



# Super communicators

Turn students into  
heroes of the profession

By Ed McKinley

If your students' communications skills could be illustrated by comic book sound effects, what kinds of words would pop up? Would it be "Pow!" or "Pfft!" or "Wow!?"

Every subtle sign used to communicate can either soar a patient's disposition or procure a lifelong patient who recommends the practice to family and friends. That's why educators in medical assisting programs devote entire classes to teaching verbal and nonverbal communication skills, and then work to reinforce those lessons in just about every lab, lecture, and group activity. Your mission is to turn your students into Super Communicators.

## Employers rattle the red phone

Educators are emphasizing communications partly because some graduates fail to communicate as well as future employers and coworkers expect, according to Kimberly Bricker, CMA (AAMA), medical program coordinator at the Columbus, Ind., campus of Indiana Business College.

Bricker's school received complaints about graduates' interpersonal skills from the school's medical assisting advisory board, which includes local health care officials. In response, a class called

Professional Perspectives was developed to teach communications skills.

In that course, as in similar classes throughout the country, as much as 25 percent or even 50 percent of class time is spent role playing, with students taking turns playing medical assistants and patients.

"Communication has to be taught in every aspect of the curriculum—it's a continuous thread from Day One to the day they graduate," says Tracie Fuqua, CMA (AAMA), an educator at Wallace State Community College in Hanceville, Ala., and coauthor of the book *Medical Assisting PDQ*.

## Getting into costume

Diana Reeder, CMA (AAMA), an educator at the Rowan Campus of Maysville Community and Technical College in Morehead, Ky., impersonates patients or medical assistants at times to get a point across to students.

At Indiana Business College, business majors or computer specialists pose as patients. Outsiders often shy away from injections or having blood drawn, giving medical assisting students an opportunity to use their calming communications skills, Bricker says.

Educators often have students critique role playing in class discussions or through

written assignments. Student critics should look for errors in body language, says Julene Bredeson, CMA (AAMA), PHN, BSN, RN, program director at the Willmar, Minn., campus of Ridgewater College.

## Bulletproof body language

Body language conveys a slightly stronger impression than spoken words, notes Joanne Desmond, who teaches workshops through Chicago-based Desmond Medical Communications and co-authored *Communicating with Today's Patient: Essentials to Save Time, Decrease Risk, and Increase Patient Compliance*.

One of the most common body-language problems—failing to make eye contact when talking to a patient—can make medical assistants appear insecure, cold, or even incompetent, according to Lanny Copeland, MD, Desmond's coauthor and chief medical officer for LifePoint Hospitals, Inc., in Brentwood, Tenn.

Medical assistants should also position themselves eye-to-eye with patients during longer conversations, says Edward Leigh, director of the Cleveland-based Center for Healthcare Communication. That means the medical assistant should sit when a patient is seated in a chair or on the edge of an examination table, to avoid looking down from a standing position, he says.

While making a patient feel comfortable by maintaining eye contact, medical assistants also can evaluate patients for signs of distress and report that anxiety to the physician, says Reeder.

Even medical assistants who maintain eye contact can undermine communication by turning their bodies away from the patient during conversation, says Leigh. He recommends squaring the shoulders with the patient, to convey straightforwardness and interest in the conversation.

Another body language miscue is folding one's arms across the chest or on top of a desk, notes Desmond. That sends a signal to maintain distance physically and emotionally.

Even flawless body language falls flat without good verbal skills. Besides role playing, educators should encourage class participation to help prospective medical assistants overcome shyness and hone their ability to converse with patients and coworkers.

## Power up performance

To improve verbal communication in a setting that symbolizes fast-paced, multi-tasking medical offices, Connie Allen, CMA (AAMA), who teaches with Fuqua at Wallace State, starts by standing in the center of a circle of students in her measuring procedures class.

As the session begins, Allen talks about communication skills as she throws a ball first to one student and then another. As she lectures, Allen adds balls until she reaches eight. Students call out to each other to warn them when a ball is on the way, learning to communicate quickly and juggle multiple tasks.

In a law and ethics class, Fuqua uses what she calls "The Who Am I? Project," which requires students to bring in an object or simply tell the class what has made them who they are today.

One woman brought in her late grandfather's wallet. As a child she would count the money in the wallet while he

told her stories. Only later did she realize the stories taught her right from wrong and the importance of working hard to support her family.

The project not only provides the student with public speaking experience, but also helps listeners develop the empathy they need to communicate effectively with patients, Fuqua says.

But good verbal communication does not end with establishing empathy and overcoming timidity. Open-ended questions get conversations flowing.

## Caped questioners

By asking patients open-ended questions, medical assistants inspire confidence, establish rapport, and root out information to pass along to physicians and other health care providers, saving their colleagues time. Plus, improved rapport results in happier patients, and keeps them coming back.

Open-ended questions help avoid one-word answers. Having students practice changing closed-ended yes-or-no questions to open-ended inquiries can help them learn to glean detailed responses.

For instance, instead of asking, "Is the pain worse at certain times of day?" medical assistants should ask, "How does the pain feel at different times of day?"

Students also should learn to avoid questions that begin with "Why," which can alienate patients, says Leigh. He suggests replacing the intimidating "why" questions, which can imply a shortcoming, with questions that suggest cooperation.

Thus, the query, "Why did you stop taking your medication?" becomes, "What can we do to help you get back onto your medication?" Leigh suggests.

When talking to patients about symptoms, medical assistants should ask clarifying questions that use the patient's exact words, Leigh says. Translating a patient's description of a pain that feels "like a steel-band around my head" into medical terms could confuse the patient, he says.

## Preflight check

Role playing is a great way for students to practice and learn effective communications skills. Here's a quick checklist for critiquing those skills:

- Made good eye contact
- Squared shoulders and faced the person directly
- Kept arms uncrossed
- Exhibited empathy
- Spoke in a pleasant but authoritative voice
- Asked open-ended questions
- Asked clarifying questions
- Took the time to listen

However, paraphrasing a patient's emotional comments helps avoid the appearance of mockery, says Leigh. If the patient mentions "stress," medical assistants should respond with a question using "anxiety" or another synonym.

Aside from *what* medical assistants say, *how* they say it can be just as important. Medical assistants can learn to speak in the strong, authoritative lower registers instead of a whiny, nasal voice, says Desmond, who also conducts communications workshops for health care workers.

## Supersonic hearing

Talking aside, the time always comes for listening. Leigh uses a personal experience as an example. Health care providers treated his illness as a sinus problem for years before asking an open-ended question. The question prompted him to mention his nausea, which indicated a migraine headache and different treatment, he says.

Listening also makes patients feel special, an important goal for all health care workers, says Copeland. "Even in this era of managed care," he says, "we should make patients feel we have all the time in the world for them." 4