**Risk Refresher: Patient Relations**

No matter how experienced you are as a practitioner, you may see certain types of patients with whom you should exercise additional care.

by [Lori Holt](https://www.ncmic.com/authors/lori-holt-a10/) in [Patient Interactions](https://www.ncmic.com/learning-center/articles/risk-management/patient-interactions/) on Saturday, July 27, 2019

Although not all-inclusive, keeping the following in mind with new patients, doctor-shopping patients, questioning patients and walk-in patients may help reduce your practice risk:

**New Patients**

Although first-time patients usually aren't problematic, they often require special consideration.

Especially with patients who are seeing a chiropractor for the first time, taking a complete history and using an informed consent process are in the doctor’s best interest. By fully explaining what the chiropractic treatment entails, the precise nature of the treatment being rendered, the expected results and possible risks, you help new patients become more at ease with the care provided.

On a slightly different note, patients who have been seeing a different chiropractor or multiple chiropractors over many years are more likely to be critical of a D.C. who uses a different technique or approach from what they’re accustomed to. It can be helpful to explain that not all chiropractors are alike and discuss how your approach might be different.

**Doctor-Shopping Patients**

Doctor-shopping patients are those who may present with a chronic case of multiple, vague or exaggerated symptoms. They often suffer from anxiety, depression and personality disorders. They likely have a history of multiple diagnostic tests with no definitive results.

If you have already accepted the patient into your practice and you believe chiropractic care can help, be compassionate and understand these patients may simply be feeling frustrated that no one has been able to uncover the cause of their health problems.

It can be helpful to address the issue directly and early in the treatment process to establish expectations. For example, “I noticed you have seen several doctors and have had extensive tests to try to uncover the root of your problems. I recognize the symptoms are a real difficulty for you, but I believe any serious health problems have been ruled out. I would like to try a course of conservative chiropractic care that has worked well for patients of mine with similar symptoms. If after two weeks, you haven’t improved, we’ll try another approach.”

If other doctors are still in the picture, make sure to coordinate the patient’s care and treatment with them. Additionally, it is advisable to get information about the patient’s health history (with the patient’s permission) from previously treating doctors.

A caveat: if the patient tells you about the “terrible doctors” he’s seen, this is a major red flag. If you haven’t begun treatment already, it may be best to tell the patient to find another doctor.

**Questioning Patients**

What is the best way to address "questioning" patients? These are patients who clearly imply a lack of confidence in your expertise by questioning everything you say and do.

With these patients, a three-tiered approach may be advisable.

FIRST, make sure to take the time to fully explain your decisions—even more so than you normally do. Go over X-rays, review their progress frequently and answer all questions. Make sure your staff keeps you in the loop about any comments, complaints or questions, so you can follow up with the patient directly.

SECOND, sometimes when a patient is questioning everything, what they really want is a second opinion, but they won’t come out and say so. You need to read between the lines and see if they would prefer to see another or a different doctor or specialist. If a health insurance plan refuses to authorize a referral for a second opinion, patients have the option to pay for it out of pocket if they’re really worried.

THIRD, document everything you do, including any request for a referral. Keep complete, legible records of the treatment, your communications with the patient and family members, your opinion on whether a referral is necessary, and any efforts you made to coordinate the patient referral. It is a good idea to give patients the names and phone numbers for the referrals and note them in the chart.

**Walk-in Patients**

Even though the patient who walks into your practice may have the expectation of getting an adjustment right away, your evaluation and treatment should not, in any way, be shortchanged. Histories, examinations, assessments, treatments, follow-up plans and referrals should be documented.

Also, keep in mind that the patient may be visiting you just this once and may go to someone else for future chiropractic care. You will need a complete record of the care you provided in accordance with the office procedures necessary to protect your patients and your practice.

**Patient Relations**

Regardless of the patient "type," here are some simple things you can do to show your patients that you really care about them as people, not just their clinical conditions:

* **Keep patients informed about delays**. Your receptionist can explain the reason for the delay and the wait time. Even better, anticipate delays, notify your staff and ask them to try to reach patients before they leave home. Let them reschedule if necessary. Once you do see the patient, be sure to apologize for inconveniencing him or her.
* **Think like a patient.** Patients want to believe they are the most important person you will see that day and that you are 100% focused on them. While not always feasible, taking time to understand their perspective can help you build a better relationship.
* **Get patients involved.** Present options and ask your patients to help decide on the best course of action. This will give them a feeling of ownership in their treatment.
* **Don’t criticize other treatments.** Criticism of other doctors who have cared for a patient can give rise to lawsuits. Listen to what the patient says but avoid judgment.
* **Respect privacy.** If you have to leave the treatment room, don’t leave the door open or invite others into the room without warning.
* **Listen and learn.** Patients are generally not shy about providing feedback. Implement a suggestion box, e-mail box, and/or satisfaction survey and then share the results with your team. Be sure to take action and show patients you listened to their concerns and suggestions.

Common courtesy and consideration go a long way. Remember, people are less likely to sue a doctor with whom they have a positive relationship, even if something goes wrong.1,2

1Gladwell, M. (2005). *Blink: the Power of Thinking without Thinking.* New York: Bayback Books/Little Brown and Company. Wendy Levinson research  
2 JAMA Good Communication Practices Can Minimize Malpractice Risks, Feburary 19, 1997