

Module 2: Communication in a healthcare environment

Study Guide



Fundamentals of healthcare practice

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Modules covered by this Study Guide: Communication in a healthcare environment

Publish date: Monday, 31 January 2022

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Introduction

Welcome to Module 2: Communication in a Healthcare Environment. This Module introduces a variety of concepts around communication in a healthcare setting, including verbal and non-verbal communication (such as body language), and written communication including emails and secure messaging.

The front desk staff provide the first and last contact points your customers – the patients, have with the healthcare practice. As such, the medical reception team have a critical role in presenting a professional image, being warm, inviting and building rapport with the practices' patients. While it is a situation you wish never to face, being prepared for challenging communication such as patient aggression or violence will help you in the moment as your brain will naturally enter a flight, fight, or freeze mode. It is valuable to roleplay these scenarios.

Finally, diversity in the workforce and amongst the practice's patients is one strategy for ensuring the practice is culturally safe for disadvantaged groups to access. Everyone has a role in supporting diversity, and communication is a key strategy in providing a culturally safe healthcare environment to a diverse population. This Module introduces diversity and cultural safety.

Outcomes

On completion of this Module you should be able to:

- ✓ Understand the principles of communication in a practice setting
- ✓ Understand the key role of the front desk in the professional image of the practice
- ✓ Understand the principles of challenging communication
- ✓ Understand the principles of providing a culturally safe healthcare practice.

Structure

This Module is divided into the following lessons:

- Lesson 1: Communication in a healthcare environment
- Lesson 2: The role of Medical Receptionists
- Lesson 3: Dealing with challenging communication
- Lesson 4: Cultural safety and diversity

Activities

Throughout this Study Guide you will notice a range of activities. These are intended to contribute to your learning by encouraging you to be active and involved. None are compulsory. They are intended to help you to learn but are not part of your formal assessment.



Activities with an **online interactive version** are identified with a mouse icon at the start.

Common activity types included in study guides are included below.

- **Knowledge check or Reflection:** These encourage you to confirm or explore your understanding as you progress.
- **Reading:** These may be uploaded to [my.unep](#) or provided as links to readings or websites to expand on the content of the Lesson.
- **Video or Link:** These provide alternative perspectives and give visual and audio alternatives to your text. Please do not feel you are required to watch all videos or read through all the links provided in this Study Guide.
- **Find out more:** In some Lessons we provide support for additional reading or activities that go beyond what is required in the unit covered in this course or provide a refresher for underpinning concepts that support the knowledge and skills for this unit.
- **Case study or Example:** There are a range of case studies and examples provided throughout this Study Guide, to support your understanding and to provide a resource for some activities.

The end of an activity is identified with a band, like the one below and the text 'End of activity'. This indicates the normal Study Guide text will resume.

End of activity



Common Terms: You will notice that throughout this study guide we use the term 'patients' to refer to the people your team provides services or support to. In your workplace, you might use other terms such as patient, client, staff, employees, volunteers, or stakeholders.

We use the term 'medical receptionist' or receptionist to refer to the administrative staff in your team. In your workplace, you might use the term secretary, front desk staff, administrative assistant, or another term. Additionally, you may be a receptionist in a different type of practice, such as general practice, specialist practice, allied health, psychology, or mixed practice.

We use the term 'practitioner' to refer to the clinical team working in the healthcare practice. This could include general practitioners, specialists, allied health practitioners, psychologists, or other health professionals working within or referring to your practice.

Lesson 1: Communication in a healthcare environment



The front desk staff are the first and last contact points that patients have with the healthcare practice. The communication style and skill of the Medical Receptionist is critical in not only performing your job well, but also in upholding the image and professionalism of the practice. Good managers know the value of excellent front desk staff, and a strong Medical Receptionist is soon singled out for career progression and promotion.

Communication is a skill, and a healthcare practice is a unique environment that requires front desk staff to not only have strong general communication skills, but to then have an excellent understanding and application of communication and privacy within a healthcare environment. This Lesson provides you with key information and practical tips on communication at the front line of a healthcare practice.

1.1 Principles of communication

In a healthcare practice, you are required to communicate effectively with a diverse group of people, including:

- Patients and their families/carers, who will have varying degrees of health literacy (covered later in this Lesson), engagement, education, and anxiety / stress.
- Colleagues, including fellow administrative staff at various levels, practice managers, nurses, doctors and other health practitioners, and cleaners, contractors, and others.
- Referrers to and from the practice, including people referring to your practitioners, and those you need to send referrals to. This may include hospital staff.
- Supporting clinical services, such as pathology and medical imaging.
- Pharmaceutical and sales representatives, other guests who are competing for an audience with your practitioners.
- Other services such as community services, disability services, aged care services, and others.

There are key communication principles that will be important in your role no matter who you are speaking to. These principles are illustrated in the following diagram.

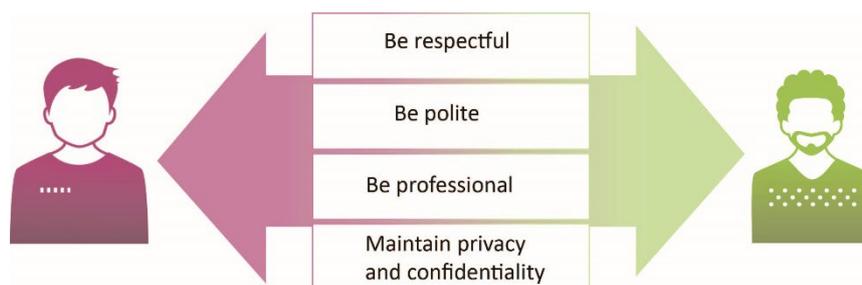


Figure 1: Communication principles

Patients in a healthcare practice waiting room are a constant audience for front desk staff. They watch and listen to everything that is happening in the waiting area and behind the reception desk. They do not miss a thing! They see and hear you in your interactions with other patients, with other front desk staff, with the nurses and doctors as they pass through, and listen to your telephone manner. The people sitting in the waiting room also pick up reactions and responses between staff, and as such they will know what the practice culture is like.

The professional image of the practice is constantly on display. Because of this, it is important to consistently maintain the principles of communication, as the people in the waiting room will observe your change in communication style and judge the professionalism of the practice on what they hear.

For example, you may find that you speak less respectfully to a patient as compared to a specialist doctor, or your tone and formality change when you are discussing your weekend with a colleague during a quiet period, perhaps you are short with the pharmaceutical representative trying to get a lunchtime appointment with the doctors, or you quietly roll your eyes when a practitioner cannot get the photocopier to work and asks for help.

EXAMPLES

Examples of circumstances in which maintaining the principles of communication is important:

- you may find that you speak less respectfully to a patient as compared to a specialist doctor
- your tone and formality change when you are discussing your weekend with a colleague during a quiet period
- you are short with the pharmaceutical representative trying to get a lunchtime appointment with the doctors
- you quietly roll your eyes when a practitioner cannot get the photocopier to work and asks for help.

Figure 2: Maintaining the principles of communication

The patient sitting quietly seemingly absorbed by their phone is taking it all in and forming opinions on the culture and professionalism of the practice.

A note on privacy and confidentiality

It is critical to think about privacy and confidentiality with respect to who is listening, even if they appear not to be. When you are on the telephone or talking to a patient, be careful not to reveal a name, address, or other identifying information. Patient three-point identifiers are a requirement in a healthcare setting—covered in Section 2.6 of this Study Guide, and it is important to reflect on how patient privacy is being maintained while asking for the three points of identification. The practice should have a procedure that considers privacy and confidentiality in this situation, for example using the last few digits of their phone number instead of announcing the entire phone number. Maintaining privacy and confidentiality is not only good practice, but also the law.

The *Privacy Act 1988* (Cth) (Privacy Act), promotes and protects the privacy of individuals in Australia. The Privacy Act includes 13 Australian Privacy Principles¹ (APPs), which are explained in Module 3.

Open and constant lines of communication are vital to team success and a successful healthcare practice. The culture of the practice is absolutely influenced by the culture of communication. For example, does your manager encourage everyone to raise issues early in a respectful manner and then ensure the issues are resolved? Or do they allow gossiping, speculation and allow issues to fester thereby disrupting the teams' cohesion? To contribute effectively to the practice team, it is critical to understand and demonstrate professional and effective communication strategies.

1.2 Building rapport

To communicate effectively with patients and colleagues, you need to have skills to build rapport.



Rapport: a friendly, harmonious relationship, characterised by agreement, mutual understanding, or empathy that makes communication possible or easy².

¹ Australian Government, 2021. Federal Register of Legislation: *Privacy Act 1988*, URL: <https://www.legislation.gov.au/Details/C2021C00139> Retrieved 1 November 2021

² Merriam -Webster, n.d. Dictionary definition of rapport, URL: <https://www.merriam-webster.com/dictionary/rapport> Retrieved 1 November 2021

People working in healthcare practices have relationships with their patients, and this includes the reception staff. Relationships take time to build, and conversation is important in building rapport. The following strategies are useful in building professional relationships with your colleagues and patients.

Table 1: Ways to build rapport

Building rapport	
Engage in conversation	Conversation is a two-way street, with a healthy balance between talking and listening.
Be friendly and polite	Smile, even if you don't feel like it! Everyone would rather chat to someone friendly and pleasant.
Find common ground	Try and build rapport by establishing some common ground and by smiling and using positive and reinforcing body language. Do you have similar sporting interests? Support the same teams/codes? Holiday in the same spot? Enjoy gardening? Love dogs? There are many neutral topics that could provide common ground for a conversation.
Understand the importance of triage	Your practice should have guidelines on how to triage patients appropriately, including escalation pathways if you are unsure. It is important to understand what questions to ask, and what to do with the answers you receive.
Avoid contentious topics	Contentious topics risk a heated conversation and are therefore best avoided. Stick to neutral topics such as the weather or a nice holiday spot or weekend activity. If someone does raise a contentious topic, nod and smile and move the conversation on. You are in a professional role and are responsible for maintaining the brand of the Practice of your employment. If the person won't let the topic go, disengage from the conversation by saying something like 'I don't know much about that' or 'I am not interested in politics and can't comment on that'. Work is not the place to argue your point of view.
Understand the importance of small talk	Little connections between patients and practice staff builds rapport, patient loyalty, and results in less incidences of aggression and complaints. An angry or upset patient is less likely to take it out on staff if they feel they know and respect you.
Use signalling to help the flow of the conversation	The most common type of signal are questions. These may be either open or closed. Closed questions invite a yes/no answer. They might include "Don't you agree?", and "Are you enjoying the spring weather?" They are not really inviting the other person to do more than nod and agree, rather than to share the conversation. Open questions invite more information and participation. Open questions often start 'How...?' or 'Why....?'. When asking open-ended questions, be prepared for a long answer! Asking an open-ended question when you are busy can backfire, as you may end up needing to cut off the person's story, they want to share with you, which can have a negative effect on building rapport.

Building rapport	
Use positive language	<p>If a word or phrase has a positive connotation, it will evoke warm feelings. On the other hand, a word or phrase with a negative connotation is more likely to make someone feel bad. Examples include:</p> <p>Mature vs elderly Challenging vs difficult Driven vs pushy</p>
Create emotional connections	<p>Creating emotional connections builds rapport, which helps the patient to feel comfortable and connected to the Practice, and therefore stay loyal to the Practice and achieve better health outcomes. The key to creating emotional connections is sharing appropriate information. That means being prepared to be open about what interests you, what makes you into you as a person, and inspiring the other person to share too.</p> <p>This ‘sharing’ does not have to be big stuff. It can be as simple as: “It’s so lovely having this beautiful sunshine. It meant I could go canoeing this weekend and we had such a beautiful paddle”.</p> <p>That leaves the field open for the other person to say: “Oh, do you canoe? I used to paddle too. Where did you go?” “Yes, it’s lovely weather. I went for a walk myself. It’s great to be outside, isn’t it?” or even “I find the heat difficult myself, but the children loved having the paddling pool out.”</p>
Demonstrate respect	<p>People will be more open to communicating with you if you convey respect for them and their ideas. Simple actions like using a person’s name, making eye contact, and actively listening when a person speaks will make the person feel respected. On the phone, avoid distractions and stay focused on the conversation.</p>
Know your patients	<p>Some practices will add little details to the patient notes, such as noting their birthday, special interests, or family situation. This is separate to their clinical notes and is used to build rapport with patients.</p>

Remember, some of the practice’s patients live alone and may have limited social interaction. Although you are busy, be kind and respectful of their need to make a human connection. You may be the only person they speak to face-to-face all week.

Patients do not forget that you have remembered them.

We will now review different types of communication and provide tips on abiding by the principles of being respectful, polite, professional, and maintaining privacy and confidentiality across all communication, no matter who you are speaking to. Abiding by these underlying principles and consciously building rapport are key techniques for effective communication in a healthcare practice.

1.3 Types of communication

Communication can be categorised into three basic types as shown in the following diagram.

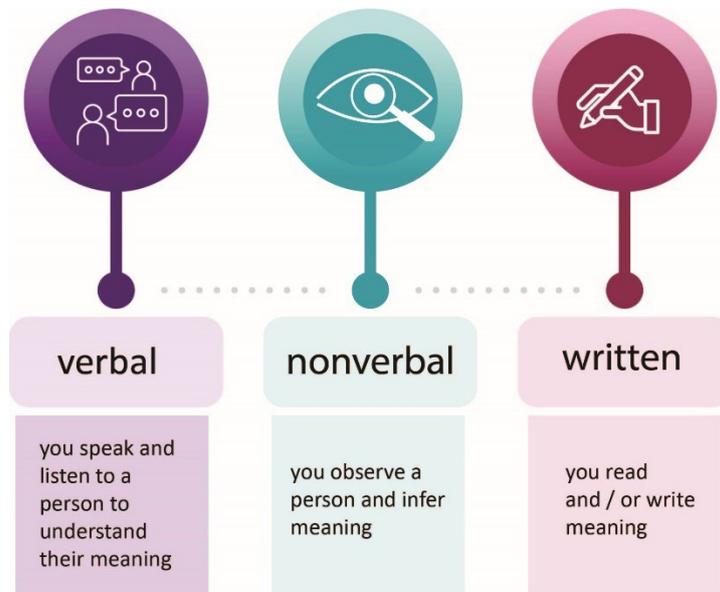


Figure 3: Types of communication

While written communication is a type of nonverbal communication, in this Module we emphasise its importance as a stand-alone type of communication in a healthcare practice.

This Lesson explores the different types of communication, including the advantages, disadvantages, practical tips, and examples for each type.

Verbal communication

Verbal communication skills are critically important as a medical receptionist as you are the face of the practice. Strong verbal skills are a requirement of the job, so it is likely you have already been identified as having strengths in this area during your application and interview. Therefore, use this learning as an opportunity to self-reflect on your understanding and strengths, and identify opportunities to further improve your skills.

Verbal communication, and in fact all communication, will need to vary depending on the circumstances. For example, you will communicate differently when at the pub with your mates compared to speaking with your boss at work.



Activity 1: Reflection - communication

Imagine yourself in the following situations and note what would be the same and what would be different about your communication style. Note down the key differences in the box below.

1. You are talking to a young child, trying to convince them it is a good idea to put their shoes on when they don't want to.
2. You have made a mistake at work and are explaining what happened to your manager.
3. A patient has entered the practice and is refusing to wear a mask as per the practice's conditions of entry. It seems they are deliberately trying to aggravate and prove a point.

4. You come across an emergency on the street and you are the first responder.



End of activity

Active listening

Listening is key to all effective communication and is particularly important in effective conversation and on the phone. Being a good listener is one of the best ways to be a good communicator. No one likes communicating with someone who cares only about conveying their own opinion and does not take the time to listen to the other person. Furthermore, if you are not a good listener, it is going to be hard to comprehend what you are being asked to do, to understand or follow instructions. Effective listening is a skill that underpins all positive human relationships.

Active listening involves paying close attention to what the other person is saying, asking clarifying questions, and rephrasing what the person says to ensure understanding.

"So, what you're saying is..."

Through active listening, you can better understand what the other person is trying to say and can respond appropriately. The following are very important to show you are listening actively:

- using nonverbal cues which show understanding such as nodding, eye contact, and leaning forward
- brief verbal affirmations like "I see," "I know," "sure," "thank you," or "I understand"
- paraphrasing by repeating back what the speaker has said shows engagement and understanding.

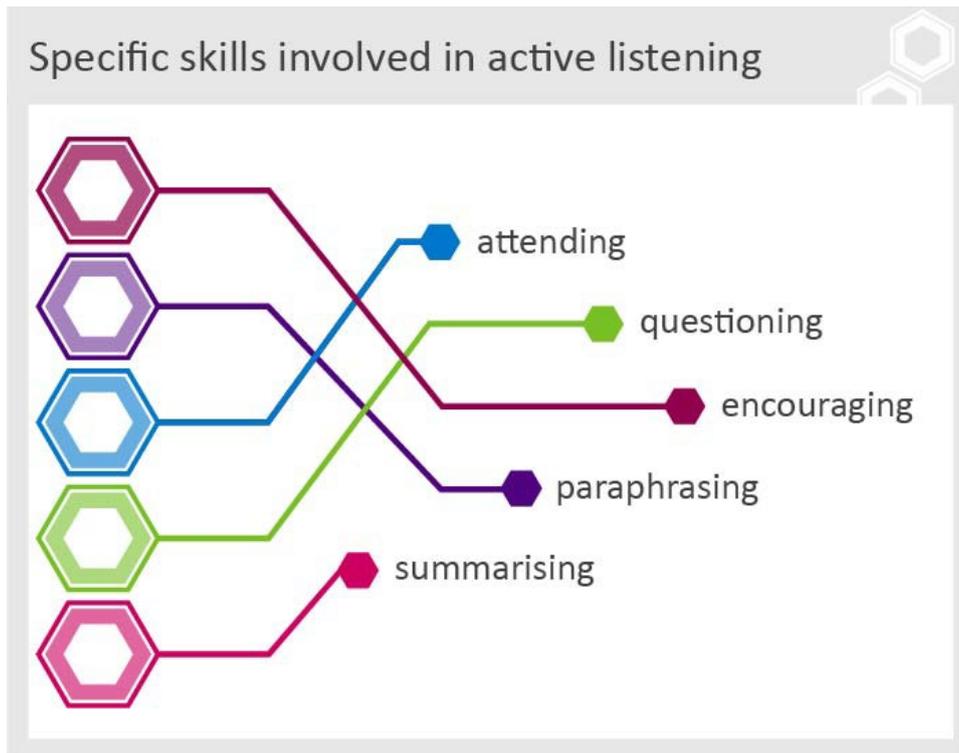


Figure 4: Active listening skills

Active listening helps to build trust and establish rapport, as well as demonstrating concern and empathy.

Effective verbal communication

Speaking effectively is just as important as active listening for effective communication. Effective verbal communication means saying just enough; do not talk too much or too little. Try to convey your message in as few words as possible. Say what you want clearly and directly, whether you are speaking to someone in person, on the phone, or via email. If you ramble on, your listener will either tune you out or will be unsure of exactly what you want.

When you are engaged in a professional conversation in person, the following tips will improve your communication as the speaker:

- Stance - a relaxed, open stance (arms open, legs relaxed), will make you appear approachable and will encourage others to speak openly with you.
- Eye contact - eye contact is also important; you want to look the person in the eye to demonstrate that you are focused on them and the conversation. However, be sure not to stare at the person, which can make him or her uncomfortable.
- Hand gestures - use hand gestures to emphasise a point or when excited.
- Facial expressions - the human face is extremely expressive and can convey countless emotions without saying a word. These movements convey the emotional state of an individual to the listener.
- Pay attention to nonverbal signals while you are talking. Often, nonverbal cues convey how a person is really feeling and receiving your communication.

- Employees can experience an increase in morale, productivity, and commitment if they are able to communicate up and down the communication chain in their workplace.

Tone of voice

It is not just about what you say, but also the way you say it. Tone of voice leaves an impression on everyone in your audience who reads or hears you. Through a friendly tone you will encourage your co-workers and patients to engage in open and honest communication with you.

Tone of voice, inflection, volume, and pace of speech are that much more important when you are speaking to someone over the phone. Because they cannot see you, customers will make judgments about your attitude, your willingness to help, and even your personality based on the way in which you speak.

It is important to be confident in your interactions with others. Confidence shows your co-workers that you believe in what you are saying and will follow through:

- projecting confidence in yourself and your ideas helps others to pay attention
- be credible - avoid making statements sound like questions
- of course, be careful not to sound arrogant or aggressive.

Empathy

It is very important to use empathy when communicating with colleagues and patients, which involves genuinely putting yourself in someone else's shoes and feeling what they feel. This is not to be mistaken for sympathy, which is feeling pity, sorrow or compassion for someone and the hardships they are experiencing.



Figure 5: Empathy vs sympathy

Expressing empathy as the first step in communication is highly effective in engaging someone and having a productive conversation. As the gatekeeper to accessing their doctor, you are in a position of influence as to how quickly the person can get in to see the doctor, and they may be very worried and stressed about a health concern for themselves or a loved one. Expressing empathy as a first step, asking questions, and understanding their situation is critical in both effective triage (who gets to see the doctor in which time frame) and in building rapport and supporting the practice's patients. You can set the scene for a successful consultation.



Activity 2: Video - Empathy in a healthcare setting

Watch the following video on empathy in a healthcare setting. Everyone has a story, including staff, patients, and their families. The irate person on the telephone may have unbearable worry and stress about their own health, a loved one, or an external pressure you don't know about. Responding with empathy is likely to de-escalate the situation quickly.

- [Empathy in healthcare](#)

If responding with empathy is not something you consciously do, practice on the people around you. Children and family members respond beautifully to genuine empathy.

End of activity

A good communicator should enter any conversation with a flexible, open mind. Be open to listening to and understanding the other person's point of view, rather than simply getting your message across. By being willing to engage in a dialogue, even with people with whom you disagree, you will be able to have more honest, productive conversations. Using phrases as simple as "I understand where you are coming from" demonstrate that you have been listening to the other person and respect their opinions.

Emotional intelligence (EQ)

How important do you think it is to be in touch with your emotions at work? How big a role do emotions play at work? How does this awareness of self and others contribute to workplace success? The answer to these questions is that emotions are important; they play a significant and direct role in leading others as well as in workplace success.

Emotional Intelligence (EQ) is the ability to monitor your own and others' feelings and emotions, to control and express your emotions, and to handle relationships judiciously and empathetically.

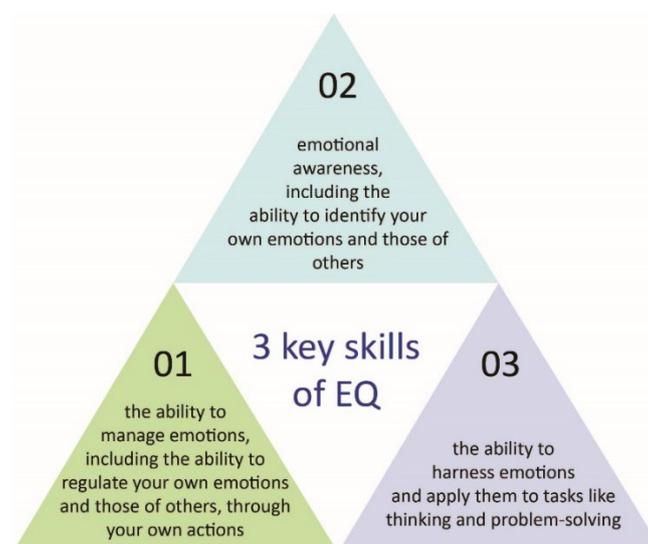


Figure 6: Three key skills of emotional intelligence

Good communicators have a high level of emotional intelligence.

Activity 3: Video – Emotional intelligence

Watch this video to hear Daniel Goleman introduce the concept of emotional intelligence:

- [Daniel Goleman Introduces Emotional Intelligence](#)

End of activity

Nonverbal communication

Nonverbal communication is the transmission of messages or signals via nonverbal means, including via eye contact, facial expressions, tone of voice, gestures, posture, and body language. It also includes how close you stand, if you have a screen between yourself and the person you are talking to, a mask, and if you touch someone while talking to them. Patients pick up nonverbal communication in an instant. Nonverbal communication can put people at ease, build trust, and just as easily offend and confuse people. As you may not be fully conscious of your nonverbal communication, it is not uncommon for someone to be offended without the person delivering the message to even realise why.

Nonverbal communication does not stop when you stop speaking. Nonverbal communication cues include the way you listen, look, move, and react, and these indicate to the person you are communicating with whether you care, if you are being truthful, and how well you are listening. Think of a time when you were having a conversation with someone who paid more attention to their phone than you, and how important (or unimportant!) you felt at the time. Consider how a patient feels when they are talking to you and your eyes drift to your computer screen as you keep typing. In this scenario, the nonverbal communication is telling the person the screen is more important than what they are saying.

Nonverbal communication is so important for staff as well as patients. Sometimes just the way you walk into the practice to start the day will prompt the rest of the staff to say or think “We’re going to have a bad day today!”

Written communication

The practice will have written protocols on communication internally and externally. The protocol should contain quality standards and expectations and needs to be fully understood by everyone in the team. Make sure you have reviewed and understood the communication policies, procedures, and protocols for your practice, so you know what is expected of you.

It is important to be polite in both face-to-face and written communication. When you can, personalise your emails to co-workers; a quick "I hope you all had a good weekend" at the start of an email can personalize a message and make the recipient feel more appreciated and open to your message.

A healthcare practice generally has a significant amount of written communication in it. Consider your practice, and note how many of the following are present:

- notice board
- leaflets and booklets such as continence, immunisations, support groups, mental health support
- posters such as immunization posters, indigenous health
- certificates such as staff qualifications, practice accreditation
- practice policies and procedures such as sign-in requirements, wearing a mask, fees, requirement to pay up front, prompts to patients or visitors.
- patient records
- scripts
- referrals.

Being bombarded with competing messages can be overwhelming for patients, particularly for those who do not feel comfortable in a healthcare setting. This can add to their stress and compound anxiety they are already feeling. On the other hand, you have a captive audience who may choose to read the material if they are waiting a long time.

In addition to the written material in the practice that patients are exposed to, staff are also dealing with significant volumes of written information, including patient notes, billing information, emails, and letters. Reception staff may be involved in receiving, typing, and sending patient letters between referrers, hospitals, pathology and other third parties.

Remember that all written communication about a patient is a legal document, and subject to privacy law.

If you are unsure about the legal requirements of patient information, ask your manager. We look at privacy laws in Module 3.

Taking messages

Receptionists will take the bulk of the messages for the practice, and it is a skill to listen carefully and accurately convey the message. In a healthcare practice, it is vital that messages are not mislaid because they must be actioned—the practice has a legal duty of care. To take a message effectively, be sure to include the five important pieces of information as shown in the following diagram.

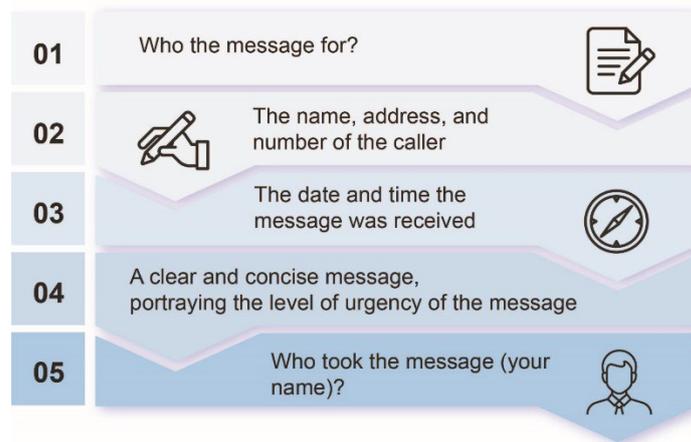


Figure 7: Take a message effectively

The front desk staff have a very important and clear role in the successful running of a healthcare practice, and Lesson 2 explores how communication helps a medical receptionist perform their job effectively to support the practice.

All pieces of paper with patient information on them should be disposed of in a secure manner like shredding and not left lying on desks or shelves.

Summary

Medical receptionists must have excellent verbal and written communication skills. Because effective communication is a skill, it can be developed, and this Lesson provides practice strategies to be an effective communicator with patients and colleagues within a healthcare practice. General communication tips such as building rapport, asking questions, active listening and receptive body language are discussed, as well as healthcare specific communication requirements, including privacy and confidentiality legislation and requirements.

Lesson 2: The role of Medical Receptionists



The role of the Medical Receptionist is one of the most important in the practice. The front desk is the first and last touchpoint between the practice and its customers including patients, doctors, allied health, nurses and other staff, and external customers such as pathology, imaging, hospitals, Primary Health Networks (PHN's), Medicare and others. The person providing front desk interaction has a responsibility to reflect, reinforce and reiterate the practices core brand and strategy. The receptionist is the face and voice of the practice and is essential in building loyalty with your patients, therefore building the practice as a business. You can turn a difficult situation around in that final interaction with the patient. You will leave a lasting impression.

2.1 Medical Receptionist role

As the face of the practice, it is vital you always portray the culture of the practice. Here are some strategies to ensure you are making the practice a warm and welcoming environment.

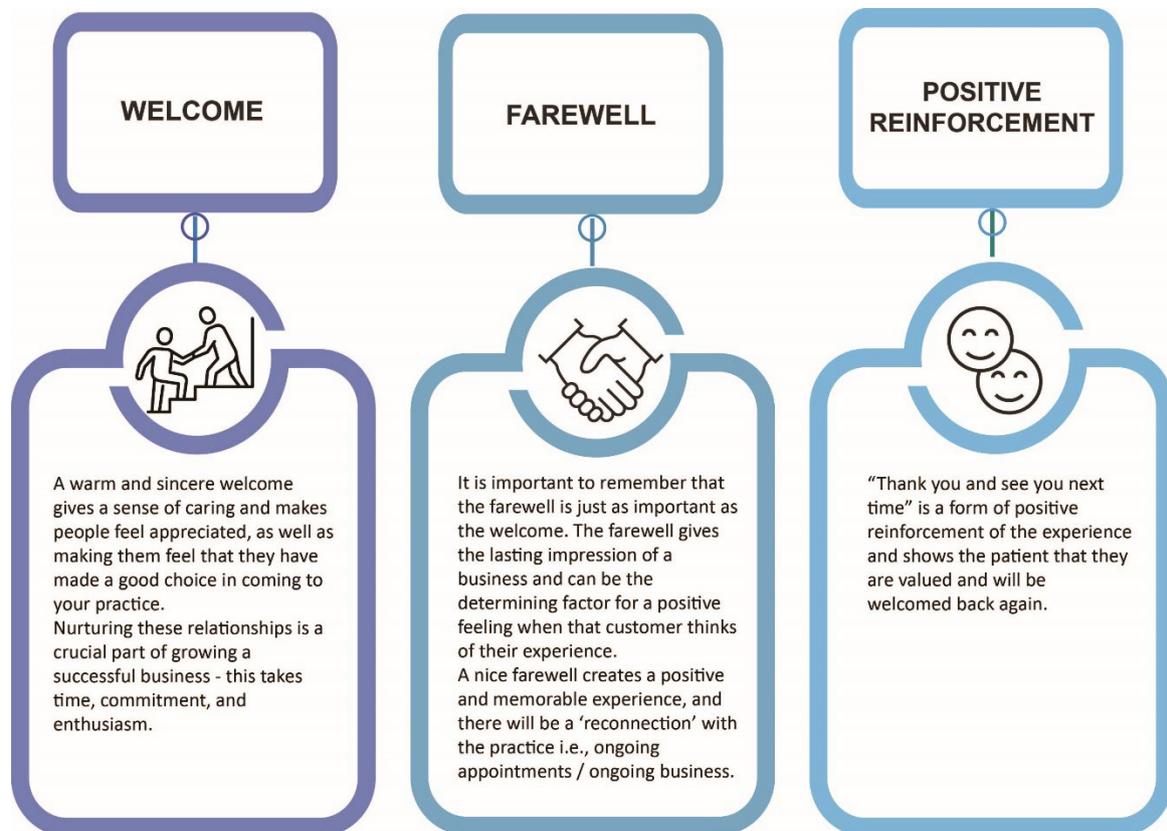


Figure 8: Creating a warm and welcoming environment

First impressions count

When we meet someone new, a first impression is formed very quickly. This is true for patients when they form their first impression of the practice, and it is likely a medical receptionist is the first point of contact. This is why the medical receptionist can be considered the ‘face of the practice’ and can make or break a patient’s relationship with the practice.

When someone is first in contact with you or the practice, they will be judging you primarily based on how warm you are, and how trustworthy you seem. The patient will subconsciously be judging you on your intentions towards them and also how competent you appear. For example, they may be considering “Does this person care about me?” and “Can this person do what they say they will do?”

When we meet people for the first time, we make quick decisions about them based on their:

- eye contact
- appearance
- handshake (or elbow bump!), and most importantly
- verbal and nonverbal cues.

Showing positive emotions like joy and happiness can make a good first impression. These emotions are easily expressed through tone of voice and both verbal and non-verbal communication. First impressions can make or break a business, and a positive experience can create long-lasting relationships. Making a good first impression is particularly important when it comes to meeting customers. In the healthcare space, these ‘customers’ or patients may be unwell or caring for an unwell person and/or feel anxious. Therefore, these people are vulnerable and potentially have heightened sensitivity.

To demonstrate your trustworthiness and warmth, it is important to spend time getting to know the person, using small talk, and asking questions to elicit their interests. Listen as the first step, letting the person speak first, which you can prompt by asking an open-ended question. To demonstrate your competence, speak with confidence and authority and importantly, do what you say you will do.

Changing negative first impressions is difficult. Once a first impression is formed, people are less likely to change their mind. While it is important to make a good first impression, your last impression is more long lasting. It is even more difficult to change a last impression, as it is a “lasting” impression.

2.2 Telephone communication

Using the telephone competently and courteously is essential to customer satisfaction. The practice is a business, and it is important that telephone communication is effective, polite, and positive for patients. Poor telephone etiquette can have a disastrous effect on your relationships and customer service. Think about this section in addition to the learning from verbal communication in Lesson 1.

There are key components to effective telephone communication, such as:

1. **Preparation.** Do you have a script as to how to answer the telephone, and for common scenarios that occur on the phone? Read, understand and role play what you should do and say if someone is aggressive, or wants to submit a complaint.
2. **Introduction.** Greet the person with genuine warmth. Locate the caller to place so they know they have connected with whom they intended to, for example “Welcome to Valley Health, you are speaking to Tanya. How can I help you today?”
3. **Build rapport.** Most callers want to speak with a person not a machine. Be yourself and keep it friendly, small talk goes a long way in building rapport.
4. **Speak clearly.** Making yourself understood is a key principle of effective telephone communication. This is more challenging when wearing a mask as voices are muffled, and people who are hearing impaired find this even more challenging.
5. **Tone of voice.** A friendly but authoritative manner works well. Develop your own phone personality and vary your vocal pitch.
6. **Keep it positive.** Avoid using negative words and phrases on the telephone such as: that is not possible, forget it, why didn't you..., I don't know, or it is against policy. Keep bureaucratic phrases and jargon out of the customer service conversation. Be careful not to create false expectations - don't say “I won't be long” if there is a chance you might be!
7. **Listen.** Listening to your patient is more important than speaking.

8. **Putting callers on-hold.** It may be an emergency! Ask if it is ok rather than cutting them off. When you return to the call, thank them for holding. If all else fails and you cannot address the call in a timely manner, then offering to call the customer back demonstrates courtesy and a willingness to help.
9. **Transferring calls.** One thing that kills a customer relationship is being passed around from pillar to post - or worse still, getting lost inside a virtual switchboard. Ensure you know how your telephone system works and always get the callers details before you transfer them, so you can call them back if need be. Your Practice will have a policy and procedure related to transferring calls, and it is important to understand and follow the policy.
10. **Dealing with difficult calls.** Try to think why the caller is acting the way they are and do not take what people say to you as a personal insult. Do not lose your temper and keep your attention on the facts. Try to get the person's agreement as a way forward to resolving the call. If needed, put the person on hold and seek support or just breathe! There is more information on dealing with aggression in Section 3.
11. **Closing the call.** Make sure you give assurance that any promises you have made will be fulfilled. Thank the caller and let them know their business is appreciated. Your ultimate aim should be that the caller remembers their experience in a positive way.

2.3 Email

Internal email and messaging systems

In contemporary workplaces, we receive a huge number of emails and internal messages each day. Due to the sheer volume of messages, we are reading and writing, we may be more prone to making errors and those mistakes can have serious professional consequences. Have you ever accidentally selected to 'reply all' or forwarded an email to the wrong person when you didn't mean to? In a workplace environment, mistakes such as these can be problematic. It is so important to check and double check your emails/messages before sending, as the written evidence is there once you press 'send'.

In terms of communicating important information via email or messaging systems, people often decide whether to open an email based on the subject line and may only scan the first paragraph to decide if the information is relevant to them. Here are some tips on how to use email professionally:

- Do not use laid-back, colloquial expressions like "Hey you guys," or "Hi folks".
- Exclamation points can seriously affect the intent of an email from routine to urgent and can also appear too emotional or immature.
- Humour can easily get lost in translation without the right tone or facial expressions. In a professional exchange, it is better to leave humour out of emails unless you know the recipient well. Also, something that you think is funny might not be funny to someone else, and they now have written evidence of your joke that may be interpreted as offensive by some people.
- Know that people from different cultures may speak and write differently.
- Miscommunication can easily occur without the benefit of body language.

- Adding the email address last will hopefully mean that nothing gets sent in error.

External email

In composing emails to patients:

- Understand and always comply with the practice policy that outlines processes to avoid data and/or confidentiality breaches. The practice will have clear access and responsibilities described, and it is important to know which emails you are allowed to send. Consider whether the patient has provided consent to communicate with them via email. Sending the wrong patient information in the wrong way breaches privacy law and risks the Practices reputation. Be careful!
- Assess the risk - consider appropriate means of communication depending on the urgency, sensitivity, and risk in each case. If in doubt, ask your manager.
- If you publish an email address on your website, make sure you communicate clearly how it is monitored and what to do in case of an emergency.

Secure messaging is always best, but not always possible.

2.4 Documentation

In a healthcare environment, documentation is very, very important. This includes clinical and administrative documentation, both of which are legal documents. There are practice policies and procedures to comply with, as well as Australian legislation. This is explored further in Module 3.

Administratively, it is vital that the correct patient is identified, and that their personal information such as their Medicare card details, and emergency contacts are up to date in the system. The practice relies on correct billing information to receive its income, while also being careful to avoid fraud.

Access to clinical information is only provided to those who require it and whose access is listed, as this contains confidential patient information. Be aware of the legal requirements and practice policy around confidentiality and privacy.

Imagine you are working at a practice and your friend's teenage daughter comes in to see the doctor. You are intrigued as they don't seem sick, and you know your friend has been worried about her daughter 'going off the rails'. When you go into the doctor's office later, the teenager's notes have been left open on the screen accidentally. What do you do?

Although it is tempting to have a look at the notes, this is in breach of the Privacy Act and practice policies and procedures as well as the access that is recorded in your position description.

It is so important that you remember the legal requirements and implications of everything we do in our daily routine.

Compliance with privacy legislation, policy and procedures is covered in Module 3. It is important to understand the risks to both you personally and the practice if this compliance is breached.

2.5 Patient three-point identifier

There are standards in the healthcare system that act as 'rules' to protect patients from confusion in a large and sometimes bureaucratic system. There are examples where the wrong leg has been amputated, or the wrong patient notes opened. Your practice may have two (or more) patients with the same name or at least surname, and it is easy to book in the wrong patient. Using three points of identification when the patient arrives ensures the correct medical file is brought up, and therefore the patient receives the right treatment. This is a requirement for general practice accreditation.

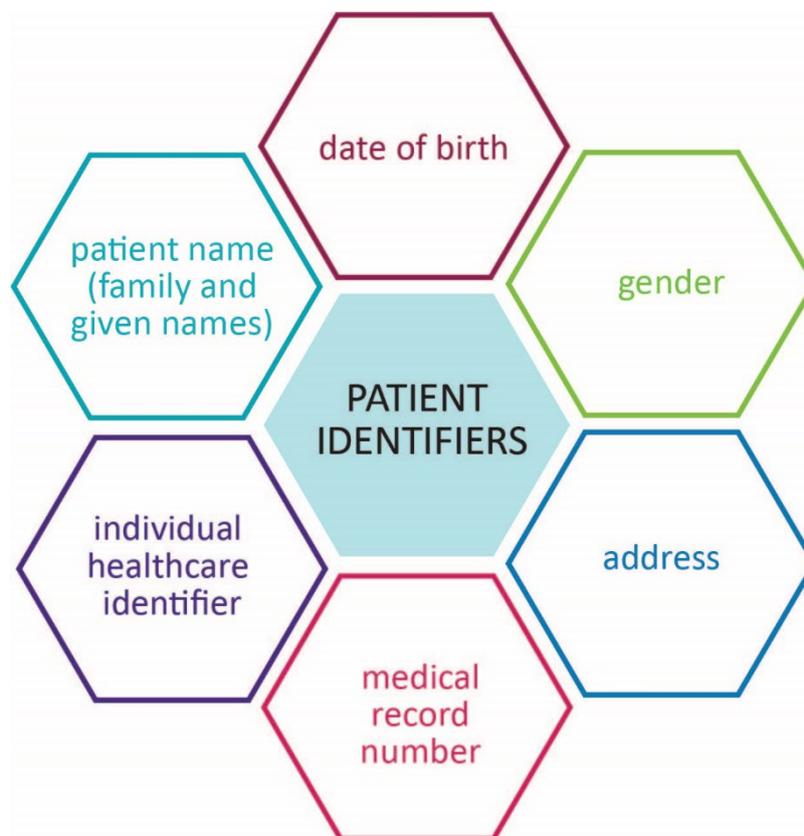


Figure 9: Approved patient identifiers

Health service organisations and clinicians are responsible for specifying the approved items for patient identification.

2.6 Communication in the workplace

A work team is a dynamic, constantly changing, and interesting group. The cohesion levels will fluctuate over time, with the ebbs and flows of stress, staff changes, and leadership. Your role is to ensure you maintain the principles of effective communication (respectful, polite, professional, maintaining privacy and confidentiality) within your work team, even when it is difficult.

To communicate effectively in your workplace, you need to have skills to be able to:

- Convey messages concisely and clearly
- Encourage reluctant team members to contribute to the team. Ask questions, give them time to consider and respond, engage with their responses.

- Stay objective and not be emotionally invested in work situations. You need to be able to explain a difficult situation while controlling emotion such as anger. It is important to state your needs, wants, or feelings without criticizing or blaming, and be open to others point of view on the situation.
- Verbalise that you need assistance, and what assistance you need
- Paraphrase to show understanding and that you have active listening skills. Refrain from interrupting someone who is speaking but do ask clarifying questions.
- Ask probing questions to elicit more detail about specific issues. If you don't understand an instruction, it is easier to clarify up front rather than do the task incorrectly and then redo it. In a new role, it is not unusual for it to take some time to understand your new manager and colleagues, including their communication style. If unsure, clarify! You can use words such as 'I want to be clear I understand what you are asking me to do, is it
- Request feedback and try to receive criticism without defensiveness. Consider the feedback as an opportunity to improve and build your skills. No one is expected to know everything and demonstrating to your manager that you are keen to learn from mistakes is a great way to prove yourself worthy of a promotion.
- Be positive and smile, especially when wearing a mask, as the smile will come through in your eyes and tone of voice.

Using steps to implement effective communication is easier said than done. As effective communication is a skill, it can be learned and requires practice to develop. This Module provides you with tips to practice, but to develop skills you need to have awareness of what you need to do, and then *practice* until you become proficient.



Activity 4: Written task – developing communication

Developing your communication skills will not only assist you in your current role but will also contribute to your development ready for a promotion.

To develop your communication skills, you need to practice. It can be effective to ask your manager to allow you to practice your skills in a particular area, for example can you take minutes at staff meetings, receiving feedback from your manager? Once you have developed this skill, see if you can create agendas and even chair meetings with your manager's support and feedback.

To help hold yourself to account, write down three ideas of how you can practice your communication skills in the practice environment.



End of activity

Summary

Medical receptionists have a key role in effective communication within a healthcare practice and set the tone of the relationship between the customer–patient and their family/carer, and the practice. Effective communication is a skill that can be enhanced and built on over time and can be considered lifelong learning.

The first impression of the healthcare practice is likely to be with the front desk staff, and it is important to demonstrate warmth and competence to leave a good first impression. Using small talk and asking questions are good tools to build rapport and provide a good first impression.

It is important to understand key legislative requirements regarding privacy and confidentiality in a healthcare practice, which will be covered in more detail in Module 3.

Lesson 3: Dealing with challenging communication



Challenging behaviours are difficult for everyone involved. Understanding more about “behaviours of concern”, what triggers them and the best techniques to de-escalate behaviours will give you a toolkit to use if you find yourself in a situation that requires it. Some of these concerning behaviours seen in the healthcare environment include verbal or physical aggression, disrespectful communication, shouting and intimidation. Familiarise yourself with the content in this Lesson so that you are prepared and can act more instinctively to de-escalate a situation early.

3.1 Behaviour of concern

Most of the patients accessing your healthcare practice will be polite, respectful, and courteous in their communication with you and other staff members. However, it is possible you will come across someone demonstrating aggression, anger, and/or inappropriate behaviour at some point in your career. This situation is confronting and stressful, activating your flight, fight or freeze response in which your brain reacts with a surge of adrenaline, and you may say or do something unintended.

It is useful to plan for scenarios where you or a team member are on the receiving end of aggression or violence and think carefully about how you will react so that your brain is less likely to respond primitively and more likely to respond rationally. Role playing with your colleagues can be useful to practice the most likely scenarios you will encounter.

As the front desk staff, managing behaviours of concern including aggression may be part of the job but it is not acceptable for staff to be hurt or placed under undue stress. Employers have a duty of care to do all things possible to prevent or minimise any harm that may occur because of behaviours of concern. This includes providing a means of communication for emergencies, an emergency response system, and procedures. Workers must follow reasonable instructions in managing behaviours of concern and protect the safety and health of themselves and others.



A behaviour of concern is any challenging behaviour which causes stress, worry, risk of or actual harm to the person or those around them.

The term 'behaviour of concern' generally replaces the term 'challenging behaviour' and is often used in the context of impairments (for example dementia or disability) or trauma creating a behaviour that is problematic in the healthcare practice.

A potential behaviour of concern in a healthcare practice is patient aggression and violence, which can be targeted at the medical receptionist. This includes a wide spectrum of behaviours and actions, including:

- verbal aggression such as yelling or swearing at someone
- intimidation and threats, which can be verbal or physical such as threatening/aggressive body language like standing over someone, clenched fists and gritted teeth while shouting at someone.
- abusive letters, phone calls or emails
- destruction of property or possessions, including throwing chairs or furniture, sweeping items off a table in anger
- online trolling, for example leaving poor or deliberately inaccurate reviews on internet sites that you cannot control
- assault or armed assault
- forcible confinement or false imprisonment, including blocking the exit so the staff member cannot leave
- acts of indecency
- sexual assault
- stalking or loitering.

We will now look at why some behaviours of concern occur, and strategies to identify and de-escalate these behaviours early.

3.2 People with complex needs

People with complex needs may have unmet needs and often find it difficult to express them. Unexpressed needs can result in a person being perceived as having challenging behaviour. People can then find themselves being labelled as unmotivated, antisocial, offensive, treatment resistant, having a borderline personality disorder, or being aggressive or passive aggressive.

Sometimes people who have a disability—including an ‘invisible’ disability, have behaviours of concern and you won’t know this until the behaviour presents. In addition, there are people who will visit your practice who do not have a defined impairment, but due to their history and the stress and anxiety they are experiencing, may react aggressively.

3.3 De-escalation techniques

Early De-escalation

Any situation or feeling can act as a trigger for aggression or other challenging behaviour. Mostly of the time, behaviours of concern are predictable and can be avoided if you know how to identify the early signs. By identifying early signs of aggression and employing evidence-based de-escalation techniques, many episodes are de-escalated successfully. By now, you won’t be surprised to hear that Medical Receptionists are vital in the success or failure of early identification and de-escalation. A good receptionist will absolutely save the day!

De-escalation is appropriate if you are not in immediate danger. If you are in immediate danger, activate the practice’s emergency response plan.

The following guide to de-escalate aggressive patients³ is provided in the table below.

Table 2: de-escalation techniques

Guide to de-escalating aggression	
Respectful communication	Some patients may not understand the system and feel powerless. Demonstrating empathy and understanding and explaining in a respectful manner (not speaking down to them) can make a big difference.
Keeping calm	Appearing calm and remaining respectful, controlled, and confident

³ Royal Australian College of General Practitioners (RACGP), n.d. *Preventing and managing patient aggression and violence. A brief guide for general practices following tips*, URL: <https://www.racgp.org.au/FSDEDEV/media/documents/Running%20a%20practice/Practice%20management/Preventing-and-managing-patient-aggression-and-violence.pdf> Retrieved 18 September 2021

Guide to de-escalating aggression	
Using reflective questioning	Demonstrate that you are listening by confirming the message is right (e.g., 'You need to see a GP as soon as possible, is that correct?')
Being clear and direct in your language	Clearly and simply explaining your intentions – complex questions or concepts may increase anxiety
Monitoring your body language	Avoiding acts like crossing your arms and intense eye contact – these can be perceived as threatening
Offer assurance	Assuring the patient your actions are in their best interest
Engaging the patient	By asking questions that are likely to elicit a 'yes'. The most effective way is to briefly summarise the patient's perceptions and views as you understand them, with questions at the end such as 'Have I got that right?' or 'Is that what you mean?' A sequence of five or six questions where the patient is answering 'yes' is a powerful way to increase the likelihood that an aggressive patient will see you as being on their side, even if they remain angry about the issue
Maintaining a solution focus	Ask the patient to solve the problem they are concerned about by identifying as many solutions as they can think of to address the problem. Repeat these back to them rather than arguing about the pros and cons of each option. This may lead to compromise between parties and avoid a 'black and white' or 'us and them' situation.

3.4 Emergency response

If early de-escalation is unsuccessful, it is important to activate the practice emergency response policy. To activate the policy, you must know it. Remember, in the moment your brain will not be thinking clearly and calmly, so it is very important to make your responses as automatic as you can, by really learning and practicing the roles. Some likely actions from the practice policy include using an installed duress alarm, understanding what happens once the alarm is pressed, retreating to a safe location, ensuring other staff and patients in the practice are safe, alerting other people on site to the risk and that the practice policy has been activated, and calling 000 to request police assistance.

Activity 5: Scenarios- Rehearse team responses

To ensure you and your team know their roles and responsibilities during an episode of a behaviour of concern, ask your team to brainstorm and role play the following typical scenarios in a healthcare practice:

- Scenario 1: You are the medical receptionist, and a patient is shouting at you on the phone as they are angry, they can't get a COVID vaccine soon enough. They are a registered but infrequent patient of your Practice.
- Scenario 2: Mr Jones is a long-time patient of your practice. Now in his 80's, he has dementia and becomes agitated if he is required to wait for any length of time for the doctor. The doctor is running late unexpectedly, and Mr Jones is beginning to pace around the waiting room.
- Scenario 3: a child with autism is waiting for their 4-year-old health check. The unfamiliar clinical environment is escalating their behaviours of concern.
- Scenario 4: a mother is waiting longer than expected with her newborn and toddler, as the doctor is running late. She is clearly stressed and looks to be on the verge of tears.

End of activity

3.5 Follow Up

If an incident does occur in your practice, it is important that the team is debriefed appropriately. If you are involved in an incident, either directly or on the periphery, don't underestimate the long-term effects it may have on you. It is very important that you debrief appropriately and receive ongoing support if needed.

Additionally, the practice should have a process to report any incidences, and to actively investigate why an incidence occurred and what can be changed to prevent it from happening again. This process will be led by the practice manager or your team leader. As a medical receptionist, it is important to follow the delegated lines of reporting detailed in the practice policies.

Summary

This Lesson has explored challenging communication in terms of behaviours of concern including aggression and/or violence. A good understanding of early signs of aggression and the implementation of de-escalation techniques is a vital skill for medical receptionists, as well as knowing when and how to implement the practice emergency procedures and policy. Role playing various scenarios is useful to ensure everyone in the team knows their expected role and response to each scenario.

Ideally, using effective communication techniques such as empathy, active listening, and building rapport will prevent situations from escalating. It is important to consistently demonstrate the principles of communication in a healthcare practice including being respectful, polite, professional, and maintaining privacy and confidentiality at all times.

Lesson 4: Diversity and cultural safety



Communication with people from diverse backgrounds adds another level of complexity in a healthcare practice. This Lesson introduces concepts to communicate effectively with people from diverse backgrounds. It is important to understand why cultural competence helps to provide a culturally safe healthcare practice, ultimately improving the health outcomes for people from diverse and disadvantaged backgrounds.

Health literacy is a tool for improving health outcomes for patients and their families, and some strategies are provided for medical receptionists to help patients improve their health literacy.

4.1 Diversity in a healthcare practice

Diversity in the workplace means that the healthcare practice employs individuals with a variety of different characteristics. Different characteristics could be people of varying:

- race
- ethnicity
- religion
- age
- gender
- sexual orientation
- abilities and disabilities
- political beliefs
- education
- socioeconomic background
- geographical location
- language
- culture.

There are plenty of benefits to diversity in the workplace, including a variety of perspectives, skills, and experiences. This leads to greater creativity and better decision-making in the business. Having people with a variety of characteristics in your workplace creates a more accepting healthcare practice culture. In turn, patients with diverse backgrounds will feel more comfortable accessing healthcare at the practice, which improves their health outcomes.

The next sections introduce the concepts of cultural safety, implicit bias, and health literacy. These concepts are important to understand to ensure you are contributing to a culturally safe healthcare environment for both staff and patients.

4.2 Cultural safety

Communication with people from diverse backgrounds can add a level of complexity to effective communication, particularly if there are language barriers to overcome. Additionally, emotional expression varies significantly across different cultures, and if you don't understand these emotions when communicating with someone from a different culture, it can be a communication minefield.

However, effective communication with people who are from different groups to yourself – including cultural groups, gender, identity, mental illness, disability, pregnancy – is critical in providing a culturally safe healthcare practice. This includes understanding someone's culture or what can be called 'cultural competency', which involves a person having the attitude, knowledge and skills that are needed to function respectfully and effectively to work with and treat people of different cultural backgrounds.

Examples of understanding someone's culture and providing culturally appropriate healthcare may be someone requesting a female doctor, bringing multiple family members to appointments, requiring

an interpreter, or requiring transport and assistance from an Aboriginal Health Worker to attend their appointment.

Cultural safety focuses on the patient experience to define and improve the quality of care. In a culturally safe environment, the patient will feel safe, connected to culture, and their identity will be respected. When they feel safe and respected, they will build relationships with the practice team including medical receptionists and will have improved access to healthcare. This in turn provides better health outcomes for disadvantaged groups.

Cultural safety can only be defined by those receiving the care.

Respect is at the heart of cultural competence and therefore cultural safety. Patients who feel their healthcare provider and the practice staff respect their beliefs, customs, values, language, and traditions are more likely to communicate freely and honestly, which can, in turn, reduce disparities in healthcare and improve patient outcomes. The medical receptionist has a role in treating everyone as an individual, being respectful and curious about their background and experiences, and applying the same communication strategies outlined in this Module to people from diverse backgrounds.

To provide a respectful and culturally safe healthcare environment, it is important that all employees in the practice understands bias and how this influences interactions with individuals from diverse backgrounds.

4.3 Understanding bias

A key step in understanding and promoting diversity in a healthcare setting is understanding bias. Bias is classified as implicit or explicit.



An **implicit bias** refers to attitudes and beliefs that occur outside of our conscious awareness and control.



An **explicit bias** is one of which we are aware on a conscious level.

In this Module, we focus on implicit bias because once you are aware of a bias, you can take steps to manage it differently. This is the first step towards change. Understanding your implicit bias provides you with the opportunity to reflect on the way you are communicating with people from diverse backgrounds.

Implicit Bias

Implicit bias is a natural way for the brain to instantaneously make sense of the huge quantity of information presented to it every moment. Without an internal prioritisation and filing system, we would be overwhelmed with too much information for our brain to process, resulting in the brain not processing information well or even at all. We therefore use stereotypes instantaneously and unconsciously to make sense of, and 'sort', the world.

Unconscious stereotypes – implicit biases, are common. Individuals naturally have an affinity for people who are like themselves. The similar group could be related to ethnicity, age, gender, or identity, and the group will change depending on the situation. Stereotypes naturally exist in society,

and we internalise the stereotypes without really being consciously aware of them. These distorted perceptions can lead to behaviours that can cause discrimination, which in turn impact health outcomes for different groups of people.

It is important to understand your implicit biases so that you can consciously ensure your communication, both verbal and nonverbal, is appropriate and respectful to everyone you come across. It can also be useful to understand your practice's policy if you are faced with a patient who is demonstrating bias by requesting a particular health practitioner, for example a doctor of a particular ethnicity.

4.4 Health literacy

For a healthcare practice to be culturally safe, it must also be accessible to people from disadvantaged and diverse groups. A key component of improving access to healthcare is to improve the health literacy of target groups.



Health literacy: the capacity to obtain, process and understand basic health information and services in order to make informed and appropriate health decisions.⁴

The definition above, should not be interpreted as a problem of the patient or consumer. Health systems tend to be complicated to navigate, and like a foreign language to those not used to the setting or health terminology. Your role as a medical receptionist includes assisting patients in navigating the system, for example understanding Medicare and/or billing options, what the gap payment will be and why, avoiding the use of abbreviations and medical jargon and using plain language. Encourage people to ask questions if they don't understand why something is occurring and be careful not to make them feel 'uneducated' for not understanding a part of the system.

The reason health literacy is so important is due to the strong link between health literacy and health status.

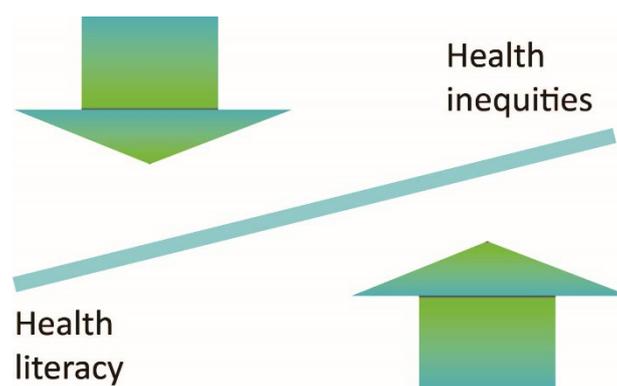


Figure 10: Relationship between health inequities and health literacy

To successfully navigate the healthcare system and advocate for themselves and their families, consumers need to build their health and 'system' knowledge. By building their health literacy, consumers become more independent and less reliant on health professionals to access information and resources.

⁴ Ministry of Health, 2015. *Health literacy*, URL: <https://www.health.govt.nz/our-work/making-services-better-users/health-literacy>
Retrieved 15 October 2021

Summary

People from diverse backgrounds contribute different perspectives, ideas and solutions, and it is important to treat everyone with respect. Each person you encounter has a story and experiences you may not know or understand. Be curious and use communication techniques to build rapport over time. Explore your own implicit bias, as this is an important step in bringing biases to your consciousness. Everyone in the healthcare practice has a role in providing a culturally safe environment where staff and patients feel accepted and safe.

Conclusion

As a Medical Receptionist, you have a broad and busy role. It is vitally important that you use your strong communication skills to support the brand and reputation of the practice, and to comply with legal requirements around privacy and confidentiality. The front desk staff are the first and last contact point for patients, and often have the power to turn around a patients experience into something positive.

This Module provided specific strategies for effective communication, including the importance of consistently demonstrating the key principles of communication of being respectful, polite, professional, and maintaining privacy and confidentiality. These principles apply regardless of who you are talking to within your work role, and to all types of communication (verbal, non-verbal, written). Communication is a skill that can be developed, and as such it is useful to practice skills such as active listening, building rapport, writing emails, and taking minutes. This is a good way to work towards a promotion.

An uncomfortable part of communication in a healthcare practice can be managing behaviours of concern, such as patient aggression and/or violence. Understanding that aggression usually has early warning signs enables you to identify the warning signs and de-escalate a situation. It is, however, important to understand the practice policy and enact emergency procedures if needed.

Diversity in the workplace and amongst patients adds value to a healthcare practice and working with the practice team to build a practice of cultural safety is important. One aspect of cultural safety is effective communication with people from diverse backgrounds, such as non-English speaking and / or people with poor health literacy. Providing a culturally safe practice improves access for disadvantaged groups of the population, and therefore improves their health outcomes.



Quiz Questions

LD notes: publish as H5P as per current processes. Delete red text when finished.

LD: Multiple answer question

Question 1

Which of the following are effective de-escalation techniques when you are dealing with an aggressive patient? Tick all answers that apply.

- respectful communication
- clear and direct language
- reflective questioning
- stay focussed on solutions

Answer / H5P feedback

Many de-escalation techniques that are effective are because they re-engage the frontal lobe of the brain that regulates impulse control, rational thought, and awareness of consequences. All are correct.

- *respectful communication*
- *clear and direct language*
- *reflective questioning*
- *stay focussed on solutions*

LD: True/false

Question 2

Select if this is true or false. The key principles of communication in a healthcare practice are to be:

- respectful
- polite
- professional
- maintain privacy and confidentiality

Answer / H5P feedback

- *True.*

LD: Multiple choice

Question 3

Which of the following is the correct answer? Behaviour of concern is:

- Any behaviour which causes stress, worry, risk of or actual harm to the person or those around them.
- Any behaviour that results in physical harm to practice staff.

Answer / H5P feedback

- *A behaviour of concern is any behaviour which causes stress, worry, risk of or actual harm to the person or those around them.*

End of activity
