care in consultation with our patients, rather than by certain guidelines, systems of analysis, dependent tools or standards.

For example, when I attended chiropractic school (1968-1972), Logan College of Chiropractic taught that radiographic examinations preceded all spinal manipulation in order to rule-out contraindications and avoid claims of negligence. In addition, we were to take 14x36-inch full-spine, anterior-to-posterior radiographs and then mark them using the Gonstead marking system to determine spinal subluxations. Our treatment plans were then determined based on these findings and our goals of treatment were focused on reducing spinal subluxations as defined by the Gonstead system.

Although this system was intended to demonstrate biomechanical findings, it did not indicate the response to care as experienced by the patient. The system designed by chiropractors did not answer the most important questions relating to the patient's satisfaction with care or their needs and wants. Today, based upon the evidence in the literature, we realize that specific marking systems and specific manipulation of the spine are illusions.²

As health care professionals, chiropractic physicians are required to honor the needs (and wants) of their patients, providing evidence-based and patient-centered care. Health care reform calls for all health care professionals to replace physician-centered systems with patient-centered care.

Improving Interpersonal Skills

As mentioned in the article referenced earlier, we must improve our interpersonal skills if we are to remain competitive with changes in our environment. As evidence-based practitioners, we must realize that patient-centered care augments quality of care.³ Patients realize if we are meeting their needs. They are capable of knowing if our care is beneficial, and their perceived level of satisfaction is a valuable indicator of true outcomes.

How do we discover what patients want and need from their health care professionals? First, seek out patient perceptions regarding your care and your environment. We must learn if our patients are pleased with the scheduling of appointments and reception by the front-desk employees. Reveal how patients rate your interactions and the results of care. Remember that your patient perceptions are your patient realities. You may want to develop surveys, completed by patients on initial visits and repeated throughout the treatment plan, after investigating the literature, or use some of the validated survey instruments.⁴

How will chiropractic physicians improve their interpersonal skills and ability to provide patient-centered care? Realize that patients are human beings seeking a health care professional willing to communicate the cause of their problems and the solutions with empathy. They are seeking a personal relationship with you that will alleviate anxieties and fear of the unknown.

Chiropractic patients usually present with a chief concern of pain, often due to a neuromusculoskeletal condition. Yet they often fear the pain is due to a severe condition, such as cancer. Often, patients present following a trauma that has become a chronic pain disease, which other providers have been unable to evaluate and manage. I am certain many of you have experienced the patient with chronic neck pain and headaches following a rear-end motor-vehicle accident. Upon receiving your diagnosis of whiplash-associated disorder and responding to your hands-on care plan, patient gratification became obvious. I suggest you memorialize the patient satisfaction with the use of an instrument that demonstrates the outcome of your care.

Shall we, as professionals, enhance our interpersonal skills and become indispensable to patients in need of chiropractic care? In my humble opinion, chiropractic patients respect and trust their chiropractic physicians because of our ability to diagnose the cause of their pain and provide a safe and effective treatment to relieve their suffering. They literally place their lives in our hands because they trust us as professionals. It is their right to receive patient-centered care and our privilege / responsibility to do so as professionals. It all starts by asking ourselves: *Do we fully appreciate the value of human interactions with our patients?*

References

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3. Epstein RM, Street RL. "The Value and the Values of Patient-Centered Care." *Ann Fam Med*, Mar 2011;9(2):100-103.
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