

# MAXIMIZING YOUR COMMUNICATION WITH CLIENTS

## HOW WE SAY IT MATTERS



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# Maximizing Your Communication with Clients

## How We Say It Matters



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# The First 4 Seconds

“You have less than ten seconds and realistically closer to four seconds to make a good first impression on those with whom you come into contact with.”

*Dr. Kevin Hogan*







# First Impressions

- Subconscious Response – Limbic System
- “Gut Feeling”, “Instinct”, “There’s Something...”
- Little, if Any, Conscious Control or Influence
- Nothing to Do with the Person’s Religious Beliefs, Political Party or Their Product or Service
- “Yes” or “No” Response





# First Impressions

## Instant Filters Based On:

1. Perceived Status or Power
2. Attractive, Unattractive or Somewhere In-Between
3. Attention to Personal Appearance
  - Clothes
  - Rings and Necklaces
  - Odors
  - Tattoos and Piercings





# First Impressions

- Can Be Wrong, but Usually Aren't
- Hard to Overcome or Overrule
- Hardwired to Accept





# Steps to Maximize Your First Impression

1. **Dress about 10 percent better than your clients.**
  - For most Male Doctors
    - Dress Shirt, Tie, Dress Slacks, White Doctor's Coat – Highest Confidence Rating
  - For most Female Doctors
    - A Three-quarter Length Skirt or Dress Pants and Blouse, White Doctor's Coat
    - Minimal Jewelry, Short Fingernails (1/4") and Complementary Make-up
  - Don't Overdress or Underdress





# Doctor Dress Code

Medical Journal of  
Australia 2002

## Evidence-based physicians' dressing: a crossover trial

Balakrishnan R Nair, John R Atia, Stephen R Means and Karen I Hitchcock

IN THIS ERA OF EVIDENCE-BASED medicine (EBM),<sup>1</sup> it is often bemoaned that the context in which healthcare is delivered is ignored or subsumed by a focus on the intervention. This context of healthcare delivery includes the patient-doctor relationship,<sup>2</sup> its geographical and cultural setting, and the characteristics of an individual practitioner. There is, for example, no evidence-based answer to the question, "Does a doctor's appearance constitute an important and neglected aspect of the clinical context?"

Issacs and Fitzgerald have argued that a lack of evidence for a treatment can be overcome with an "eloquence-based medicine" — one in which impeccable, brand-name-correct dress sense takes precedence over science.<sup>3</sup> One can argue, as they do, that a professional appearance encourages our patients to trust us and have confidence in our abilities. Indeed, a study of parents of children admitted to a paediatric ward indicated they were twice as likely to attribute competence to physicians wearing formal attire.<sup>4</sup> This begs the question of what constitutes "formal attire" — that is, what is the uniform of evidence-based dressing (EBD)?

In a study of 275 outpatients, a name badge, white coat, dress pants, dress shoes, traditional hair-style and skirt were all voted to be desirable attire for doctors. In the same study sandals, blue jeans, an open shirt and non-traditional hair-style were deemed undesirable.<sup>5</sup>

Traditionally, the physician's attire has included a white coat and tie,<sup>6,7</sup> with the stethoscope used as an accessory.<sup>8</sup> However, the evidence also suggests that these very items that give physicians their credibility may be doing

### ABSTRACT

**Objective:** To describe the effect of physicians' dress on patient confidence and trust.

**Design:** A prospective crossover trial involving physicians dressed in "respectable" versus "retro" attire.

**Setting:** A general medicine ward at a tertiary hospital.

**Participants:** 12 male general physicians and 1680 patients.

**Main outcome measures:** Patient trust and confidence as measured by a questionnaire mailed after hospital discharge.

**Results:** Formal attire was correlated with higher patient confidence and trust. Nose rings were particularly deleterious to patients' reported trust and confidence. A minimum threshold of two items of formal attire (dress pants, dress shirt, tie, or white coat) were necessary to inspire a reasonable amount of confidence; this is the NND (number needed to dress).

**Conclusions:** We highlight the need for more research into the effects of physician dress, and coin the term "evidence-based dressing".



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more harm than good. A white coat may prevent the tie from dangling in patients' wounds and secretions, but white coats have been shown to harbour potential contaminants.<sup>9,10</sup> Ties themselves, dangling or not, have been shown to carry infection.<sup>11</sup> Bow-ties have traditionally been expected to be associated with less contamination, but a multicentre randomised controlled trial showed that there was no sustained

difference between necktie and bow-tie contamination rates.<sup>12</sup>

We are therefore faced with a dilemma: EBM dictates that ties are dangerous, but EBM dictates that we wear them.<sup>13</sup> There is a marked lack of level 1 or level 2 evidence to support any clinical guidelines regarding doctors' dress. We therefore conducted a multiple crossover dressing trial, not to be confused with a cross-dressing trial, to analyse the effect of various items of clothing in inspiring patient confidence.

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681





# Doctor Dress Code Studies

- **Patients' attitudes regarding physical characteristics of medical care providers in dermatologic practices.**  
*Archives of Dermatology* 2002
- **Should doctors wear white coats?**  
*Medical Journal of Australia* 2001
- **The magic white coat.**  
*Annals of Internal Medicine* 1998
- **Putting on the style: what patients think of the way their doctor dresses.**  
*British Journal of General Practice* 1991
- **Does dress influence how parents first perceive house staff competence?**  
*American Journal of Diseases of Children* 1987





# Doctor Dress Code

- In a study of 275 outpatients, a **name badge, white coat, dress pants, dress shoes, traditional hair-style and skirt** were all voted to be **DESIRABLE** attire for doctors.
- **Sandals, blue jeans, an open shirt (golf, scrub top, etc.) and non-traditional hair-style** were deemed **UNDESIRABLE**.



# Steps to Maximize Your First Impression

2. You should be immaculate when you see clients.
  - Doctor's Coat Is Pressed And Clean
  - Fingernails Are Clean
  - Hair Neat And Styled
- You should always strive to physically appear as good as you possibly can.



# Steps to Maximize Your First Impression





# Steps to Maximize Your First Impression

3. **Always enter the room and greet the client with direct eye contact and a smile.**
  - Think “Happy to See You!”





# Steps to Maximize Your First Impression

4. Focus on the pet and address both the client and pet by name.
  - Use Client and Patient's Names
  - Know Gender
  - Shake Hands
  - Shake Paws
  - Think “Happy to See You!”



# Steps to Maximize Your First Impression

5. **Maintain eye contact and refrain from focusing on writing notes or checking through the medical chart.**





# Steps to Maximize Your First Impression

6. Assume a subordinate position and posture whenever possible.
  - Seated is Ideal
  - Research shows that almost all women are more comfortable and less intimidated when their eye level is higher than those around them.
  - 45-degree angle







# Communication Tips

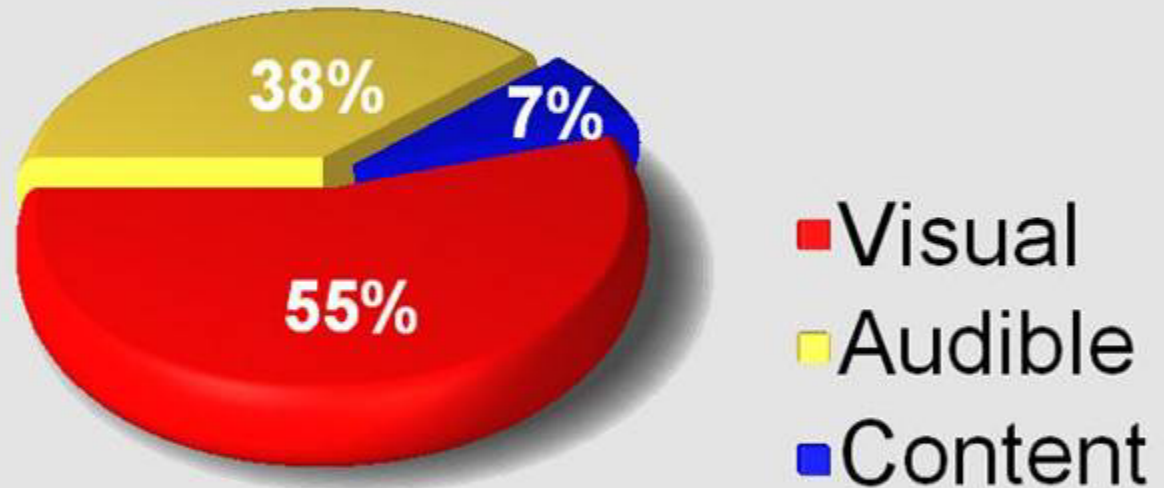
- **Be seated whenever possible.**
  - Being seated signals that you have plenty of time to listen.
  - Added benefit of being a nonverbal cue that when you stand it is “time to go” or move on to another part of the examination process.





# Nonverbal Communication

## Yes/No and Like/Dislike Cues



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# Communication Tips

- **Make eye contact.**
  - By maintaining proper eye contact, you convey interest, responsiveness and openness to the client.





# Communication Tips

- **Use your eyebrows.**
  - Raised eyebrows convey openness and interest
- **Widen your eyes for interest or passion.**
- **SMILE!**







# Communication Tips

- **Hold your head up when you are talking.**
- **Maintain good posture – shoulders pulled back.**
- **Think Openness in Body Position.**
- **Elbows out.**
- **Where are your feet pointing?**
- **Relax your body.**





# Communication Tips

- **Analyze your voice. Make it warm.**
- **Experts recommend that you don't match tones with other people when they are unfriendly, upset or angry. Maintain a tone of calm, friendliness even when faced with severe negativity. Smile!**





# Communication Tips

- **Use clients' and patients' names during your conversation.**





# Communication Tips

- **Get Physical!**
  - Greet clients with a handshake or pat on the shoulder.
  - Clients perceive appropriate physical contact as a sign that you're more attentive and sincere.
  - Appropriate physical contact for the majority of Americans is anything from the elbow down and a gentle pat on the shoulders or upper back.





# Communication Tips

- **Demonstrate genuine interest and concern in the client and patient.**
- **Explain WHY to clients.**
  - Speak in plain, simple language and reinforce the benefit to the client and patient.
  - “Mrs. Smith, if you use these eye drops every eight hours, we should be able to clear up Scooter’s eye infection and the discomfort it’s causing by the end of the week.”







# Communication Tips

- **Don't lecture to clients.**
  - Use questions and actively interact with the client to determine their needs and concerns.
  - Speak dynamically and make it interesting.
  - No “Canned Consults”





# Communication Tips

- **Acknowledge your client's concerns, no matter how trivial.**





# Communication Tips

- Use visual aids.
- Use written discharge instructions.





# Effective Communication

- If You Focus on Communication:
  - Increased Compliance
  - Increased Standards of Care
  - Increased Staff Job Satisfaction
  - Increased Staff Retention
  - Increased Profitability





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2:00 pm – Leaving Work on Time

3:05 pm – The Medical History – Getting the Most

4:10 pm – Dealing with the Dirty

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