Excellence in Communication
Webinar Series

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Challenging Communications Webinar 1 Notes

Communication

Listening is key to all effective communication. 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.
- 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.
- Active Listening helps to build trust and establish rapport, as well as demonstrating concern.

Your body language, stance, eye contact and hand gestures all impact and colour the message you are trying to convey and/or receive.

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 -** May use hand gestures to emphasise a point or when excited.
- **Facial expressions -** The human face is extremely expressive, able to convey countless emotions without saying a word. These movements convey the emotional state of an individual to the listener. Generally classified as anger, contempt, disgust, fear, joy, sadness, and surprise – interestingly 4 out of 6 are negative!

Listener signals:
Pay attention to nonverbal signals while you are talking. Often, nonverbal cues convey how a person is really feeling and receiving your communication.

The obvious advantage of clear communications is that people will easily understand your message.

- Good 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.
- 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:

Is how the character of your business culture coming through in your words, both written and spoken. It is not about what you say, but rather the way you say it, and the impression it makes 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.

It is important to be polite in both face-to-face and written communication. When you can, personalise your emails to co-workers and/or employees – 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

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:

- Take the perspective of the other and adapt every part of your messages accordingly.
- Use positively affirming words such as 'yes', 'ok' "I see".
- Affirming gestures such as nodding.

Open mind:

- A good communicator should enter into 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 enter into 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

Respect and feedback:

- 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 appreciated. On the phone, avoid distractions and stay focused on the conversation.
- Convey respect through email by formatting correctly and taking the time to edit your message. If you send a sloppily written, confusing email, the recipient will think that you do not respect them enough to think through your communication with her.

- Being able to give and receive feedback appropriately is an important communication skill. Managers and supervisors should continuously look for ways to provide employees with constructive feedback, be it through email, phone calls, or weekly status updates.

Concerning Behaviours

Challenging behaviours are difficult for everyone involved:

People with complex needs have many 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 by service providers as unmotivated, antisocial, offensive, treatment resistant, having a borderline personality disorder, or being aggressive or passive aggressive.

Whilst managing these behaviours may be part of the job, it is not acceptable for workers 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 as a result of challenging behaviours.

This includes providing a means of communication for emergencies, an emergency response system, and procedures. Workers must follow reasonable instructions in managing challenging behaviour and protect the safety and health of themselves and others.

High Risk – Low Risk:

Any situation or feeling can act as a trigger for challenging behaviour. This is frequently unpredictable. However, the approach made towards the person is very important:

- Back off where possible.
- Keep calm.
- Call for help.
- Leave the person to calm down, if possible.
- Remove others from the environment, if possible.
- Be aware of body language and tone of voice used to the person.

When someone becomes extremely irate or angry, they begin using their core brain or "alligator brain." This part of the brain includes the limbic system, brain stem structures and the amygdala which drive aggression and anger

- **Front desk** – Not looking up when the patient checks in – could include use of check in kiosk, how that would be managed to create a 'welcome'. What does it communicate about the Practice?
- **Phone** – 'Surgery just hold' versus 'are you able to hold, I will be with you as quickly as possible'**,** 'Sorry to keep you' versus 'thanks for holding, how can I help'
- **Email** – Often done quite poorly, use templates, drafts, or check with your manager to confirm it is OK to send.

Behaviour Support Strategies:

Proactive strategies - These are aimed at preserving the dignity of the client and include a positive approach to behaviour support. Positive behaviour support includes increasing and strengthening helpful behaviours through reinforcement (not using punishment or negative consequences to reduce the challenging behaviours). It involves anticipating where things may go wrong and preventing that from happening rather than simply reacting when behaviours of concern develops.

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Immediate response strategies - Strategies aimed at de-escalating or managing behaviours of concern include:

- Redirection
- Talking about the issues
- Responding to early signs of the behaviour
- Anger management.

Crisis response strategies - These strategies involve a response to situations where the client begins to engage in a behaviour of concern and intervention to avoid risks becomes necessary.

Last resort strategies - These strategies can include restrictive practices and constitute emergency responses. They involve self-protective strategies and occur as a last resort when other strategies have been attempted and failed. This can include control of freedom such as the use of chemical restraints. In turn, there are a number of different strategies to suit the particular instance of behaviours of concern.

Making changes to the environment:

This involves understanding the relevant environmental factors that may contribute to the behaviours of concern. If property destruction is a recurring issue, then changes to the environment could include installing equipment that prevents destruction to the property, such as rail guards.

Skill development strategies - This involves skills that the client could learn to apply instead of using behaviours of concern. If the client is using behaviours to communicate something to the workers, then teaching them a new way of communicating is an effective strategy.

Short-term change strategies - May be applied in the short term to bring about a more immediate change to the behaviour.

Immediate response strategies - Minimise risk to the client and others including de-escalation approaches as discussed earlier. They involve responding to the behaviour immediately and not providing a long-term behaviour change intended only to manage a serious episode of behaviour.

Response Strategies Summary

Behaviour of Concern	Description	Example Response Strategy
Aggression	Exhibit anger through speaking loudly or shouting or making threatening non-verbal movements such as waving arms up in the air.	Talking to the client in a quiet, calm voice or escalating the issue by contacting security if risk of violence is evident.
Confusion or other cognitive impairment	The client might get lost or is mixing up names.	Environmental responses could include ensuring that signage is visible to provide clients with clear directions and/or wearing name tags/uniforms.
Intoxication	The client may slur their words or fall and stumble while walking.	Immediate response could include asking the client to sit down to prevent them from falling.
Intrusive behaviour	The client may exhibit unwelcome touching, poking.	Immediate strategy could include closing doors to areas where privacy is essential.
Manipulation	Exhibit emotional blackmail such as making threats and demands.	Strategies could include identifying these behaviours in advance of meeting with the client by reading client case file.
Self-destructive behaviour	The client may exhibit self-harming behaviour such as cutting limbs.	Immediate strategies may require medical attention or psychological intervention as devised by specialist.
Verbal offensiveness	The client may swear and make inappropriate suggestions.	Immediate strategies could include calmly asking the client to refrain from using obscene language.
Wandering	The client may leave the group during outings or walk out of waiting room in a medical clinic.	Strategies could include ensuring that clients who are confused are always accompanied by carers.
Withdrawn behaviour	The client may refuse to answer questions and speak, or hide in a corner of the room or a cupboard.	Immediate strategies could include accessing specialist support such as a Psychologist or crisis intervention support.
Non-compliance with treatment and interventions	The client may refuse to enter a doctor's surgery when required or refuse to move into a physical position necessary for medical examination.	Immediate strategies could include seeking specialist intervention such as crisis teams if significant harm may arise from lack of cooperation, or rescheduling appointment for another time if possible.
Noisiness	The client may play loud music or make noise with instruments.	Immediate strategies could include asking client to turn off the music, or environmental strategies could include displaying signs that indicate the area is a quiet space.

De-escalation Techniques:

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.

- **Listen** – Listening allows an irate person to 'flood' which is a means of purging angry energy.
- **Acknowledge** – Understand what a person is meaning or feeling helps by validating their emotions. "Wow, I can see how something like that could cause some anger."
- **Agree** – Try to find some truth in what is being said and agree with it.
- **Apologise** – Never for an imaginary wrong, but a sincere apology for anything in the situation that was unjust can build credibility in your attempt to de-escalate. Alternatively, "I'm sorry the situation has you so frustrated."
- **Clarify** – repeat words to make sure you have understood it is also possible that on hearing their own words the aggressor MAY want to re-think their delivery.
- **Suggestibility** – When individuals are highly agitated, they may be less likely to respond to commands and orders. They may, however, "fall into suggestions," meaning they may act out on suggestions without even knowing they are doing what they are told. For example, "would you mind taking a seat while I…" rather than "sit here while I sort this out".

The ability to successfully achieve de-escalation can have definite safety and security implications.

- How should you prepare for this kind of discussion?
- How do you find the right words in the moment?
- How can you manage the exchange so that it goes as smoothly as possible?

End Goal - a good outcome: less pain for you, and less pain for the person you are talking to:

- **Plan** – But do not script, you need to be genuine, flexible, and have a repository of answers ready. The more prepared you are the more likely you are to remain even tempered and not get flustered.
- **Breathe** – Will help keep you calm and your mind clear – focus on 'in and out' if anxious.
- **Slow down** – Slow the pace of the conversation.
- **Language** – Keep it simple but do not leave anything left unsaid.
- **Listen** – To both verbal and body language and allow for clarifying questions.
- **Empathy** – Be empathetic give them time to collect their emotions if necessary whilst stoically sticking to your point/message. Be honest and fair and be careful not to 'emote'. Do not say things like, 'I feel so bad about saying this,' or 'This is really hard for me to do.'
- **Acknowledge perspective** – Show that you have heard and understood but do not create false expectations, "this sounds really important to you," does not mean I am going to go along with your decision.

Conflict

- Conflict can be healthy, competitive and is often misinterpreted; communication skills can prevent it and or can de-escalate.
- If ignored it can grow and flare up – check your symptoms.
- Most community organisations provide guidelines on how to report incidents.
- A common approach is to apply what is known as the STAR chart.

Now that you have completed this webinar you should have the awareness required to respond effectively to behaviours of concern in people. These skills are associated with handling difficult incidents rather than managing ongoing behaviour difficulties.

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Excellence in Communication
Webinar 2
Diverse and Cultural Communication

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Diverse and Cultural Communication Webinar 2 Notes

Receptionist Role

- Receptionists should have outstanding communication, interpersonal and customer service skills.
- Touchpoint - a point of contact or interaction, especially between a business and its customers. i.e., A Practice and its patients or other stakeholders "every touchpoint must reflect, reinforce, and reiterate your core brand strategy." In other words, who you are, what you do and how you do it.
- A touchpoint is any time a potential customer or customer comes in contact with your brand - before, during, or after they interact with you.
- Customer touchpoints are your brand's points of customer contact, from start to finish.
- Your patients may have been contact with your website or booking system and ease of use will leave an impression, but nothing is more powerful in building a relationship than the first 'personal' encounter.
- A receptionist is usually the first person that a patient interacts with when making contact with your Practice, so you are essentially the face and voice of the Practice and for this reason you play an extremely important role in the representation of the business/practice.

Welcome - A warm and sincere welcome gives a sense of caring and makes people feel appreciated, as well as making them feel that they have made a good choice in coming to your Practice. Nurturing these relationships is a crucial part of growing a successful business - this takes time, commitment, and enthusiasm.

Farewell - It is important to remember that the farewell is just as important as the welcome. The farewell gives the lasting impression of a business and can be the determining factor for a positive feeling when that customer thinks of you. Creates a positive and memorable experience, will there be a 'reconnection' with the Practice i.e. ongoing appointments/ongoing business.

'Thank you and see you next time' - Positive reinforcement of the experience and the door is open to repeating it.

First Impressions Count

It only takes seven seconds to make a first impression on another human being, according to a Harvard study of communication. 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 language both verbal and non-verbal (body language - did you even look up?). First impressions have the ability to make or break a business, and a positive experience can create long-lasting relationships. Making a good first impression is

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particularly important when it comes to meeting customers. In our case these 'customers' or patients may be unwell (or caring for an unwell person) and/or anxious and therefore vulnerable and potentially have heightened sensitivity.

Changing negative first impressions is difficult. Someone who forms a negative impression of another person will be less inclined to meet that person a second time because they have judged the person in a negative light. Additionally, 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 well, more lasting. It is by definition the last thing our patients hear so it a forever impression. It is even more difficult to change a last impression - it is just that a "lasting" impression.

Policies and Procedures

A workplace policy is a statement which outlines an organisation's practices and procedures concerning part of its business, which can cover everything from day-to-day operational matters to compliance with employment legislation.

- Policies and procedures provide employees with a clear understanding of what is expected of them.
- Policies and procedures provide a fair, predictable and consistent approach to managing the workplace and workplace issues.

As such we will have clear policies on how and what we communicate to colleagues, patients, carers, and other stakeholders.

- **APP's** – self-explanatory (future Legal communication skills presentation).
- **State Legislation** – file storage etc (as above discussed in detail next presentation).
- **Greeting** – may have scripts of what to say.
- **On hold** – policy on how long is acceptable.
- **Triage** – definitely have policies on how to do this and what instructions to communicate.
- **Arrival at Practice** – again there will be expectations and policies on how and what to say.
- **Billing** – tricky because this is almost the last thing that happens, so policy on how to make it positive, what to say.

Cultural Competence

Cultural competence encompasses:

- Being aware of one's own world view by self-reflection - look in the mirror!
- Developing positive attitudes towards cultural differences.
- Gaining knowledge of different cultural practices and world views.

Cultural awareness includes:

- Being conscious of one's own culturally shaped values, beliefs, perceptions, and biases

It is important to seek out and participate in meaningful interactions with people of differing cultural backgrounds. Culturally competent care includes knowledge, attitudes, and skills that support caring for people across different languages and cultures. Culture influences not only how health practices communicate but also how the healthcare provider and the patient perceive illness.

Understanding Diversity

Respect is at the heart of cultural competence. Patients who feel their healthcare provider respects 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.

Examples:
- Eye contact
- Male speaks for female
- Gender of Doctor required.

Appreciate and Promote Diversity

Appreciating diversity begins with a critical evaluation of ourselves. We can begin to appreciate diversity by:

- **Increasing** our **understanding** of our own and others' worldview.
- **Examining** critically our attitudes towards people who are different from us.
- **Identifying** the origin of our negative reactions and recognising our biases.
- **Being willing** to talk, listen, and learn.
- **Respecting** and **accepting** differences.

Human diversity is a gift. Appreciating and celebrating this will lead to happier and more productive workplaces. Promoting Diversity can include:

- Anti-Discrimination Policies.
- Being aware how discrimination operates, who it privileges, and who it harms.
- Speaking out against insensitive remarks and discriminatory behaviours.
- Adaptation.
- Creating and/or allowing space for different activities, routines, practices.
- Respecting and supporting difference in our institutions and communities.
- Learn by asking. Do not be afraid to ask questions.
- Pay attention to non-verbal behaviours.
- Exchange stories.
- Offer diversity and inclusion training.
- Acknowledge holidays of all cultures.

Verbal Communication

Workplace:

Open and constant lines of communication are vital to team success. The most effective workplace communication will require skills to be developed to:

- Convey messages concisely and clearly.
- Encouraging reluctant group members to contribute.
- Explain a difficult situation while controlling emotion such as anger.
- Verbalise that you need assistance.
- Paraphrase to show understanding.
- Ask probing questions to elicit more detail about specific issues.

- Receive criticism without defensiveness.
- Refrain from interrupting.
- Request feedback.
- State your needs, wants, or feelings without criticizing or blaming.

Patients:

Communicating effectively with patients will require skills to be developed that:

- Anticipate the concerns of others.
- Ask for clarification without losing their confidence.
- Ask open-ended questions to stimulate dialogue.
- Calm an agitated patient by recognizing and responding to their complaints – more on this in a further slide.
- Emphasise the benefits of a what you are proposing is the best course of action – e.g. coming immediately to the surgery or holding your appointment to a later time.

Conversation Skills

Conversation is a two-way street:

- It is not all about you, but it is not all about the other person either.
- A monologue, in either direction, is not conversation.
- Try to achieve a balance between talking and listening in any conversation.
- Try asking a question to establish common ground. For example: "What do you do?", or even "Isn't the weather beautiful?"
- Everyone likes to be listened to!

Be friendly and polite:

- Smile and be nice, everyone would rather chat to someone friendly and pleasant.
- Try and build rapport by establishing some common ground and by simply smiling and using positive and reinforcing body language.
- Avoid contentious topics.
- Understand the importance of 'Small Talk'.

Respond to what is being said:

- To respond genuinely to what someone has just said means that you have to listen.
- Focus on the other person, and what they are saying.
- You also need to take into account their body language.

Use signalling to help the flow of the conversation:

The most common type of signal is 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 party?" 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. They invite participation. Open questions often start 'How…?' or 'Why….?'.

Create emotional connections:

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Of course, it is perfectly possible to conduct a conversation entirely at the level of small talk, with nothing important being said. But conversation is also a way to explore whether you wish to know someone better and build a relationship with them. It can therefore be useful to understand how to use conversation to create and build emotional connections.

The key 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.

Top Tip! 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".

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."

All different responses, but all sharing an emotional connection with the other person and keeping the conversation flowing. that your conversations need to be focused upon identifying and addressing your clients' needs; using your verbal talents to encourage consultative dialogues will ensure positive client relations.

Non-Verbal Conversation

Whether you are aware of it or not, when you interact with others, you are continuously giving and receiving wordless signals. All of your nonverbal behaviours, the gestures you make, your posture, your tone of voice, how much eye contact you make send strong messages. They can put people at ease, build and trust, or they can offend and confuse.

These messages do not stop when you stop speaking, even when you are silent, you are still communicating nonverbally. Nonverbal communication cues - the way you listen, look, move, and react, tell the person you are communicating with whether or not you care, if you're being truthful, and how well you're listening. For example - continuing to type while listening to patients answer.

Telephone Communication

Using the telephone competently and courteously is essential to customer and client satisfaction, and is an added layer of complexity when dealing with health. Poor telephone etiquette can have a disastrous effect on your telephone customer service. Meeting customer expectations and compliance (RACGP standards):

1. **Preparation.** How are you going to answer the telephone call? Potentially you have scripts especially if the conversation wanders. On hold systems - what part do they play and how do they meet compliance/standards
2. **Introduction.** Greeting the customer genuine warmth. Locate the caller to place so they know they have connected with whom they intended to.
3. **Build rapport.** Most callers want to speak with a human being not a machine. Be yourself and keep it friendly.
4. **Speak Clearly.** Making yourself understood is a key principle of effective telephone customer service.

5. **Tone of Voice.** A friendly but authoritative manner works well. Develop your own phone personality and vary your vocal pitch to avoid sending the caller to sleep and sending the wrong message (boredom).
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, never heard of it, it is against policy and no can do. 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.** In some ways, listening to your patient is more important than speaking.
8. **Putting callers on-hold.** Compliance/Policy/Standards - it may be an emergency! Ask if it is ok rather than tell. And thank them for holding when you do return. 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 worst 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. Follow 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 your customer's agreement as a way forward to resolving the call. On hold and seek support or just breathe!
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 telephone customer service experience in a positive way.

Internal Email and Messaging Systems

Due to the sheer volume of messages we are reading and writing each day, we may be more prone to making errors, and those mistakes can have serious professional consequences. People often decide whether to open an email based on the subject line. No one wants to read emails from 20 people that have nothing to do with them.

- 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, can also appear to 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.
- 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

Patients:

- Practice policy that outlines processes to avoid data breaches.
- Assess the risk - consider appropriate means of communication depending on the urgency, sensitivity, and risk in each case.
- 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.

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- RACGP – guiding principles.

Health Professionals:

- Consent to email to other Health Professionals.

6 - Use or disclosure of personal information:

- Outlines the circumstances in which an APP entity may use or disclose personal information that it holds.
- Secondary Purpose – e.g., imaging request.
- The individual would reasonably expect the APP entity to use or disclose their personal information for the secondary purpose, and that purpose is related to the primary purpose of collection, or, in the case of sensitive information, directly related to the primary purpose.

10 - Quality of personal information:

- An APP entity must take reasonable steps to ensure the personal information it collects is accurate, up to date and complete. An entity must also take reasonable steps to ensure the personal information it uses or discloses is accurate, up to date, complete and relevant, having regard to the purpose of the use or disclosure.
  Secure messaging always best but not always possible.

Documentation

Administration:

- Identification of correct patient.
- Financial /billing purposes – egg Medicare card. Used to 'communicate' with Human Services.
- Emergency contact – to communicate in the event that something goes wrong.

Clinical:

- Reception and Admin staff may or may not have access.
- Access will be appropriate for the role (e.g. – prescribing medication is clinicians only).
- Be aware of what "auto documents/populates" by the software and hat must be added at each encounter.

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Response Strategy Summary

Diversity	Description	Example response strategy
Hearing impairment	Disability	You may choose to communicate with visual mechanisms such as presentations with power points and images that relay your message. The use of AUSLAN interpreters is also helpful when working with people who are hearing impaired (Learn more about AUSLAN here: http://www.vicdeaf.com.au/auslan)
Sight impaired	Disability	Communicating with people who are sight impaired can include verbal communication as well as the Braille written language. To read more about Braille see the following site: http://www.visionaustralia.org/living-with-lowvision/learning-to-live-independently/about-braille/abc-ofbraille
Young people	Age	Adaptive communication skills may be needed, they may still be at school or University and look and act differently.
Aged people	Age	Adaptive communication skills may be needed to clarify understanding. Transport considerations, assistance with movement and or technology may also be needed.
Religious affiliation	Beliefs	Islam and Orthodox Judaism and some Aboriginal cultures, a person may need communication by a person of the same gender as the target group to conduct the discussions and communicate the messages. This could have the effect of putting people at ease and freeing them up to listen more attentively to the speaker.
English is a second language	Race	Make it as visual as possible, honour their silences, allow scaffolding of native language, frame response to rephrase the question in the answer, speak slowly and clearly, use non-verbal as well.
Mental or Physical health	Sick	Treat mental health as you would physical health – integrate good health and safety management into all business communications, policies and procedures. Develop your own leadership and people management skills.

Identifying Special Needs can be more Difficult if from another Culture

What is 'Culture Shock'? "Culture Shock" is the psychological disorientation most people experience when they have extended contact with a different culture to their own. The reason this disorientation can have such a profound effect on people is that many of the cultural differences we experience threaten, or appear to threaten, our sense of meaning in life.

New to Australia? This can be a debilitating feeling.

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Legal and Ethical Communication Webinar 3 Notes

Research Information Required for Legal Compliance

Understanding your compliance obligations involves knowing where to obtain information about compliance requirements and being able to undertake a self-evaluation of your practice to ascertain the extent to which you meet compliance requirements. This topic examines how you might access the information you need relating to legal and ethical compliance and some of the potential penalties associated with non-compliance.

What is the difference between privacy and confidentiality? Confidentiality as a receptionist is your duty or responsibility to maintain while Privacy is the patients right.

Types of Breaches of Standard of Care:

Examples of visual breaches could be:
- Leaving of paper medical records, results, specialist letters, faxes, emails in unrestricted areas within the practice like on the front desk.
- Leaving an appointment list on a Doctors or Nursing staff desk where patients can see it.
- Patients gaining access at computer screens to see other patients' information. Of course, this is more likely in a treatment room or the doctors consulting room.

How often have we heard that "walls have ears" so what may be some verbal breaches:
- Divulging any information about a patient that someone else can hear, this maybe using the telephone or just by providing information to a patient about themselves. Remember about the three identifiers? Ask them to confirm their details DO NOT provide the information. You may ask "does your mobile telephone number end in 576?
- Be mindful that when you are transferring telephone calls to a Doctor or a Nurse that you do not link the name of the patient to their reason for their call. Someone in the waiting room may here this.

What happens if there is a breach of a standard of care?
- The practice could be sued by the patient
- There could be reputational damage to practice, the Doctor and possibly yourself.

Identifying Sources of Compliance Information:

- Compliance generally means conforming to a rule, such as a specification, policy, standard or law.
- Regulatory compliance describes the goal which organisations aspire to achieve in their efforts to ensure that they are aware of and take steps to comply with relevant laws, policies, and regulations.
- To meet compliance requirements, organisations need to be aware of where information can be obtained that will be useful for this purpose.
- Compliance information can be sourced from local, state/territory or commonwealth government departments or regulatory agencies.
- Some government-sponsored departments or peak bodies create compliance standards specific to their needs.
- These standards ensure quality services. Some examples are outlined in the table.

Regulatory Agency	Compliance Standards	Function and Operating
Australian Children's Education and Care Authority	Childcare services compliance standards	Promotes: • The safety, health and wellbeing of children • A focus on achieving outcomes for children through high-quality educational programs • Families' understanding of what distinguishes a quality service
National Disability Insurance Agency	Disability service compliance standards	A national approach to improving the lives of people with disability, their families and carers, and to providing leadership for a community-wide shift in attitudes.
Aged Care Quality Agency	Residential aged care compliance standards	• Accredits Australian Government subsidised aged care homes • Conducts quality reviews of home care and Aboriginal and Torres Strait Islander flexible care services • Provides compliance monitoring, information and training to providers • Works with the community to promote quality care for older Australians.
The Royal Australian College of General Practitioners (RACGP)	Standards for General Practice - 5th Edition	Sets Standards for General Practice. Accrediting Agencies assess General Practices against these Standards.

Legislation, Policy and Compliance:

- **Legislation:** the laws enacted by government to guide how society operates.
- **Policy:** encompasses the principles and standards to guide actions and decision making. Policies function 'as a guiding frame of reference for how an organisation deals with everything from its day-today operational problems, to how to respond to requirements to comply with legislation, regulation and codes of practice.
- **Procedure:** provides specifics on how to perform tasks or duties. A procedure is clearly distinguished from a policy and is documented separately. It is specific and prescribes processes and actions. While policy describes what is to be done, procedures detail how this is to be achieved.
- **Guidelines:** developed to further support the implementation of procedures. They commonly provide a more specific level of operational detail where clarification is required, and may have a more technical nature, where this is relevant. Guidelines may be provided where a process or procedure is subject to legislation and very specific guidance is necessary.
- **Local documents:** record decisions, processes or workflows which apply only to that work team, business unit or branch of an organisation. These local 'protocols' must not be inconsistent with any legislation, policy, procedure or guideline.

Key Practices Prohibited by Law:

- As a community services or healthcare services worker, you have legal obligations to yourself, your client/patient and their family, the organisation in which you work, and your work colleagues.
- To meet these obligations, you need to know the laws that relate to your work and ensure that you carry out your duties in accordance with those laws.
- What do we mean by clients? In this case clients means anyone who accesses your organisation either as a consumer or a service user.
- What do we mean by discrimination? Discrimination means to discern, distinguish, or make a judgement about the difference between people and things.

Accessing and Interpreting Information:

- When you are working with a new organisation you need to become aware of not only your own areas of responsibility but also the areas of responsibility of other positions that work around you.
- Most organisations will provide you with a position description, which indicates the work role boundaries you will encounter or what is known as your scope of work.
- Depending on your level of work within the organisation you may have staff reporting to you and it will be your responsibility to ensure that they meet the compliance standards you are responsible for administering.
- You may also have a reporting relationship towards a supervisor who is accountable for your compliance activity.
- Many organisations operate on a hierarchical basis and the higher the level of management the greater the accountability towards compliance standards.
- You might be provided with forms to complete that require your supervisor's signature or the signature of staff who report to you that indicates their compliance to required procedures.
- Many organisations will require that staff sign off to confirm they have read policies and procedures that in circulation so they cannot later argue that they were ignorant of the rules.

Understanding Main Consequences of Non-compliance:

- Understanding the risk, penalties, and consequences of non-compliance to standard procedures is an important part of the process involved in meeting legal and ethical requirements.

Specialist Legal Advice:

In assessing whether you need to seek advice you should consider the following:

- Is the issue or circumstance unique to your organisation? Can you find the information you need through generic information provided to the general public? Depending on the compliance issue you will find that there is a lot of information provided on-line and through organisations that administer the compliance issues. For example, if you have questions relating to Workplace Health and Safety compliance issues you may be able to find the information you need on the statutory body web site.
- Can you obtain advice from a contact person related to the compliance administrative organisation? You may find that organisations which administer compliance systems provide advisory contact numbers to help answer questions that may arise in relation to that organisation's compliance rules. For example, if you seek information about whether your

staff require minimum qualifications to perform certain work duties you may find that an industry peak body can help answer those questions.

- Is the situation similar to a situation that has occurred in the past in your organisation? Ask the people who have been around your organisation longer than you to advise what has occurred in the past.

Legal Considerations – Reception Role:

Fairwork:

The receptionist role - usually the first point of contact and therefore responsible for a significant amount of communication both verbal and written that occurs in a practice.

Examples:

- Answering the phone, collecting sensitive information (name, DOB, contact details and sometimes medical information divulged by the patient.
- Managing incoming and outgoing correspondence
- Managing results
- Communicating Safe work practices.

Privacy Act:

- Your practice must maintain an easily understood privacy policy that is freely available in printed or electronic form. It must be specific to your Practice
- For example, display a printed copy at the practice reception desk or in waiting areas, or publish an electronic copy on the practice website.
- You must communicate to your patients that it exists and that they have access to it – how do you do this?
- The privacy policy's content will depend on each practice's processes and structure and the record-keeping system used.
- Your practice's privacy policy will enable the practice to better manage communication regarding patient enquiries or complaints concerning their health information.

Australian Privacy Principles:

- Regardless of what form of communication takes place with regards personal and sensitive information these APP's apply.
- Verbal: phone or in person at the practice.
- Written: patient demographics, Clinical records, financial information.
- In relation to APP6: use or disclosure of personal information, this outlines when you can disclose information and it details how you can use information. This is known as the "primary and secondary purpose".
- You can only use the patient's information collected, which is not just clinical information, but patient demographics which you collected at the front desk, for the reason it was collected.

Determine Ethical Responsibilities

Your ethical responsibilities towards both your clients and work colleagues include a range of issues and are addressed in terms of code of conduct and complaints management processes. In this topic you will look at issues including the legal concept of duty of care and some of the obligations you have in relation to mandatory reporting.

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Ethical Frameworks:

- **Code of conduct:** A code of conduct is a set of rules that outline the behavioural expectations within an organisation. They provide you with guidance on proper practice and are informed by ethical principles. Most organisations will provide you with a code of conduct to read when you commence working within them.
- **Code of practice:** A code of practice is similar to a code of conduct except that it covers issues relating to your work practices. These might include professional association guidelines on how to do your job in a professional capacity.
- **Complaints management:** Many organisations will have systems in place to deal with complaints, whether these are from the clients of the organisation or grievances that occur between organisation staff. Complaints management systems are part of the ethical framework because they ensure that issues of concern are dealt with effectively and fairly.
- **Encouraging the reporting of unethical conduct:** If it is difficult to discuss ethical problems within an organisation, there will be impacts on service effectiveness, organisational image and on staff morale. It makes sense to initiate discussion and ensure processes are in place to support the speedy resolution of problems. Staff training can assist employees by providing the skills to self-monitor their conduct and dealings with colleagues and clients, and the knowledge of processes to report unethical conduct.

Scope of Practice – Ethical Considerations:

- **Dignity of risk:** The concept of dignity of risk means that, in some circumstances, clients may want to take certain risks, in spite of the possibility of resulting harm, simply because it is their right to self-determination. For example, a person who has a physical disability may wish to undertake a horse-riding activity. Although this activity does carry with it risks of harm, the dignity of the person with disability should be upheld in that they have the right to self-determine that they are willing to accept the potential risk of harm.
- **Least restrictive alternative principle:** The least restrictive alternative principle is based on the idea that as carers and supporters of our clients any intervention in their lives should be kept to in the least restrictive method possible. We should encourage our clients to make choices and decisions about their own lives and only intervene when there is no suitable alternative available.

Evaluating Responsibilities:

- When you begin in a role you will have a job description which outlines the general tasks, or other related duties, and responsibilities of the position. It may specify to whom the position reports, specifications such as the qualifications or skills needed by the person in the job, and a salary range.
- Another concept to consider when evaluating your responsibilities is that of the 'doughnut.' This concept developed by Charles Handy looks at what is central to the job role (the dough), where judgment needs to be made after consulting the supervisor (the icing), and what is outside the person's responsibilities and should be referred on (the hole).
- Throughout your work it is important that you practise ethical behaviour. You should also role model this behaviour for other staff in your organisation.

Develop and Communicate Policies and Procedures

Understanding the policies and procedures relating to your workplace involves being familiar with how policies are generally set out. The following topic covers issues such as recordkeeping procedures and how to ensure client information is kept secure.

Policies and Procedures – Communication:

Legal issues are becoming increasingly important to general practitioners. Hence there is a need to identify and reduce potential risk that may lead to an adverse incident and consequent legal action. We do this with Policies and Procedures:

- **Phone**: how or maybe even where we answer, what we say, how we put on hold – why?
- **Front desk**: How we take details, what we ask, what we say – why?
- **Fax**: disclaimers.
- **Email**: comprehensive management systems and policies required – why?
- **Documentation**: appointment book, demographics, patient files (who has access, passwords, what needs to be documented).
- **Transfer files**: How?
- **Referrals and letters**: Post, secure messaging.

Policies and Procedures:

- There are often requirements to develop and implement plans, policies and codes of conduct to incorporate certain work practices. It is common that government funding bodies stipulate mandatory requirements related to receipt of funding. These might be applied (as in the case of the National Disability Standards for example) in such a way that requires your organisation to develop administrative procedures that serve as evidence that you have adhered to the government policy requirements that govern funding.
- Policies and procedures within most organisations contain references to legislation and legal and ethical requirements. Policy frameworks are made up of policies and procedures that relate to compliance issues. The role of policies and procedures in the compliance process is to ensure that workers take responsibility in both internal work practice and external service delivery.

Steps to Formulating Policy:

- Appoint a special committee or policy development working group.
- Identify the broad policy areas and then prioritise when each policy needs to be written.
- Agree on the policy you are writing and brainstorm the issues involved.
- Conduct research about the issue, e.g. legal issues, practice issues, resource issues.
- Prepare a draft policy.
- Circulate the draft to key staff and stakeholders for comment.
- Amend or revise the draft.
- Recirculate a final draft.
- Present a report to the board about the policy, implications for the organisation and what feedback
- has been received in the consultation phase.
- Ask the board to ratify the policy when they are satisfied with the final draft.
- Insert the policy in the Policy and Procedures Manual.
- Implement a training and communication strategy to ensure that staff and volunteers have the knowledge and skills to implement the policy.

Policy Documents:

- **Purpose statement:** the policy should have an overarching purpose, which defines the principles underlying the approach. Purpose statements describe the context of the policy and why it is necessary as well as the desired standard or overall objective.
- **Scope:** the policy should explain where and in what circumstances the policy applies. This could include location, workgroups or department depending on the organisation.
- **Resources:** the policy should refer to the resources that are allocated towards the implementation of the policy. This can include other policies or specific departments dedicated to application of the policy.
- **Roles and responsibilities:** the policy should identify the individual roles that are responsible for the implementation of the policy. This might be a specific workgroup such as the human resource team or an individual such as the director of a department.
- **Regulatory framework:** if relevant, the policy should outline the regulations and legislation that the policy reflects. Some policies have incidental relevance to legislation such as the relationship that a recruitment policy has to anti-discrimination legislation.

Recordkeeping and Management:

Types of information

Depending on the context of your service, individuals may choose to deal with you anonymously (or by providing a pseudonym, APP 2 – Anonymity & pseudonymity) in which case their details will not be subject to privacy laws. If a person does identify themselves, you will usually collect their name, age, gender, contact details, some medical history, their symptoms (if applicable) and ethnic background. You may also record information about health or community services to be provided to the person in the future.

Collection methods

Your organisation will usually collect information directly from a person when they use your service, or when they send you an email, fax, letter, or complete an online or hard copy form. You may sometimes collect personal information from a third party, such as a residential care facility that is managing a person's care, or from family members contacting your organisation on a person's behalf. If someone calls on behalf of a person in need of support, you must also record the caller's name and contact details. In the RACGP's Standards in General Practice 5th Edition52 there is a requirement (C6.1A) that the practice team uses a minimum of three approved patient identifiers to confirm the identity of the patient for their clinical information.

Recording information

All consultations with your organisation must be accurately recorded in a manual or electronic database. Any information collected as a result of a person contacting your organisation is considered personal information.

Maintaining records

Your organisation should have processes in place to ensure that personal information and records remain accurate, complete, and up to date, including verification of the information with the service user each time they use your services, or from other sources. The records may need to be retained for between 7 to 25 years depending on the type of record and state or territory legislation. Compliance processes often require that records be kept relating to a range of issues and

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procedures. The records that are taken and kept usually provide evidence of the administration of compliance processes.

Client Information:

Many organisations that are in receipt of government funds will be required to input information about the service, including client information, into data management systems that are designed to send records to the government department funding bodies. On some occasions these data systems are resources that inform whether continued funding of the organisation will occur. It is important that when dealing with client records in this manner ordered steps are taken to ensure that the confidentiality of client records is maintained and protected.

Mechanisms many organisations adopt to protect client information include:
- Password protection of computer system
- Tracking of log in to create records of which staff member handled client records
- Provision of lockable filing cabinets for storing client files in offices
- Protocol relating to who can handle client files and under what circumstances
- Clear procedures adopted for collection of client information to ensure that privacy principles are adhered to. This includes only collecting information essential to the client's treatment and allowing clients the choice to refuse to provide information.

Ethical Considerations – Reception Role:

Confidentiality is the cornerstone of a successful doctor/practice-patient relationship. As a doctor/practice you have access to sensitive personal information about patients and you have a legal and ethical duty to keep this information confidential. Breach results in loss of trust and may impact on patient's health and clinical outcomes

Think about how it may happen:
- Patients and visitors waiting in the reception areas overhearing confidential conversations.
- Giving patient information on the phone or at the desk to third parties.
- Receptionists asking the patient what the appointment is for to allocate an appropriate appointment time.
- Patients waiting at the reception desk seeing the computer screen.
- Patient-identifiable information left lying around on desks in the office and consulting rooms.
- Staff contracts including a clause relating to confidentiality that does not extend to staff postemployment.
- Staff and their families as patients - concerns about maintaining confidentiality.
- Leaving messages for patients on answering machines/giving out results to a person on the telephone - how can you be sure that it is the right patient? How can you be sure not on speaker phone?
- Medical records stored on open shelves in the reception office.
- Videoconferencing - who else is in the room? Is the platform safe and secure?

Consent: Financial - reception responsibility. How is this communicated? Patient information brochure, website, online booking apps (e.g. Hotdoc), or verbally over the phone. It may be the Practice Policy is that reception staff advise all new patients of the cost when they book. What about costs incurred for a referral - how do we communicate that? Is it the practice responsibility to do so?

Complaints: there are many different ways for complaints to be communicated; verbal, written (complaints box, feedback survey), or Apps. The important thing is the response and the process

Complaints can be used as a learning tool, and can also be used to develop new services and amenities

Conflicts of Interest: must be declared/communicated to managers

Distributing Policies:

Depending on the complexity of the information you could:
- Deliver information at a staff meeting using a presentation summarising the key issues.
- Email relevant staff outlining the information, including attached documents to allow access to the information from the primary source. Make sure that you highlight the key points on the email itself to emphasise the relevant information.
- Meet with individual team members to explain the aspects of policy and procedure of relevance to them. This will provide an opportunity to ask questions and seek clarifications and avoid each individual wading through information that is not relevant to them.
- Conduct regular meetings that allow members impacted by the compliance process to ask questions and clarify areas of legal and policy issues that affect them. If staff know that there is a regular meeting to attend, they will hold off their questions until that meeting. Provide a central place for storage of policies and procedures – ideally a company intranet and/or filing cabinet.

Feedback:

- **System change:** the reception role is a key position in any practice, often the first and the last contact with patients, responsible for so much of the communication of information so well positioned to see what works well and what does not. How is this communication facilitated? Team meetings, suggestions book, performance reviews, PDSA cycles.
- **Hazards and incidents:** WHS dictates that we are legally liable as workers to report any hazards. How do you do this? Hazard Reporting forms, Incident Registers etc.

Monitor Compliance

The process involved in monitoring compliance includes evaluating your work practices to check for non-compliance issues on an ongoing basis. The following topic explores the licensing and certification obligations relating to compliance as well as how breaches of ethical obligations may appear in practice.

Evaluating work practices:

- If you encounter a situation where non-compliance has been determined, it is important that you concentrate on evaluating the work practice that was deemed non-compliant. This involves meeting with the individuals or teams of people involved in the relevant work practice and ensuring they have a clear understanding of what is required to make their work practice compliant. This could involve asking questions about their current work practices and providing them information about the compliance requirements.
- Once you have identified the area of work that is non-compliant it is important to determine the modifications necessary to ensure compliance and then implement the required changes. The proposed modifications should be checked against the compliance standards to ensure that the changes are sufficient to pass the next audit. Make sure that you are aware of any timelines for implementing changes as this could impact your ability to complete this process.

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Accreditation requirements:

- Your workplace may need to undergo accreditation with a peak body in order to be allowed to operate. Accreditation requirements often include the need to meet certain standards, for example, having policies and procedures to address issues such as human resource management practices.
- Many accreditation processes require regular updates, and you need to be aware of related timeframes. You can check with the relevant accreditation or certification administering body. If these updates are a regular occurrence, you should create a diary note for yourself to ensure you are alerted when they are due.

Breaches:

Conflict of interest:

The term conflict of interest relates to a circumstance where your own interest conflicts with those of your client. For example, you might be offering tutoring as a side business after hours and consider offering tutoring to your clients. This offer to your clients could be viewed as a conflict of interest. It may not be in the best interest for your clients to spend their money on tutoring, but they may feel obliged to do so because they perceive your role as their community services and healthcare worker as working in their best interests. Your own interest to make money from tutoring may conflict with the clients' best interests.

Competing values

Occasionally you will encounter competing values in your work. For example, you may be working with a young person who is drug dependent and although you acknowledge their right to self-determination, this conflicts with the value that you have to protect human life.

Multiple client systems:

Having multiple clients can pose ethical dilemmas. For example, your clients and their carers have competing concerns. To whom do you owe primary obligation? Imagine that your client wants to stay in their home while their family want them to move to a nursing home, or the client may not want to undergo specific treatment while their family thinks it is the right action to take. These competing desires may cause you to feel compromised.

On each occasion that you feel compromised due to an ethical dilemma such as these you need to raise the issue with your supervisor. Reporting breaches of ethics and legal issues is everyone's responsibility in the workplace.

Maintain Knowledge of Compliance Requirements

Your responsibilities in relation to compliance include maintaining your own knowledge of current and emerging legal requirements and ethical issues as well as sharing the information you obtain with your peers and colleges. This topic addresses the differences between formal and informal reviews required to be undertaken as part of your role in the compliance process.

Maintaining Knowledge:

There are several ways to maintain knowledge and continue professional education about current and emerging legal requirements and ethical issues:

- Professional associations

- Peak bodies
- Government departments

Sharing Updates:

You should also take every opportunity to share with your peers and colleagues any new knowledge about ethical and legal issues. This can be done through the following mechanisms:

- Making announcements and providing information at formal meetings
- Disseminating information by email
- Talking to colleagues over lunch at break out rooms
- Placing notices on the notice board in the office.

Review and Improvement:

Formal reviews:

These reviews can involve the presence in your offices of a representative of an auditor or external accreditor whose role is to investigate the extent to which you have met the compliance requirements. Formal reviews sometimes require that you participate in an interview where you answer questions relating to compliance issues such as legal and ethical obligations towards clients. You can also be asked to provide documentation such as policies, client files, and correspondence which provides evidence that you have complied with specific legal and ethical requirements. Formal reviews can be attached to funding obligations and the outcomes might influence whether the organisation's funding for the work they undertake is continued.

Informal reviews:

Informal reviews are ongoing processes where you might meet with a supervisor on a regular basis and provide them with verbal feedback on how you are complying with legal and ethical standards. You might provide input during staff meetings when listening to a colleague report about their work from a legal or ethical compliance standard. Informal reviews should occur regularly and are part of preparing for the formal reviews that are undertaken.

Strategies Table

Strategies to prevent Privacy Breaches in your Practice	
All staff	Regular training in privacy obligations.
Senior staff to lead	Appoint a senior staff member to be responsible for privacy compliance in your practice.
Be aware of your policies and if they need updating	Have a privacy policy outlining how information is collected, used, and disclosed in your practice.
Make sure the policy is visible and understood	Document processes for managing staff authorisation, authentication, and access to records.
Operational procedures are necessary	Place referrals and scripts etc. into envelopes for collection by patients.
Example of an operational strategy	Always face records, labels and patient data, face down to remove from prying eyes at the reception counter, including mail and pathology collections.
Operational procedures should detect	Proactively detecting data breaches. Review it regularly.

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Excellence in Communication
Webinar 4
Adaptive Communication

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Adaptive Communication in the Practice Webinar 4 Notes

Communication Outcomes

- Receptionists should have outstanding communication, interpersonal skills, and customer service.
- Receptionists are the focal point of contact or interaction, especially between a Practice and its patients or other stakeholders.
- "Every interaction must reflect, reinforce, and reiterate your core brand strategy", in other words, who you are, what you do and how you do it.
- A touchpoint is any time a potential customer or and existing customer comes in contact with your brand - before, during, or after they interact with you.
- Customer touchpoints are your brand's points of customer contact, from start to finish.
- Your patients may have been contact with your website or booking system and ease of use of this contact will leave an impression, but nothing is more powerful in building a relationship than the first 'personal' encounter.
- A receptionist is usually the first person that a patient interacts with when making contact with your Practice, so you are essentially the face and voice of the Practice and for this reason you play an extremely important role in the representation of the business/Practice.
- A welcome - a warm and sincere welcome gives a sense of caring and makes people feel appreciated, as well as making them feel that they have made a good choice in coming to your Practice. Nurturing these relationships is a crucial part of growing a successful business - this takes time, commitment, and enthusiasm.
- A Farewell - it is important to remember that the farewell is just as important as the welcome.
- The farewell gives the lasting impression of a business and can be the determining factor for a positive feeling when that customer thinks of you. This creates a positive and memorable experience, and there will be a 'reconnection' with the Practice i.e. ongoing appointments/ongoing business.
- "Thank you and see you next time' = positive reinforcement of the experience and the door is open to repeating.

First Impressions Count

- It only takes seven seconds to make a first impression on another human being, according to a Harvard study of communication.
- When we meet people for the first time, we make unconscious decisions about them based on their:
    - eye contact, appearance, dress, handshake (or elbow bump), and most importantly
    - verbal and nonverbal cues
- They should feel valued, special, attended to, and satisfied.
- Good first impressions are expressed through tone of voice and language both verbal and non-verbal (body language - did you look up?) Focus on the patient, value them as a customer.
- First impressions have the ability to make or break a business, and a positive experience can create long-lasting relationships.
- Remember your 'customers' or patients may be unwell (or caring for an unwell person) and/or anxious and therefore vulnerable and potentially have heightened sensitivity.
- Negative impressions are easy to remember and chat about to others

- Changing negative first impressions is difficult. Someone who forms a negative impression of another person will be less inclined to meet that person a second time because they have judged the person in a negative light. Additionally, 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 lasting.
- It is by definition the last thing our patients hear so it a forever impression.
- It is even more difficult to change a last impression - it is just that a "lasting" impression.
- Remember, only 1 in 20 people will tell someone of a good experience while 1 in 3 tell someone of a bad experience.

Telephone is your Organisations Lifeline

- A receptionist is usually the first person that a patient interacts with when making contact with your Practice, so you are essentially the face and voice of the Practice and for this reason you play an extremely important role in the representation of the business/practice.
- Using the telephone competently and courteously is essential to customer and client satisfaction.
- Poor telephone etiquette can have a disastrous effect on your telephone customer service.
- There is an added layer of complexity when dealing with health. It is called the Privacy Act and ensuring that you are managing the "duty of care".
- There are requirements in the RACGP Standards for General practice around meeting patients' expectations and compliance.

So, what does "answering the telephone look like.

1. **Preparation**. How are you going to answer the telephone call? Potentially you have scripts especially if the conversation wonders, and no doubt you have scripts in the COVID period. What about on hold systems – what part do they play and how do they meet compliance/standards?
2. **Introduction**. Greeting the patient with a genuine warmth. Ensure they know who they are talking to.
3. **Build rapport**. Most callers want to speak with a human being not a machine. Be yourself and keep it friendly.
4. **Speak clearly**. Making yourself understood is a key principle of effective telephone customer service.
5. **Tone of voice**. A friendly but authoritative manner works well. Develop your own phone personality and vary your vocal pitch to avoid sending the caller to sleep and sending the wrong message (boredom).
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, never heard of it, it's against policy and no can do. Keep bureaucratic phrases and jargon out of the customer service conversation. Be careful not to create false expectations – don's say "I won't be long" if there is a chance you might be!
7. **Listen**. In some ways, listening to your patient is more important than speaking.
8. **Putting callers on hold**. It may be an emergency! Ask if its ok rather than tell! And thank them for holding when you do return. 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 worst 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. You need to know who has what role in your Practice.

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 your patients agreement as a way forward to resolving the call. On hold and seek support or just breathe.
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 telephone customer service experience in a positive way.

Remember – 80% of your day is either giving information or receiving information. The telephone is possibly the biggest contributor to that time.

Policies and Procedures Help You

- APP's, the Privacy Act, the anti-discrimination act, and the legislative requirements go on.
- Rules and regulations are followed to maximise efficiencies and to give you and the patient clear guidelines on communications. Understanding the words you use, how they are pronounced and how you put them into a sentence is critical to ensuring that you meet the legislative requirements along with your practices policies and procedures.
- Policies and procedures try and minimise these risks.
- Greeting – may have scripts of what to say.
- On hold – policy on how, how long is acceptable.
- Triage – definitely have policies on how to do this and what instructions to communicate.
- Arrival at Practice – again there will be expectations and policies on how, what to say.
- Billing – tricky because this is almost the last thing that happens so policy on how to make it positive, what to say.
- Last contact should be pleasant importance of communicating that the door is open for return visit and the evaluations.

Diversity and Cultural Competence

- Cultural competence encompasses being aware of one's own world view by self-reflection - look in the mirror.
- Gaining knowledge of different cultural practices and world views.

Cultural awareness includes:

- Being conscious of one's own culturally shaped values, beliefs, perceptions, and biases. It is important to seek out and participate in meaningful interactions with people of differing cultural backgrounds.
- Culturally competent care includes knowledge, attitudes, and skills that support caring for people across different languages and cultures.
- Culture influences not only how health practices communicate but also how the healthcare provider and the patient perceive illness.

Patients with Patience

We are seeing an increase in patients with mental health issues – especially in this COVID period. Patients act out in various ways as a result of their current mental and physical state of health. You as a receptionist need to be aware that patients have different needs, and you have to be mindful of this. Receptionists must learn the skills and gain the knowledge of how we deal with patients who are disabled and don't forget that a pregnant woman is classed as disabled or show tendencies

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towards being aggressive or angry or just non cooperative. One thing we must always remember and that is not to be judgemental towards a patient as a result their actions. We do not know what is happening in their life at that point of time. I know it can be hard at time not to take a view.

Effective Communicators

- Value all communication.
- Patients who feel their healthcare providers 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.

Applying the Principles of Confidentiality, Privacy and Security within the Medical Environment

- In your private life, you may have very different beliefs and values to those held by your employer.
- At work you are expected to speak write and act professionally. If you have difficulty in accepting certain cultural behaviours, speak to you Practice Manager of the principal doctor to provide you some guidance on what you are experiencing.
- It may mean that your code of conduct, values statement or your policy and procedures needs updating to reflect the change of cultural influence.
- Remember you may need to be provided with more education and training as well.

Communicating

Communication with Health Professionals

Open and constant lines of communication are vital to team success. The most effective workplace communication will require skills to be developed. These skills are required to:

- Convey messages concisely and clearly – this is critical to ensure a "duty of care" is maintained.
- Encouraging reluctant group members to contribute – every person in a group has a contribution to make.
- Explain a difficult situation while controlling emotion such as anger.
- Verbalise that you need assistance.
- Paraphrase to show understanding.
- Ask probing questions to elicit more detail about specific issues – this is important when you are trying to triage a patient on the telephone.
- Receive criticism without defensiveness.
- Refrain from interrupting.
- Request feedback.
- State your needs, wants, or feelings without criticizing or blaming.

Communication with Patients

Communicating effectively with patients will require skills to be developed that:
- Anticipate the concerns of others.
- Ask for clarification without losing their confidence.
- Ask open-ended questions to stimulate dialogue.
- Calm an agitated patient by recognizing and responding to their complaints.

- Emphasise the benefits of a what you are proposing is the best course of action, like follow up appointments.

Conversation Skills

Barriers to communication can pop up at any stage during a conversation, so, to deliver your messages effectively, you must break these down.

- Let us begin with the message itself. If your message is too lengthy, disorganised, or is full of jargon or errors, it will likely be misunderstood and misinterpreted, this may lead to a medical negligence complaint. It might even make your patient confused or angry. Using poor verbal or body language can also muddle the message that you are trying to send.
- Contextual barriers tend to stem from offering too much information, too fast. So, remember that often "less is more." Be mindful of the demands on other people's time, especially given today's ultra-busy society. Remember work within your scope. Do not provide advice you are not qualified to do if you cannot answer – pass on.

Medical Terminology

- Using terminology correctly when performing your work tasks requires you to continue to learn and understand the meaning and pronunciation of medical terminology.
- Always consider the appropriateness of using medical terminology in each circumstance.
- If you cannot pronounce it, ask your supervisor to assist or use google for correct pronunciations
- Also check for grammar and punctuation when using the term.
- As previously indicated, wrong information may have a detrimental effect on a patient's health outcome.

Internal Email and Messaging Systems

- Due to the sheer volume of messages we are reading and writing each day, we may be more prone to making errors, and those mistakes can have serious professional consequences.
- People often decide whether to open an email based on the subject line.
- No one wants to read emails from 20 people that have nothing to do with them.
- 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, can also appear to 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
- Know that people from different cultures may speak and write differently.
- Miscommunication can easily occur without the benefit of body language
- What is your Practices policy on the use of emails and SMS? They are a part of everyone's life now, so has your Practice set up a policy and procedure on how you use these forms of technology, for both patient information and for administration purposes? If not, I suggest you have a discussion with you Practice Manager on this, as it is a requirement for accreditation.

Written Communication

- It is always important to ensure that any written communication you make, like taking messages from patients to someone in your practice, or the writing of an email, that you

ensure that you have captured the essence of the discussion while at the same time check to see if your spelling and grammar are correct, as other will act upon the information you provide.

- Always read back the action to the patient to see if what you have written is what they were really asking. Since the implementation of telehealth collecting the right information is of a greater intensity

Health Professionals

- **Consent -** to email to other Health Professionals.
- It is important that you understand APP 6 **-** use or disclosure of personal information.
- This outlines the circumstances in which a practice may use or disclose personal information that it holds.
- **And APP 10 -** quality of personal information.
- This APP indicates that your practice must take reasonable steps to ensure the personal information it collects is accurate, up to date and complete.
- So, when we are looking at written communication accuracy and completeness are the key take away messages.

Grammar, Spelling and Written Communication

What sort of message do you send? Look at this example about drinking:

- I am giving up drinking for a month.
- I am giving up. Drinking for a month.

A full stop changes the complete message. What one person communicates may not be how the other person receives it.

Documentation

Administration

- Identification of correct patient.
- Financial /billing purposes - e.g., Medicare card. Used to 'communicate' with Human Services.
- Emergency contact - to communicate in the event that something goes wrong.

Clinical

- Reception and administration staff may or may not have access.
- Access will be appropriate for the role (e.g., prescribing medication is clinicians only).
- Be aware of what "auto documents/populates" by the software and hat must be added at each encounter.

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Response Strategy Summary

Industry Terminology Communication Protocols	Description	Example Response Strategy
Medical Health or Allied health organisations	Organisational structure	Hierarchal reporting structures, protocols for all areas of communications, managers maintain operational management – Know your lines of communication.
Telephone protocols	Communication and Disclosure policy	Correct answering protocol and understanding of amount of information able to pass onto clients/patients. Privacy rules apply as do correct terminology when dealing with Allied health and referrals.
Correspondence	Style guides use templates and font and size etc.	Follow protocols for all written communication, signatures, sign offs, channels, and language.
Privacy	Policy and Procedures APP and legislation	Verbal /Non-verbal follow policy and procedures and work within your scope of duties. Professional boundaries.
Ethical conduct	Code of ethics or conduct EEO and Anti- Discrimination ACT	Inclusive policies for disabled, minorities, socially isolated or different to be treated equally and supported if needed. Duty of care and mandatory reporting for suspicious or illegal activity.
Forms and Documentation	Digital or hardcopy	Write neatly, accuracy, maintain protocols, checking patient details & confirm data is correct.
Record Management	Health legislation	Duty to provide & maintain records. Quality of information recorded.
Digital Media	Digital services Policies and Procedures	All media - press, interviews, discussions, marketing, meetings, social media, must follow organisational guidelines Privacy and security.

Always refer to your organisations policies and procedures for all types forms and areas of communication about in and referring to your workplace.

Strategies for Difficult Communication

Behaviour of Concern	Description	Example Response Strategy
Aggression	Exhibit anger through speaking loudly or shouting or making threatening non-verbal movements such as waving arms up in the air.	Talking to the client in a quiet, calm voice or escalating the issue by contacting security if risk of violence is evident.
Confusion or other cognitive impairment	The client might get lost or is mixing up names.	Environmental responses could include ensuring that signage is visible to provide clients with clear directions and/or wearing name tags/uniforms.
Intoxication	The client may slur their words or fall and stumble while walking.	Immediate response could include asking the client to sit down to prevent them from falling.
Intrusive behaviour	The client may exhibit unwelcome touching, poking.	Immediate strategy could include closing doors to areas where privacy is essential.
Manipulation	Exhibit emotional blackmail such as making threats and demands.	Strategies could include identifying these behaviours in advance of meeting with the client by reading client case file.
Self-destructive behaviour	The client may exhibit self-harming behaviour such as cutting limbs.	Immediate strategies may require medical attention or psychological intervention as devised by specialist.
Noisiness	The client may play loud music or make noise with instruments.	Immediate strategies could include asking client to turn off the music, or environmental strategies could include, displaying signs that indicate the area is a quiet space.
Bullying	Zero tolerance policy.	Discuss with manager and or offender. Stay resilient and empathise but do explain your feelings and arrive at a compromise.

Scenarios and Polls

Webinar 1 – Challenging Communication

Scenario:

Its Monday morning at your practice and it is extremely busy as one of the other reception staff called in sick today and you have one Doctor on leave. A "walk in patient" patient arrives without a pre-book appointment and demands to see his usual Doctor now.

After you advise him that there are no available appointments for his usual Doctor, he becomes agitated and angry and starts to yell at you demanding an appointment. As a result of his anger and not being able to see his Doctor he picks up a bottle of hand sanitiser and throws it at the protective screen on the reception desk.

What strategies would you implement?

1. Attempt to advise him of the unavailability of an appointment with his usual Doctor
2. Calm him down as a result of his anger for not getting what he wants
3. Manage the safety of you and others
4. Report the incident

Poll Questions:

1. Conflict in the workplace can be managed by:

   a. Ignoring the issues
   b. Collaborating and compromise
   c. Calling the police
   d. All of the above

2. Being prepared for difficult conversations will help me to perform "tough talking" at work. A colleague's comment in a team meeting hurts your feelings, your team chuckle. You are uncomfortable about it, what do you do?

   a. Ask for clarification when you are prepared, open minded and self-aware, express your feelings
   b. You calmly discuss and see their perspective
   c. You clarify your position and try to find a solution
   d. All of the above

3. Which of the following statements describes a behaviour of concern?

   a. Behaviours that cause significant distress or danger to person displaying these behaviours or to other people
   b. Behaviours which involve patients complaining about their treatment
   c. Behaviours where the patient is speaking too loudly
   d. All of the above

4. What is a proactive strategy?

   a. Anticipating where things may go wrong and preventing that from happening
   b. Reacting when behaviour of concern develops
   c. Managing anger as it arises
   d. All of the above

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5. Strategies that are aimed at de-escalating or managing behaviours of concern include:

a. Redirection
b. Taking with the client
c. Anger management
d. All of the above

Webinar 2 – Diverse and Cultural Communication

Scenario:

Your practice has a diverse range of patients with varying cultural backgrounds, including a number of patients who identify from the LGBTQI+ Community.

One of your work colleagues made a comment to you about "that patient" who raised with her the issue, that there was no provision for them to self-identify their gender on your new patients form, other than male or female.

This receptionist then went onto make judgemental comments on the sexual orientation of the patient and what right did they have to ask for the new patient form to be changed to reflect the requirements of their sexual orientation when they couldn't make up their mind what sex they were.

What strategies would you put into place to address the attitude of the receptionist and address the matter of the new patient form?

Discussion:

Two of the strategies would be:

1. Speak to the Practice Manager to amend the new patient form to reflect the requirements of gender diversity.
2. Arrange the education and training sessions for all staff on gender diversity.

Poll Questions:

1. Multicultural work practice: In Australia multicultural practices in the workplace are supported through (select the 3 correct answers):

   a. Legislation which aims to protect culturally diverse clients and workers
   b. Principles of equal employment opportunity, sex, race, disability, antidiscrimination
   c. The use of appropriate workplace practices to create culturally inclusive work environments
   d. Fear of litigation and costly compensation to workers

2. Cultural awareness entails an understanding of how a person's culture influences their (select the 3 correct answers):

   a. Values, behaviours, and beliefs
   b. Intelligence and aptitude
   c. Moral ethics and legal knowledge / background
   d. Attitudes and basic assumptions

3. What is CALD?

4. Diversity communication What aspects of cultural difference amongst staff in a work environment may create complications for communication and conduct? (select the 3 correct answers)

   a. Differences in favourite television program
   b. Differences in work and communication styles
   c. Differences in appropriate conflict management

    d. Differences in language and time orientation

5. Cultural Conflict Often conflict arising from cross-cultural misunderstanding can be sensitively and effectively resolved. Which of the following methods would assist the resolution process?

    a. Mediation between the relevant parties with supervised discussions and or assistance from a 3rd party

    b. Ask them to calm down and get on with it

    c. Ask them where they came from

    d. Threaten both parties with dismissal if they do not get along

Webinar 3 – Legal and Ethical Communication

Scenario 1: A case of blurred boundaries and the 'reply all' button

A friendship between patient and doctor can cause a breach.

What if:
- A doctor and patient were colleagues, representing differing perspectives in a high-level public debate
- They get into a conflict on a medical issue
- The doctor reveals the patient, his colleague, has had "delusional depression once" and should not be taken seriously, it was said in jest as a throwaway line.

Has an APP been breached?
If so which one and why?
What would the repercussions be?

Discussion:

This case illustrates several key lessons for doctors including the importance of maintaining professional boundaries. Making friends with patients or treating friends as patients can lead to unreasonable patient demands, so it is best to avoid:

- Having conversations of a personal nature with patients.
- Seeing patients outside the surgery without a clinical reason.
- Calling or emailing patients without a clinical reason.

The decision also raises critical lessons for doctors around privacy and confidentiality obligations. It is important to ensure that you have a sound understanding of your privacy obligations

These tips will also help:

- Do not assume that you have a patient's consent to release their health information to a third party - it is best to obtain their express consent in writing.
- Review and comply with your practice or hospital's privacy policy.
- Beware of the 'reply all' button when responding to emails.

Scenario 2: A receptionist accesses records of a family member

A receptionist worked at a rural practice where her teenage son (17) was a patient. He had recently consulted a GP at the practice and told his mother the consultation was about a UTI.

The next day, while working at the practice, the receptionist accessed her son's medical record and discovered the consultation was about an STD. That night, she told her son how disappointed she was about the diagnosis. The son expressed his anger at his mother for breaching his privacy.

While he did not make a formal complaint to the practice, he informed his GP about the privacy breach at his next consultation.

The GP informed the practice owner of the breach, who called Avant's Medico-legal Advisory Service for advice on how to deal with the situation. The GP had not yet spoken to the receptionist, who had worked at the practice for many years and been an exemplary employee.

The practice owner did not wish to dismiss her but was keen to send a clear message to practice staff about the importance of patient privacy.

As a condition of her employment, the receptionist had conditions in her contract regarding privacy and confidentiality. If she is proven to have accessed her son's records, her conduct was in breach of her contract as well as being a breach of privacy legislation.

What conditions may be in her employment contract? What levels of access do Reception staff have?

Discussion:

Managing the situation, recommended steps:

- When concerns are raised about a staff member's breach of patient privacy or confidentiality, it is important for the practice to deal with the concerns quickly. Concerns can be managed as either a performance issue or as a misconduct issue.
- A concern is generally dealt with as a performance issue when there are minor breaches of practice policy such as failing to shred documents after scanning them, or incorrectly checking patient contact details at the reception desk. Many performance issues can be resolved through communication and guidance about the practice's policies and processes. Ongoing performance issues may result in disciplinary action.
- A concern should be dealt with as a potential misconduct issue when there is a specific breach of practice policies and procedures, for example, discussing confidential patient information outside the practice. In such cases, the practice should investigate the concern and take appropriate disciplinary and other action.
- In the situation above, Avant's medico-legal expert advised that the practice should treat the breach as a misconduct issue rather than a performance issue.
- The practice owner was advised to conduct an initial investigation of the complaint (in this case, by reviewing the receptionist's access to patient medical records) before raising the issue with the receptionist. Some practice software will allow a practice to identify what records a staff member has accessed, when and for how long. However, in this case, the practice software did not allow the practice to do this. This meant the practice had no independent evidence the receptionist had accessed her son's medical record.

Avant recommended the practice take the following steps:

1. Advise the receptionist you would like to meet with her to discuss a privacy breach at the practice. You should suggest she brings a support person to the meeting.
2. Meet with the receptionist and ensure a note-taker is present at the meeting. Start the meeting by explaining the role of the support person (i.e., they are there to support the receptionist but not to represent her or speak on her behalf).
3. Inform the receptionist her son advised his GP that she had accessed his medical record and discussed the results of the consultation with him. Tell her that, if proven, this conduct would constitute a breach of her contract and confidentiality agreement and could result in disciplinary action. Give her an opportunity to respond to the complaint.
4. If the receptionist confirms she did access the record, ask her whether she has any excuse or explanation for doing so. Tell her you will consider the next steps and advise her in due course. If you are not satisfied with her explanation, you can take disciplinary action which might be dismissal or a first and final written warning depending on all the circumstances.
5. If the receptionist says she did not access the record, you will need to determine whether you think she is telling the truth (for example, by asking her how she became aware of her son's diagnosis). She may deny having the discussion with her son and allege her son is just

trying to get her into trouble with her employer. If you are not satisfied with her explanation, you can still take disciplinary action, but it might be difficult to justify dismissal.

6. It is important to conduct the meeting appropriately to minimise the risk of the receptionist making a stress claim.

7. Ensure the receptionist is safe to return to work after the meeting or, alternatively, allow her to go home. It is important to make sure she can get home safely if she is upset.

Key take-outs:

- Ensuring the privacy and confidentiality of patients' information is fundamental to the doctor-patient relationship.
- Treating staff, practice colleagues and their families heightens the risk of a privacy breach. The simplest answer is to not treat them if you can avoid it.

If you do choose to treat staff, practice colleagues and their families:

- Discuss the issue with new staff and set boundaries and expectations.
- Ensure you have appropriate systems in place to guard against privacy breaches.
- Train your staff and regularly update them about their privacy obligations.
- Document processes for managing staff authorisation, authentication, and access to records.

Webinar 4 – Adaptive communication

Scenario 1:

A patient (Mary) calls to make an appointment on a Monday morning, and the receptionist (Jane) taking the call recognised Mary's voice as she knew her very well. A discussion took place about the "football grand final" that both their 8-year-old children played in the day before. Jane's son scored the winning goal and they talked about the barbeque afterwards and the awards ceremony.

After a 5 or so minute discussion Jane booked Mary into see Dr Graham at 3.15pm.

Mary arrived for her appointment, was added into the appointment book, and was asked to take a seat. Dr Graham then called the patient into his consulting room, a consultation was taken place, a script was written. On the way-out Dr Graham said, "Mary, I noticed you had a mastectomy recently, Is everything all OK". Mary said, "I didn't have a mastectomy". Dr Graham then advised staff that the specialist letter was on the wrong file and asked them to put the letter on the right file.

Discussion:

What were the consequences and was there any other consequences that might have occurred?

- No patient ID used at appointment stage.
- Familiarisation of patient.
- No ID used at arrival stage by another receptionist.
- The wrong Mary was put into the appointment book.
- Dr Graham did not ID the patient, so the wrong Mary file was opened.
- The specialist letter was on the correct Mary file but the wrong patient.

Some ongoing issues:

- Patient was allergic to penicillin which the Doctor prescribed.
- Chemist did not identify the patient.
- Dr Graham uploaded a SHS to the wrong patients' file.
- The wrong patient has a record at Medicare for medications which were not hers.

The Swiss cheese effect:

- All because of the three identifiers were not used when the appointment was made. The wrong Mary was put into the appointment book.

Scenario 2:

Medical terminology is an integral part in the day-to-day life of a medical receptionist. There are times when the correct pronunciation of a word or the knowing of the meaning of medical terms is critical to the ongoing treatment and management of a patient, even symbols like #, or the abbreviation qn.

Discuss what the scenarios may be in your day-to-day role as a receptionist where the correct pronunciation of words or an understanding of symbols is important to the management of your patient's treatment/health.

Discussion:

- Composing emails/fax.

- Typing of letters.
- Following up specialists' letters and pathology results.
- Making appointments for patients with specialist or diagnostic imaging.
- Triaging patients.
- Making appointments for patients at the practice.
- Taking of messages for Doctors.
- Transferring telephone calls to doctors/nurses/allied health.
- Item number descriptions for billing purposes.
- Explaining about GPMP's, TCA's, MMR's.

Scenario 3:

Miracle Medical practice in Marrickville is a busy and medium sized medical practice that operates a person-centred service. They have 4 receptionists of varying ages – Poppy, Jodie, Jenny and Sue, a busy Practice Manager Karen, as well as 12 doctors and practice nurses.

They are a computerised practice although they still use a lot of manual systems. The practice is slowly transitioning to more electronic and online systems including implementing a secure messaging system for patient reminders.

Karen is trying to implement a process, but the reception staff are not particularly interested in using new technology as they think it will take longer and threaten their roles. Karen does not have an electronic communications policy in place.

On a typical mad Monday:
1. Jodie was telephoning all patients to confirm their appointments later in the week.
2. Poppy and Jenny were on reception attending to patients who were attending appointments, there are 6 doctors working and both nurses.
3. Sue was following up outstanding accounts and answering incoming calls.
4. Karen was having a "Door closed day" so the receptionists and staff knew not to bother her with trivial issues.

Jodie rang 16 patients:
- 10 answered and were pleased to receive the call and confirmed their appointments.
- 2 calls the patient's the partner or child answered and she left a message asking them to get the patient to give her a call to confirm their appointment.
- 4 calls there was no answer, but she managed to leave a comprehensive message asking the patient to give her a call to confirm their appointments.

Jodie was pleased and made notes in patients' files that reminders were made by phone and that messages were left when she could not speak to the patient. She was feeling chuffed that she had managed this task so well.

Unfortunately, the next day a number of complaints were made to Karen.

Discussion:

Complaint 1:

Jodie had rung a patient his work. The call was to Beau, who was at lunch. The call then automatically transfers to a generic answering service and left a message that patient Beau Hill's mental health care plan needed a six-monthly review and could he kindly make another appointment.

Beau was outraged that the receptionist had rung his work number while he was at lunch, this went to an all-accessible messaging service which meant all staff could hear that was receiving mental health care. His manager called him in and asked him about it.

Complaint 2:

Jodie had rung Molly, and Molly's s daughter Shae answered. She asked the daughter to tell mum that mums eyesight driving test follow up was due. Molly rang to say Jodie was breeching confidentiality and was very upset her daughter got her message.

Karen checked the records Jodie completed, they were poorly written, using colloquial language and noting unrelated conversations using no punctuation or consistency.

What actions are needed?

1. Policy for telecommunications.
2. Training for messaging service and online bookings, implement as soon as possible.
3. Training in communication for Jodie to use business writing skills – also in Telecommunication policy.
4. Sue needs training in supervising and communication of duties, to be approachable, give assistance and check it is done well.
5. Karen needs to do the same as Sue, door closed days are not ideal.
6. Karen needs to develop a policy that includes all communication in the Practice.

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Webinar 5 – Health Practice Communication and Panel Discussion

Scenario 1:

A patient has a telephone consultation with the Doctor which results in a referral to pathology for blood tests. The Doctor writes an instruction on the pathology request form to the staff which said, "email patient".

The staff emails the referral to the patient. The patient takes the referral to pathology collection centre where her blood is taken.

A few days later the patient rings the practice quite upset as she received her pathology results in the mail to her home address. The result were abnormal and the patient wanted to know why the Doctor hadn't called her to discuss these results.

Scenario 1 Poll:

1. Was there a breach of confidentiality?

    a. Yes
    b. No

2. Why were the results sent to the patient home address?

    a. Because the pathology company didn't have the patients email address
    b. Because the patient asked for them to be sent there?
    c. Because they thought that the direction on the request form written by the Doctor was where they had to send the results.

3. Did the Doctor breach their 'duty of care' by not telephoning the patient about the results?

    a. Yes
    b. No

Scenario 2:

You are the senior receptionist of a busy general practice which employs one fulltime receptionist and four part-time receptionists. One of your part-time employees informs you that the fulltime receptionist, Sarah, has made a number of negative comments about Pashminas' English-speaking skills and the food she brings to work.

The part-time employee, Pashmina, is from Southern India, speaks Tamil as her first language, has lived in Australia for two years, and started learning English just one year before she arrived in the country.

Pashmina doesn't eat at the shopping centre like many of the other employees but brings her own meals to work and eats in the staff room. Pashmina tells you that she realises her food smells strongly of spices and that her English skills are not as good as the other employees, but she doesn't understand why Sarah speaks to her so rudely about her food and the way she speaks English.

Scenario 2 Poll:

1. Does Sarah have the right to comment publicly on Pashminas' language skills?

a. Yes
b. No
c. I don't know

2. Should you speak to Sarah about her negative comments of Pashmina?

a. Yes
b. No
c. I don't know

3. Should Pashmina speak directly to Sarah regarding her comments?

a. Yes
b. No
c. I don't know

Scenario 3:

You are working at the front desk of your practice. You are rostered on for lunch, and as it is a quiet time, you are the only staff member in the reception area, although other staff are nearby in the building. There are two patients in the reception area waiting to see other staff (Mr Cahill and Mrs Wang).

Mr Watts enters the front door at 13:10hrs, staggering, smelling of alcohol. He is yelling loudly about seeing one of your doctors and says that the doctor has not been looking after him properly. You suggest to Mr Watts that he could sit down while you check appointments and make contact with the doctor. You let him know there is water available in the corner if he would like some, and you quickly send a message to your Practice Manager asking for assistance.

Mr Watts comes closer to the counter, leans over and yells at you, saying the service is disgusting and that you should be ashamed of yourself. He scatters brochures and information that is provided for patients along the counter. He then bangs the counter and demands to see the Doctor immediately. At that point the Practice Manager comes in with the RN and the RN suggests you go out the back and complete an incident report.

As you prepare the incident report the Practice Manager offers you a debriefing session first thing in the morning when other staff who can offer support will be available.

Scenario 3 Poll:

1. What kinds of behaviour was Mr. Watts demonstrating?

a. Verbal offensiveness
b. Aggression
c. Noisiness
d. All of the above

2. What should the Practice Manager have done when she walked through the door.

a. Do nothing
b. Ask Mr. Watts to leave
c. Ask Mr. Cahill and Mrs. Wang if they would like a cup of coffee

3. Should you have asked Mr. Watts to leave the practice?

    a. Yes
    b. No
    c. Maybe

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Skills and Knowledge Self-Assessment

This exercise is a review of the listed tasks, skills and knowledge to determine whether you have current knowledge and skills in these areas.

If you believe you cannot demonstrate the skills and knowledge from this series, please discuss these with your Practice Manager and or trainer. UNE Partnerships has a suite of short courses, skillsets and accredited training to assist your professional development.

Is the Participant able to:	Comments and Evidence	Yes/No
Demonstrate effective communication skills in three different work situations		
Clarify workplace instructions and negotiate time frames with two colleagues		
Respond appropriately to three different situations where communication constraints are present		
Complete two written or electronic workplace documents to organisation standards		
Communicate effectively verbally and non-verbally with clients, colleagues and others		
Communicate information to others clearly		
Confirm with others that the information communicated has been understood		
Listen actively, clarify meaning and respond appropriately to requests		
Exchange information clearly and in a timely manner		

Is the Participant able to:	Comments and Evidence	Yes/No
Maintain confidentiality in line with organisation policy and procedure		
Listen to, clarify and agree time frames for carrying out workplace instructions		
Identify lines of communication between organisation and other service providers		
Use industry terminology correctly in all types of communication		
Follow communication protocols		
Identify signs of barriers to communication and report them as required		

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Use communication strategies and techniques to resolve barriers to communication		
Use communication skills to avoid, defuse and resolve conflict situations		
Comply with legal and ethical responsibilities		
Refer any breach or non-adherence to standard procedures or adverse event to appropriate personnel		
Refer issues impacting on achievement of employee, employer and client rights and responsibilities to supervisor		
Refer unresolved conflict situations to supervisor		

Is the Participant able to:	Comments and Evidence	Yes/No
Complete paper based and electronic workplace documentation according to legal requirements and workplace standards		
Identify own workplace responsibilities by reading and clarify role-related workplace documents with supervisor		
Use digital media according to organisation communication policies and practices		
Documents events using clear, accurate and objective language		
Contribute to identifying and voicing improved work practices		
Respond to changes to improved work practices and procedures		
Seek advice from appropriate persons on areas for skills and knowledge development		
Identify options for accessing relevant skill development opportunities with supervisor		

Points of Discussion:

Participant Name		**Participant Signature**	
Student Identifier		**Date**	
Manager Name		**Manager Signature**	