INTERPERSONAL SKILLS AND HUMAN BEHAVIOR

SCENARIO

Many types of patients seek medical attention and care in the physician's office. Each has different needs and different concerns, even if the diagnoses are similar. Communication and interpersonal skills are vital in meeting these needs and providing optimum care to the patient. However, the patient is not the only individual to consider. Family members often are crucial to the health and well-being of the patient.

Lucille Cloyd is an 83-year-old patient who has been diagnosed with pancreatic cancer and is seeing Dr. Neill for treatment. Her daughter, Sarah Smithson, helps to care for her; she is close to her mother emotionally. Sarah also is Dr. Neill's patient. Although Sarah does not want to see her mother in pain, she suffers with the knowledge that life will be very different without her.

Mrs. Cloyd is widowed and visits the physician once a month in addition to receiving hospice services. She is a good-humored woman who feels that she has led a fruitful life, yet she has moments of depression. She has been living with Sarah and her family for 2 months and enjoys interacting with her two grandchildren and the family's pets.

The medical assistant must consider not only Mrs. Cloyd, but also her extended family. Compassion and sensitivity are necessary to care for this patient, as well as excellent listening skills. A good knowledge of human relations helps the medical assistant make Mrs. Cloyd's medical care as pleasant as possible under the circumstances.

While studying this chapter, think about the following questions:

- How can the medical assistant treat patients as individuals during a busy workday?
- How does the medical assistant effectively communicate with a patient's family members?
- How will developing good listening skills make the medical assistant more effective?
- How do friends and family members play a role in the health of the patient?

LEARNING OBJECTIVES

1. Define, spell, and pronounce the terms listed in the vocabulary.
2. Explain why first impressions are crucial.
3. Identify styles and types of verbal communication.
4. Differentiate between verbal and nonverbal communication.
5. Explain the different levels of spatial separation.
6. Discuss the value of touch in the communication process.
7. Recognize the elements of oral communication using a sender-receiver process.
8. Recognize communication barriers.
9. Analyze the effect of heredity, cultural, and environmental influences on communication.
10. Identify techniques for overcoming communication barriers.
11. Define and understand abnormal behavior patterns.
12. Recognize commonly used defense mechanisms.
13. Discuss the role of assertiveness in effective professional communication.
15. Explain the value of active listening.
16. List several ways to deal with conflict.
17. Differentiate between adaptive and non-adaptive coping mechanisms.
18. Identify common stages that terminally ill patients go through and discuss the support that can assist them and their families during their struggle.
19. Discuss using empathy when treating terminally ill patients.
20. List and explain the levels of Maslow's hierarchy of needs.
21. Identify resources and adaptations that are required based on individual needs.
22. Discuss why physical and emotional needs affect our daily performance at work.
VOCABULARY

adage (a’-dij) A saying, often in metaphoric form, that embodies a common observation.
aggressive Forceful or intended to dominate; hostile, injurious, or destructive, especially when referring to a behavior caused by frustration.
ambiguous (am-bi’-gu-wus) Capable of being understood in two or more possible senses or ways; unclear.
animate To fill with life; to give spirit and support to expressions.
battery An offensive touching or use of force on a person without his or her consent.
caustic (kos-tik) Marked by sarcasm.
channels Means of communication or expression; courses or directions of thought.
comfort zone A place in the mind where an individual feels safe and confident.
congruent (kon-gru’-unt) Being in agreement, harmony, or correspondence; conforming to the circumstances or requirements of a situation.
decodes Converts, as in a message, into intelligible form; recognizes and interprets.
defense mechanisms Psychological methods of dealing with stressful situations that are encountered in day-to-day living.
encodes Converts from one system of communication to another; converts a message into code.
encroachments Actions that advance beyond the usual or proper limits.
enunciate (e-nun’-se-at) To utter articulate sounds; the act of being very distinct in speech.
external noise Sounds or factors outside the brain that interfere with the communication process.
externalization The attribution of an event or occurrence to causes outside the self.
feedback The transmission of evaluative or corrective information to the original or controlling source about an action, event, or process.
grief Reaction to an unfortunate outcome; a deep distress caused by bereavement, a loss, or a perceived loss.

internal noise Factors inside the brain that interfere with the communication process.
language barrier Any type of interference that inhibits the communication process and is related to languages spoken by the people attempting to communicate.
litigious (luh-ti’-jus) Prone to engage in lawsuits.
malediction (ma-luh-dik’-shun) Speaking evil or the calling of a curse.
media A term applied to agencies of mass communication, such as newspapers, magazines, and telecommunications.
paraphrasing To express an idea in different wording in an effort to enhance communication and clarify meaning.
perception Capacity for comprehension; an awareness of the elements of the environment.
physiologic noise Physiologic interferences with the communication process.
pitch Highness or lowness of a sound; the relative level, intensity, or extent of some quality or state.
prosody (pro-se’-de) The study of the nature, degree, and effect of the spatial separation individuals naturally maintain.
sarcasm A sharp and often satirical response or ironic utterance designed to cut or inflict pain.
stereotype Something conforming to a fixed or general pattern; a standardized mental picture that is held in common by many and represents an oversimplified opinion, prejudiced attitude, or uncritical judgment.
stressors Stimuli that cause stress.
subtle Difficult to understand or perceive; having or marked by keen insight and ability to penetrate deeply and thoroughly.
vehemently (veh-uh-ment-lee) In a manner marked by forceful energy; intensely, emotionally.
volatile (vaht’-luh-till) Easily aroused; tending to erupt in violence.

FIRST IMPRESSIONS

The interpersonal skills developed by the medical assistant help to set the tone of a medical office. Interpersonal skills include the communications process and how we relate to one another during that process. Human relations can be defined as the study of the problems that arise from organizational and interpersonal contact. The two entities intersect, and the successful medical assistant continually works to enhance these attributes. Patients who visit the healthcare facility may not be at their best, and the way in which the medical assistant reacts to and interacts with them can make an incredible difference in their perception of the office, the physician, and the medical staff. These interactions may also affect the patient’s treatment and recovery.

Our elders have stressed all our lives that first impressions are lasting ones, and this old adage is still true! The opinions formed in the early moments of meeting someone remain in our thoughts long after the first words are spoken. The first impression involves much more than just physical appearance or dress; it includes attitude and compassion, and the all-important smile (Figure 5-1).

One of the primary objectives of the professional medical assistant is to care for and about the people being served. Patients are the reason the facility exists, and they should be offered the best customer service possible. They must be welcomed warmly,
and it is important to call patients by their names. People enjoy hearing their names, and it gives a patient confidence that the medical staff members know for whom they are caring.

Think for a moment about how it feels to be a new patient entering the unknown territory of the physician’s office. Staff members of the facility are in familiar surroundings and already have some information about the new patient. However, the patient knows nothing about the staff members. One way to break that barrier is to have all staff members wear name badges, with letters large enough to be read at a distance of 3 feet. Include the staff position if several divisions of responsibility exist (e.g., “medical assistant,” “insurance biller,” and “office manager”). When the patient approaches, if you are wearing a name badge, make introductions and smile. Smiles should show in the voice and the eyes. Genuinely welcome the patient to the office. This small effort helps put the patient at ease in the office environment.

Some physicians make brief notes in the medical record about the personal life of the patient. When the patient arrives for an appointment, the physician can ask about a recent trip abroad or a new grandchild. This tells the patient that the doctor and the office staff see him or her as more than just an illness or a medical record number. It gives the impression that they truly care, and that impression should be an accurate one. Once an impression is formed in the patient’s mind, it is very difficult to change, therefore make the first impressions of your office positive ones. The events in a patient’s life can drastically influence the person’s health, and any information that would be beneficial to the physician in treating the patient belongs in the medical record.

**COMMUNICATION PATHS**

**Verbal Communication**

Messages are conveyed by the use of language, which may be written, spoken, or communicated in another way. Verbal communication depends on words and sounds. The pitch of the voice is a part of verbal communication. The voice lifts at the end of a question. It drops at the end of a statement. Usually when a speaker intends to continue a statement, the voice holds the same pitch, the head remains straight, and the eyes and hands are unchanged. This is not an appropriate time to interrupt. If the message is interrupted, the train of thought may not be completed. The tone of voice and choice of words also affect messages.

The medical assistant should speak clearly and enunciate words properly. Speak loudly enough that the patients are able to hear clearly and pay particular attention to those who wear some type of hearing assistance device. It is wise to note this information on the patient’s medical record to jog the memory when a patient with a hearing problem visits the office. Never assume that just because a patient is elderly, he or she has a hearing problem. When talking with patients, be sure to use the volume of speech to an advantage. Always speak at a clearly audible level, but at times it will be necessary to increase or decrease the volume of speech. When a patient is upset, for instance, it often helps to lower the volume of speech, because the patient tends to get quieter to hear the person speaking.

Eye contact is critical, especially in the age of electronic medical records. Look at the person to whom you are speaking and do not forget a genuine smile. Look at the person more than at the computer. Many people feel that a person who speaks and cannot look another in the eyes is being deceptive. It also can mean that the speaker is very shy and has little self-confidence. Use gestures where appropriate to liven speech and animate the conversation.

Medical assistants must become aware of how they express themselves and how they affect the feelings of others. The tone of voice is vital. Sarcasm and caustic remarks have no place in the medical office. For example, telling a patient, “I hope you can manage to be on time for your next appointment” is needless and rude. The medical assistant must be conservative when speaking and must not be too familiar. The patient expects professionalism and has the right to demand this in the healthcare setting. Never make an inappropriate remark and follow with “I was just kidding.” This is never used in a medical facility or in any type of interpersonal communication. Take special care not to hurt anyone’s feelings with words and phrases. Be very careful about what is said, especially to patients (Procedure 5-1).

Remember that patients are in the facility to be treated by the physician and staff. They usually are concerned about their illness and may have great apprehension and fear about the future. It is completely out of place for the medical assistant to talk about his or her personal life and challenges with the patient. Allow the patient to speak, and listen instead of offering personal information. Often patients casually mention details to the medical assistant that might influence their care. The saying that we are given “one mouth and two ears” stresses which should get more use!

**Nonverbal Communication**

Both verbal and nonverbal communication are important in the art of expression, and both are needed to succeed in the communication exchange. Nonverbal communication involves
messages conveyed without the use of words. They are transmitted by body language, gestures, and mannerisms that may or may not be in agreement with the words the person speaks. Body language is partly instinctive, partly taught, and partly imitative. It involves eye contact, facial expression, hand gestures, grooming, dress, space, tone of voice, posture, touch, and much more. We are often unaware of our own nonverbal signals and consciously recognize only a small number of the signals sent by others. Our ability to help others increase as we hone our own skills in interpreting nonverbal communication; it is almost always more accurate than verbal communication and tends to convey our true feelings and beliefs (Procedure 5-2).

Appearance is an integral part of nonverbal communication. Our appearance influences the way others view us and can present a conflicting message, or even a totally incorrect message. When we see someone who dresses or grooms in a way that is very different from our own style, we tend to assume that the personalities are also very different. This is not always true. Although we should not judge people by the way they dress, it is difficult not to form opinions based on what we see. Visible piercings and tattoos often are regarded unfavorably in the medical profession, as are long, brightly painted nails. Although these do not signify that the wearer is not professional, many patients, especially older patients, are uncomfortable with these trends. For this reason alone, the medical assistant who is less conservative may diminish his or her chances for certain jobs and advancements. Expressing oneself is healthy, yet in the medical profession, a conservative appearance is mandatory so as not to raise obstacles to communication.

The successful medical assistant expresses self-esteem and confidence by stance, vocabulary, facial expression, and a caring attitude. The experience of speaking to someone who does not make eye contact helps one realize the importance of greeting the patient with the eyes as well as the voice and body language. Facial expressions often convey our true feelings and are not masked by the words we use. Our eyes often tell the truth when our words are misleading or false. Use an open body stance when dealing with patients. Crossed arms and legs hint that you are “closed” to the person to whom you are speaking, and this may be construed as disinterest or disbelief. Nonverbal and verbal communication are interdependent (Figure 5-2); they must be in harmony to convey an accurate message that the receiver can easily interpret. If the two are not congruent, the nonverbal presentation usually is dominant and expresses the true message.

The need for boundaries or personal space is demonstrated by how patients in the reception area choose a seat. Proxemics is the study of the nature, degree, and effect of the spatial separation individuals naturally maintain and how this separation relates to
CHAPTER 5  Interpersonal Skills and Human Behavior

PROCEDURE 5-2
Recognize and Respond to Nonverbal Communications

GOAL: To be able to recognize nonverbal communication and respond to it in a professional way.

EQUIPMENT and SUPPLIES
- Cards with various statements that can be communicated in a nonverbal way

PROCEDURAL STEPS
1. Select a classmate as a partner who will role-play as a patient for this procedure. Use patients of varying cultural backgrounds and ability to communicate in English while practicing the procedure.
   PURPOSE: To practice nonverbal communications with a patient whose responses will not be predictable.
2. Taking turns, draw a card and communicate the thought on the card to your partner.
3. Use appropriate body language and other nonverbal skills in communicating with patients, family, and staff.
   PURPOSE: To make certain that the nonverbal communication sends the same message as the verbal communication.
4. Demonstrate respect for individual diversity, incorporating awareness of one's own biases in areas including gender, race, religion, age, and economic status. Refrain from influencing the patient toward personal ethics and beliefs.
   PURPOSE: To demonstrate awareness of diversity when providing patient care and to avoid offending patients of any culture.
5. Determine whether the receiver understood the message correctly.
   PURPOSE: To send a nonverbal message that is understood by the receiver.
6. Continue to communicate back and forth and make sure each message sent is conveyed to the receiver accurately. Remain impartial and show empathy when dealing with patients.
7. Analyze communications in providing appropriate responses and feedback.
   PURPOSE: To continually improve the communications process between healthcare professional, other staff members, and patients.

FIGURE 5-2 A, Pointing often is an accusatory gesture and causes discomfort. B, A bright smile helps to put the patient at ease and to relax.

cultural and environmental factors. Seldom does a person sit in a space next to a stranger if another option is available. Although the need for space varies with the individual culture, some might even remain standing to satisfy the need for personal space. Public space usually is accepted as a distance of 12 to 25 feet, and social space usually is considered to be 4 to 12 feet. Personal space ranges from 1½ to 4 feet, and intimate contact includes physical touching to approximately 1½ feet. The medical assistant often can tell when he or she has invaded someone's personal space, because the person tends to back up a step or two. If this happens, take a small step back and respect the boundaries being set. The more familiar and comfortable patients are with the medical assistant, the closer the space they allow. Other types of boundaries are discussed later in the chapter.

Touch is a powerful communicator. The soft acceptance of shaking someone's hand, to the good-natured pat on the back, to the harsh slap on the face all relay different messages that need no words to express accurately. In the medical profession, as in any business, touch can be comforting or can lead to a sexual harassment suit. Individuals who have experienced sexual abuse or other traumatic experiences may not want to be touched at all. Unfortunately, one must be extremely careful when using this effective communication tool. In today's litigious society, any nonconsensual touching may be considered battery, and touch should be used with great discretion and caution.

The medical assistant should not be afraid to touch patients appropriately, such as giving a pat on the back or a squeeze of the hand (Figure 5-3). Some patients are receptive to a brief
sideways hug, whereas others would take this as an intrusion into their personal space. Certainly patients with serious illnesses appreciate touch as an expression of empathy. Never be afraid to touch sick patients, especially those with diseases such as acquired immunodeficiency syndrome (AIDS), as long as proper precautions are followed where indicated. If unsure, ask a patient whether he or she minds being hugged. These patients need to feel accepted, and the attitude of the medical staff members they encounter directly influences their adherence to keeping their appointments with the physician. If they do not feel accepted and cared for, they will not return to the physician’s office. A gentle touch and a smile do wonders for showing care and concern.

Posture can signal depression, excitement, anger, or even an appeal for help. When the physician sits at the front of the chair and leans forward, he or she is sending a message of care and interest. Positioning is important as well. Sitting behind a desk promotes an air of authority. Standing or sitting across a room may convey a negative message of denying involvement or reluctance to talk. Sitting side by side with a patient helps initiate trust and promote open conversation. The medical assistant should practice good postural techniques as a part of projecting a positive image and for personal health reasons.

**CRITICAL THINKING APPLICATION 5-1**

- How might touch be an important communication tool with Mrs. Cloyd?
- How can using touch affect Sarah?
- Could laughter affect each of these women as they deal with death?

**THE PROCESS OF COMMUNICATION**

Anyone who works in the realm of public service should develop good communication skills. It is important to be able to interact with others and to put them at ease so that their comfort level increases and they develop trust. To communicate well, we first must have a general understanding of the process of communication. Once a message has been sent, it cannot be retrieved and restated or expressed in a different way. Especially in the medical profession, communication must be clear and concise, and the message we intend to send must match what the receiver understands.

Although many different scientific models of communication exist, the one that best fits most types of communication is the transactional communication model. Before understanding how this model works, one must understand the elements we use to communicate.

When two people interact, both people usually act as senders and as receivers. The sender is the person who sends a message through a variety of different channels. Channels can be spoken words, written messages, and body language. The sender encodes the message, which simply means that he or she chooses a specific means of expression using words and other channels. The receiver decodes the message according to his or her understanding of what is being communicated. However, sometimes the receiver incorrectly understands the message. This often is a result of noise, which is anything that interferes with the message being sent. It can be literal noise, such as a radio or a jackhammer on the street outside; this is called external noise. Or it can be internal noise, which includes the receiver's own thoughts or prejudices and opinions. Physiologic noise interferes with communication as well. This includes any biologic factor that would prevent the communicator from sending or receiving accurate messages, such as not feeling well or being overly tired. Feedback can be given through verbal expressions or body language, such as a simple nod of understanding. The perception of the receiver is very important and is discussed later in this chapter.

The transactional communication model (Figure 5-4) depicts “communicators” instead of one sender and one receiver. If two people are communicating, both are sending and receiving messages and both are encoding and decoding messages. Even when two people are speaking one at a time, messages are continually sent with words, body language, facial expressions, and gestures. Various channels of communication are used, and both communicators offer feedback, including subconscious feedback. Noise may or may not be present, but even the best communicators experience some type of noise, even if that is only thinking of what to say next.

**Listening**

Listening is just as important to good communication as the spoken word. Hearing is the process, function, or power of perceiving sound, whereas listening is defined as paying attention to sound or hearing something with thoughtful attention. Patients need to know that the medical assistant is listening. This is actually true in all interpersonal relationships, including husband-wife, parent-child, supervisor-employee, and doctor-patient interactions. When listening to someone who is attempting to communicate, the first rule is to look at the speaker and pay attention. Sometimes it is important not to respond immediately, but to remain silent and offer an understanding and reassuring nod.

Sometimes it is hard to listen. We may not be able to listen effectively, because we are distracted by our own thoughts. Perhaps the situations occurring in our own lives make the conversation we are hearing seem meaningless and unimportant. Or
so many messages may be attacking us that we are unable to focus on any specific one to hear what is being communicated. At other times, such as in anger, we are so rapidly preparing our response that we cannot hear what is being said. We may simply be too tired to listen, or we may have prejudged the speaker and decided that we do not need to listen. However, while working with patients, the medical assistant must be diligent not only in hearing the words being spoken, but also in listening to them and to what the patient is attempting to communicate.

Active listening is the skill whereby a person paraphrases and clarifies what the speaker has said. Paraphrasing is listening to what the sender is communicating, analyzing the words, and restating them to confirm that the receiver has understood the message as the sender intended. This process clarifies the speaker’s thoughts and helps indicate that a common understanding of the message exists between the speaker and the receiver. When communicating in this way, the receiver should reword what the sender has said and then ask a clarifying question. Consider the following example:

**Patient:** I haven’t been feeling well lately.

**Medical assistant:** You say you have not been feeling well.

**Patient:** What exactly is the trouble?

This type of communication may seem awkward at first, because most of us believe that listening involves lack of speech. **Active listening** means that the speaker’s words are heard, and a restatement is used to verify that the message was understood correctly. This statement gives the speaker the opportunity to correct any misconceptions or misunderstandings. Consider the following example:

**Patient:** My back hurts.

**Medical assistant:** Where does it hurt?

**Patient:** In the middle.

**Medical assistant:** Can you point to exactly where it hurts?

**Patient:** Yes, right here (points).

**Medical assistant:** Is it a sharp or dull pain?

**Patient:** Very sharp.

**Medical assistant:** How often does it occur?

**Patient:** Several times a day.

**Medical assistant:** Can you tell me on an average day how many times it bothers you?

**Patient:** About six times.

**Medical assistant:** How long does it last?

**Patient:** About 10 or 15 minutes.

**Medical assistant:** How long have you felt this pain?

**Patient:** For about 2 weeks.

**Medical assistant:** So you have had a sharp pain in this part of your back about six times a day lasting for up to 15 minutes for 2 weeks? Is that correct?

**Patient:** Yes.

It would have been easier if the patient had said, “I have had a sharp pain in my back that lasts up to 15 minutes, and it happens about six times a day.” This example shows how the medical assistant can continue clarifying until the answer is specific enough, which is critical when obtaining information from the patient.

It also is best to ask “open” rather than “closed” questions. An open question requires more than a “yes” or “no” answer. It forces the patient to provide more detail and expand on his or her thoughts. A closed question can be answered with “yes” or “no” and compels the medical assistant to spend more time obtaining the answers needed to document the patient’s needs thoroughly.

**CRITICAL THINKING APPLICATION 5-2**

- How can the medical assistant be sure that Mrs. Cloyd understands how she is to take her medication?
- Often older patients do not appreciate instructions being given to their caregiver instead of directly to them. How can the medical assistant place the primary focus on communicating with Mrs. Cloyd, yet at the same time make sure Sarah understands the instructions and care?

Often when a person or patient is talking with the medical assistant, the person is looking for a specific type of response. Some patients want advice, some want sympathy, and others are looking for reassurance. Many patients open up more quickly and more completely to the medical assistant than to the physician. This can be a very positive aspect of the relationship the medical assistant has with patients, because it is important to build good rapport with them. However, the medical assistant should never agree to withhold information from the physician under any circumstances. If the patient asks that the assistant not reveal something to the physician, the medical assistant should politely explain that he or she has an ethical obligation to report
any and all pertinent information to the physician, especially if it affects medical care. For example, if the patient asks the medical assistant not to tell the physician that the patient has been smoking against medical advice, the assistant could be jeopardizing the patient's care if the information is not reported. This does not mean that specific details must always be aired. If the patient reveals that her stress levels have been high because she has filed a sexual harassment suit against her boss, but she does not want to share each detail with the physician, the medical assistant could report to the physician that the patient is having some legal problems that have resulted in additional stress at work. The physician will understand that the patient's stress level is elevated and can effectively treat the patient without knowing the specific, intimate details of the acts between the patient and her employer. However, the medical assistant must *never* agree to lie to the physician. The patient must understand that if the physician questions any information given by the patient, it must be revealed so that the physician is assured that the care provided is appropriate. Remember that the physician may have worked with the patient for a long time and has a better understanding of the patient's needs than the physician. One patient may be able to handle a high stress level, and another may crumble at the first sign of stress. Good physicians know their patients and keep accurate, complete records that aid decision making in these situations.

If the medical assistant is ever in doubt about telling the physician something a patient has said, the best solution is to tell. Medical professionals are legally bound to confidentiality, and the patient may need to be reminded of this. Encourage the patient to talk to the physician and communicate all concerns, no matter how insignificant they may seem. Never display a judgmental attitude or express negativity about the patient's activities, thoughts, or behavior. Offer to be with the patient, if he or she desires, during difficult discussions with the physician or to make arrangements for a special counseling session with the physician if this is indicated. Some patients are hesitant to initiate a conversation with the physician because they feel they are taking too much time. The medical assistant can help ensure that critical issues receive the doctor's attention.

**WARNINGS AGAINST ADVISING A PATIENT**

The medical assistant must be extremely careful when making suggestions or comments to a patient to prevent legal accusations of practicing medicine without a license. Often a patient asks for an opinion as to which course of action to take. Medical assistants are not qualified to give any type of advice to a patient. Strict laws in most states prohibit anyone other than a licensed physician from offering medical advice. Even if the patient asks what the medical assistant would do if presented with the same options, the assistant cannot encourage the patient to choose one option over another. The assistant can offer a listening ear, though, and help the patient process his or her own thoughts. This can be done in much the same way as using active listening techniques. When a patient expresses a concern, the medical assistant should restate the concern, then ask a clarifying question. For example:

*Patient:* "I don't know whether I should take the chemotherapy treatments the doctor wants me to have."

*Medical assistant:* "You seem worried about the treatments. What are you concerned about specifically?"

Patients must make their own decisions about treatment options when faced with a medical decision. The medical assistant often is looked upon not only as an authority figure, but also as an extension of the physician. Patients may mistakenly think that the medical assistant has the same opinion as the physician. All communication with the patient must be professional and accurate. Always attempt to get the patient to discuss all concerns and fears openly with the physician.

The medical assistant should never agree to withhold any information from the physician, because even a small detail could completely change the plan of treatment. When giving instructions to patients, offer them in writing and keep a copy for the patient's medical record so that a written record of what was communicated to the patient is available. Use excellent documentation technique when adding information to the patient's medical record. Remember that all the patients in the facility deserve to be treated with respect and compassion. Help the physician establish trust with the patient. An open, trusting relationship helps to prevent legal issues in the future.

**CRITICAL THINKING APPLICATION 5-3**

- How should the medical assistant handle Sarah's questions about the various aspects of her mother's treatments?
- How does her mother's decision not to have chemotherapy affect Sarah? What barriers to communication might exist between them?

**OBSERVING CAREFULLY**

In the fast-paced world of medicine, medical professionals sometimes miss the nonverbal signals sent by patients; however, these signals play a critical role in patients' care. If the patient hesitates when speaking, it may be an indication that he or she has more to say. As mentioned previously, the inability to look a person directly in the eyes sometimes, but not always, indicates deception. The medical assistant must pay close attention to what is seen as well as what is heard when communicating with the patient. Look into the patient's eyes and watch intently for signs of trouble.

When a patient cries, the medical assistant should always question what is causing the tears. Some patients may refuse to discuss the issue or insist that nothing is wrong, but tears are always a sign of some emotion, whether anger, frustration, fear, pain, or some other concern. Do not allow patients who are obviously emotionally upset to leave the office without reasonable assurance that they are going to be safe. The medical assistant might wish to suggest that a friend come to the office and escort the patient home. On rare occasions, it is better to be firm with the patient and insist on help getting home if the person is in a volatile state. This action may save patients from hurting themselves or someone else. Careful observation of the patient as a whole is worth the time investment and may even save the patient's life.
ABNORMAL BEHAVIOR PATTERNS

A mental disorder is defined as a psychological or behavior pattern that occurs in an individual and is thought to cause distress or disability that is not expected as a part of normal development and culture. The roots of psychology extend to beliefs in witchcraft and demon possession, but today, the science of psychology is a vast field involving the study of the brain and how it works.

Numerous abnormal behavior patterns affect humans—some are better understood than others and many can be controlled with medications. In his introductory psychology textbook, Rod Plotnik argues that treating abnormal behavior is accomplished by using one or more of three basic approaches: psychoanalytic, the cognitive-behavioral, and medical-model approaches. When using a psychoanalytic approach, a psychiatrist or psychologist engages in therapy with the patient, usually face-to-face. The patient identifies and discusss the issues or conflicts that cause his or her abnormal behavior: an effort to understand it and then provide alternative actions so that the patient can live normally with the abnormal behavior or eliminate it completely. The cognitive-behavioral approach is based upon the belief that mental disorders result from a deficit in a thought process and that the patient suffers from maladaptive thinking processes, so treatment focuses on changing the patient’s maladaptive thoughts and behaviors. The medical-model approach involves using psychoactive drugs to treat mental disorders.

The Diagnostic and Statistical Manual of Mental Disorders contains standard classifications of mental disorders as used by mental health professionals in the United States. Some of the abnormal behaviors include:

- **Phobias**
  An exaggerated, usually inexplicable and illogical fear of a particular object or situation

- **Obsessive-Compulsive Disorders**
  An anxiety disorder characterized by recurrent, unwanted thoughts and/or repetitive behaviors

- **Antisocial Behavior**
  An inability to distinguish right and wrong or feel remorse, characterized by dysfunctional thinking and perception of situations

- **Panic Disorder**
  Sudden, sometimes chronic, episodes of intense fear that develops for no apparent reason

- **Generalized Anxiety Disorder**
  An ongoing anxiety that interferes with day-to-day activities and relationships

- **Major Depressive Disorder**
  A condition affecting both mind and body that can cause a variety of emotional and physical problems

DEFENSE MECHANISMS

Anxiety or stress causes the human body to react in many different ways. Some people handle stressors more easily than others. Most people use defense mechanisms when they feel pressured or attacked in some way. These often are subconscious reactions designed for emotional protection; they help us deal with whatever difficult event has triggered such a response. Often people may not even realize that they are using these mechanisms and may vehemently deny that they are doing so. Many types of defense mechanisms exist; the medical assistant should be familiar with them to better communicate with patients and others with whom they come in contact in the course of their duties.

Verbal Aggression

When a person verbally attacks another without addressing the original complaint, or disregards it, he or she is being verbally aggressive (Figure 5-5). Such people may attack, or they may change the subject. Some individuals get very angry at any suggestion of wrongdoing. They lash out, usually quite loudly, and attack quickly in hopes of diminishing their role in any wrongdoing. For example:

“When are you going to clean the drug sample closet?”

“Who are you to ask me that? You haven’t finished your duties today, either!”

Sarcasm

The word *sarcasm* comes from the Greek word *sarkasmos*, which means “to tear flesh” or “to bite the lips in rage.” This is quite an accurate definition of the nature of sarcasm. It is a biting edge added to words that a person states with the intent to cause pain or anger. Sarcasm is hostile and cruel in most cases, and some individuals use it constantly, thinking it is quite witty. On the contrary, it often makes bitter enemies of its victims. For example:

“Of course it’s a nice dress, if you like tents.”

Rationalization

Rationalizing is attributing actions to rational and credible motives without analyzing underlying methods. When people rationalize their behavior, they are offering excuses for what has been done or said and trying to convince others that the behavior was completely justified. For example: “He only hits me because he is stressed at work.”

Compensation

A person who compensates makes up for one behavior by stressing another. Compensation is a psychological mechanism through which feelings of inferiority, frustration, or failure in one area are
counterbalanced by achievement in another. Compensations are not always a negative response, but it often is used as an excuse for not accomplishing what should be accomplished. For example: "I know I gained 5 pounds, Dr. George, but I exercised three times last week."

**Regression**

Regression is the reversion to an earlier mental or behavioral level. Some people regress to a childlike state or period or exhibit qualities inherent to an earlier time in life. This can include making excuses for not doing a certain thing, saying that it cannot be done, instead of the truth, which is that the person does not want to do it. Replacing the word "can't" with "won't" is a good gauge of the use of regression. For example: "I'd like to get better grades, but I can't find time to study."

**Repression**

The process whereby unwanted desires or impulses are excluded from the consciousness and left to operate in the unconscious is called **repression**. Blocking a problem from the mind and changing the subject when it is mentioned are both types of repression. The repressed uges or desires may seethe beneath the surface, absorbing energy, and force continual repression of the desires, which takes more and more concentration to do successfully. For example: "I should phone my brother since we fought, but I just can't deal with that now."

**Apathy**

Apathy is a lack of feeling, emotion, interest, or concern. It is an indifference to what is happening or a pretense of not caring about a situation. Usually, apathy is not a true reflection of the inner feeling. It is a defense mechanism similar to repression but with a more flippant attitude. For example: "I don't care what grade I got on the test, because I am not going to pass the class anyway."

**Displacement**

Displacement is the redirection of an emotion or impulse from its original object, such as an idea or person, to another object. When challenged or attacked by one person or event, the person uses displacement to channel negative feelings to some other area, which gives a false sense of control over issues that may not be controllable. The venting of hostile feelings is directed somewhere other than where it should be directed, but usually this is a result of a lack of confidence in addressing the true issues at hand. For example: "I have enough problems at work; I don't need to come home to a nagging wife."

**Denial**

Denial is a psychological defense mechanism in which a person avoids confronting a personal problem or reality by denying the existence of the problem or reality. The common expression, "He's in denial" originates from this situation. For whatever reason, the person is unable to cope with the stress of a situation and completely pushes it away, as well as any person or thing representing it. For example: "My husband can't have cancer. He is completely healthy."

**Physical Avoidance**

Some events are so painful that a person may completely avoid any representation of the event. This could be a person, a place, an object, or just about anything that serves as a reminder of the event that induces the negative feelings. If the problem is a person, that person may be avoided forever. If it is a place, such as a home that a couple lived in before one of them died, the other person may move. In some cases, such as physical abuse, the avoidance may be necessary, but it also can be quite unhealthy and may need to be explored further through therapy. For example: "I will never go to that restaurant again, because that's where my ex-husband told me he wanted a divorce."

**Projection**

Projection as a defense mechanism is the attribution of one's own ideas, feelings, or attitudes to other people or to objects. This especially includes the externalization of blame, guilt, or responsibility as a defense against anxiety. Some people project their feelings about a certain issue onto others, who may not be affected by the negative connotations the first person feels. Projection is a way to avoid dealing with the root issues of a problem. For example: "Everyone else is always late, so why am I getting reprimanded for it?"

**Conflict**

Conflict is defined as the struggle resulting from incompatible or opposing needs, drives, or wishes or external or internal demands. We deal with conflict in our lives in some capacity almost daily. Knowing how to recognize the signs of conflict and the patterns people use to deal with conflict can be of great benefit to the medical assistant. This enables the professional to be understanding and empathetic to patients, co-workers, supervisors, and others in the day-to-day work environment.

Conflict is not always negative; sometimes it is beneficial to relationships. It can be constructive and allow people to learn more about each other. This may promote a stronger understanding and deeper levels of intimacy. Unless both parties are aware that a problem exists between them, no conflict exists. The conflict begins when both realize that a problem needs to be resolved. People handle conflict in different ways. Some avoid it at all costs; on the other end of the spectrum, some seem to thrive on conflict.

A knowledge of some of the many types of conflict can help the medical assistant understand the thought processes of others and how best to respond to them, as well as to discern how others respond. Of itself, assertion is not conflict; assertion is stating or declaring positively, often forcefully or aggressively. Being assertive or aggressive can be very productive. Assertive people often receive promotions and reach the goals they set for their lives. However, too much aggression can make a person seem pushy, therefore it should be controlled and used at the appropriate times. Remember, there is a difference between assertion and aggression, which are discussed in the following paragraphs.

Nonassertion is the inability to express needs and thoughts or the refusal to express them. Some avoid conflict and some accom-
moderate by putting others’ desires before their own. Sometimes nonassertion is justifiable. Anyone who has been involved in a long-term relationship realizes that sometimes the other person’s needs must come first. Many have learned the truth of the old saying, “Choose your battles wisely.”

**CRITICAL THINKING APPLICATION 5-4**
- Why might Mrs. Cloyd and Sarah experience conflict at this stage in their lives?
- How might each deal better with disagreements, especially regarding Mrs. Cloyd’s decisions about her medical care?

Aggression is defined in several ways. It can be a hostile, injurious, or destructive behavior or outlook, especially when caused by frustration. It is also the practice of making attacks or encroachments, especially if the acts are unprovoked. In the realm of psychological studies, there are different types of aggression. Direct aggression occurs when a person directly attacks another, whether by criticism, malediction, ridiculing, or other methods. This behavior causes the victim to feel embarrassment, shame, anger, or a range of other emotions. Passive aggression is a familiar term, but many may not know its definition. A passive-aggressive person expresses himself or herself in an obscure, ambiguous way. People who experience passive aggression may have feelings of rage, inadequacy, or resentment that they cannot articulate in a direct manner. Unfortunately, this behavior does not usually provide the results needed or expected.

**Resolving Conflict**

Conflict exists in all relationships, whether they are at work, home, or in social situations. In most cases, the person or persons involved in conflict do not intend to cause problems, and the conflict should not be considered personal. The first impulse in response to conflict is often the fight-or-flight response, either to attack or retreat. Professionalism dictates that the first response be put aside so that the medical assistant can apply logical thought to the situation. Personal beliefs are developed based on each individual’s unique experiences and perspectives.

Resolving conflict can be simple to excruciatingly difficult. Also, the medical assistant must remember that conflict presents an opportunity for growth and increased maturity at the workplace. The following tips can help resolve conflicts:
- Expect conflict, because people do not agree on every viewpoint or situation all the time. Do not dread or fear conflict.
- Realize that conflict can be a healthy process that allows input from various points of view. That input can lead to better decisions.
- Accept that others have legitimate, viable opinions that they should be allowed to express.
- Listen to other opinions and then consider them in an honest, fair manner. People are rarely wrong 100% of the time.
- Never attack a person with a different opinion. Instead, keep the focus on the situation at hand and how it can be resolved.
- Do not insist on being right all the time. Welcome input from those with alternative, original ideas.
- Avoid judgment or assigning blame; do not immediately assume that the other person is wrong.
- Deal with conflict as it happens. Never let several situations build up to an explosion. Do not say that nothing is wrong when hurt feelings are quietly accumulating.

**Boundaries**

Remember that a patient has physical boundaries or personal space, as discussed earlier in this chapter. The patient’s personal space ranges from 1½ to 4 feet, so be aware of any nonverbal communication from the patient that you may be infringing on their space. Keep in mind, too, that spacial boundaries are not the only ones that affect patients.

Boundaries indicate a limit or fixed extent. Setting boundaries at work helps prevent awkward situations and misunderstandings. The first step in setting boundaries is to perform a self-inventory. Determine what is important in the work environment and the type of environment most conducive to strong performance on the job.

Life Coach David B. Bohl suggests five steps in setting self-boundaries at work:

1. Know how you expect to be treated and be clear about it with others. If you prefer to be called “Ms. Roberts” instead of “Linda,” correct anyone who uses your first name directly and politely.
2. Do not feel that you have to offer explanations for your boundaries. Adults should respect the preferences of other adults in the workplace. Do not feel that you have to explain boundary choices.
3. Be respectful, thoughtful, and responsible when setting boundaries. Do not make unreasonable demands and consider your motives in each situation. For instance, do not insist that the staff call you by your last name simply to remind them that you are the boss, but do use last names when promoting a more professional environment for workers and patients alike.
4. Respect other people’s boundaries if you want yours to be respected, even if you do not agree with their boundaries. If boundaries are incompatible, work toward an acceptable, fair compromise. If the person with whom you share office space enjoys listening to country music during the day and you prefer classical music, compromise by listening to country in the morning and classical in the afternoon or determine another fair arrangement. Or, both could agree to wear earphones if that is allowed in the office policy manual.
5. Be proactive when dealing with other people’s boundaries. If unsure, ask. Do not make assumptions when unsure. Ask co-workers questions, such as how they prefer to receive communications and how they prefer to be addressed.

**Self-Boundaries**

Individuals also may want to set self-boundaries in the workplace, forming a sort of “rule book” for personal actions when on the job or standards of behavior that the individual will or will not accept. For instance, a medical assistant may decide to pair up
with another employee whenever each one takes a medication from the supply closet or takes money from the petty cash drawer, serving as each other’s witness. This may take some cooperation and time management skills, but it makes each accountable to the other and provides a witness in case of some impropriety in those areas. Of course, always team with a co-worker who has a track record of being trustworthy. A medical assistant may decide to avoid checking personal e-mail at work or to refrain from Internet use unless completing a job duty. Additionally, some medical assistants may prefer to be addressed by just their first name, whereas others prefer their last name. Self-boundaries allow medical assistants to keep their focus on work duties and concentrate on performing at an optimum level every day. (For more examples of workplace boundaries, visit the Evolve site at evolve.elsevier.com/kimm).

The Crazy-Makers: Passive-Aggressive Communication
In their book, *Looking Out, Looking In: Interpersonal Communication*, Ronald B. Adler and Neil Towne discuss the concept of “crazy-makers,” which is credited to psychologist George Bach. Bach developed the theory of creative aggression; he nicknamed this passive-aggressive behavior “crazy-making.” According to Bach, two types of aggression exist: clean fighting and dirty fighting. Crazy-making was his name for dirty fighting, which is a detrimental behavior for all involved. The term partner is used loosely to indicate the opposite side or victim of the crazy-maker. Bach described the characteristic types of passive-aggressive individuals.

The Avoider
Avoiders refuse to fight. When a conflict arises, they leave, fall asleep, pretend to be busy at work, or keep from facing the problem in some other way. This behavior makes it difficult for the partner to express feelings of anger and hurt, because avoiders will not fight back.

The Pseudoaccommodator
Pseudoaccommodators refuse to face up to a conflict either by giving in or by pretending nothing is wrong. This drives the partner crazy, because the partner definitely feels a problem exists; the partner also feels guilty and resentment toward the pseudoaccommodator for having brought up the situation for discussion in the first place.

The Guilt-Maker
Instead of saying straight out that they do not want or do not approve of something, guilt-makers try to make their partners feel responsible for causing pain. A guilt-maker’s favorite line is, “It’s okay. don’t worry about me...” followed by a long sigh.

The Subject Changer
The subject changer is an avoider who escapes facing up to aggression by shifting the conversation whenever it approaches an area of conflict. Because of their tactics, subject changers and their partners never have the chance to explore their problems and do something about them.

The Distracter
Rather than come out and express their feelings about an object of dissatisfaction, distracters attack other parts of their partners’ lives. Thus they never have to share what is really on their minds and can avoid dealing with painful parts of their relationships.

The Mind Reader
Instead of allowing their partners to express feelings honestly, mind readers go into character analysis, explaining what the other person really means or what is wrong with the other person. By behaving this way, mind readers refuse to handle their own feelings and leave no room for their partners to express themselves.

The Trapper
Trappers play an especially dirty trick by setting up a desired behavior for their partners; then, when the behavior is manifested, they attack the very thing they requested. For example, the trapper may say, “Let’s be totally honest with each other,” then attack the partner’s words of honesty.

The Crisis Tickler
Crisis ticklers bring what is bothering them almost to the surface but never quite express their true feelings. For instance, instead of admitting concern about the finances, they innocently ask, “Gee, how much did that cost?” dropping a rather obvious hint but never really dealing with the crisis.

The Gunnsacker
Gunnysackers do not respond immediately when angry. Instead, they put their resentment into a gunnysack, which after a while begins to bulge with both large and small gripes. Then, when the sack is about to burst, the gunnsacker pours out all the pent-up aggression on the overwhelmed and unsuspecting partner.

The Trivial Tyrannizer
Instead of honestly sharing their resentments, trivial tyrannizers do things they know will bother their partners, such as leaving dirty dishes in the sink, clipping fingernails in bed, belching out loud, turning up the television too loud, and so on.

The Beltliner
Everyone has a psychological “beltline,” and below it are subjects too sensitive to be approached without damaging the relationship. Beltlines may have to do with physical characteristics, intelligence, past behavior, or deeply ingrained personality traits a person is trying to overcome. In an attempt to “get even” or hurt their partners, beltliners use intimate knowledge to hit below the belt, where they know it will hurt.

The Joker
Because they are afraid to face conflicts squarely, jokers kid around when their partners want to be serious, thus blocking the expression of important feelings.

The Blamer
Blamers are more interested in finding fault than in resolving a conflict. Needless to say, they usually do not blame themselves.
Blaming behavior almost never resolves a conflict and is an almost surefire way to make partners defensive.

The Contract Tyrannizer
Contract tyrannizers do not allow their relationships to change from the way they once were. Whatever the agreements the partners had for roles and responsibilities at one time, they will remain unchanged.

The Kitchen Sink Fighter
Kitchen sink fighters are so named because in an argument, they bring up things that are totally off the subject, as in everything, including the kitchen sink. Perhaps it is the way the other person behaved last New Year’s Eve, or bad breath, or the unbalanced checkbook; any past imperfection is fair game for picking a fight.

The Withholder
Instead of expressing their anger honestly and directly, withholders punish their partners by holding something back, such as courtesy, affection, good cooking, humor, or sex. Such withholding is likely to build up even greater resentments in the relationship.

The Benedict Arnold
Benedict Arnolds get back at their partners by sabotage, by failing to defend them from attackers, and even by encouraging ridicule or disregard from outside the relationship.

BARRIERS TO COMMUNICATION

Physical Impairment
Patients may have physical conditions that impair their ability to communicate effectively. This could be a vision or hearing problem or one of many other conditions that make communicating a bit more difficult than usual. The medical assistant should use more descriptive language when speaking with the patient who has a visual disturbance. This helps the patient “see” what is being discussed. The person with diminished hearing may be very sensitive and in denial of the condition. Make sure you have his or her attention and that you are face to face with the person while speaking. People who are hearing impaired often are very dependent on lip reading for comprehension.

CRITICAL THINKING APPLICATION 5-5
- What must be considered when communicating verbally with Mrs. Cloyd? With Sarah?
- How can the medical assistant show compassion to a terminally ill patient during her appointment when the office is extremely busy?

Language
With non-English-speaking patients, the medical assistant may need to use gestures and more body language to convey messages. In such cases, be alert to the possibility of misunderstanding. Confirm that the message sent is the message the listener received by asking for feedback. Ask the listener to repeat the message, and if family members are present, make sure they, also, have a good understanding of what was communicated.

The clinic may employ a bilingual staff member to reduce the chance of miscommunication with those who speak a different language (Figure 5-6).

Prejudice
Personal and social bias, or prejudice, brings about discrimination. Discrimination is unfair treatment of a person because of race, gender, religious affiliation, or handicap or for any other reason. Discrimination is unethical, morally and socially wrong, and in many situations illegal; it also prevents us from communicating effectively.

Some discrimination is very subtle and is not expressed openly or in a blatant manner. Subtle discrimination is based on a person’s appearance, values, lifestyle, or some other personal factor. Examples include discrimination against those who are obese, divorced individuals, homosexuals, welfare recipients, or those with sexually transmitted diseases. Sometimes we are not aware that our words or actions reflect subtle discrimination against others.

Personal prejudices must be recognized before one can change them. Medical professionals are exposed to a wide variety of people who need excellent medical care. The professional cannot allow personal prejudice to affect the care of any individual. Everyone has the right to be honored as a human being and treated respectfully. This enforces the Golden Rule: treat others as you would wish to be treated. Realize the worth of each individual and allow that attitude to be reflected in all actions taken with a patient.

Stereotyping
Stereotyping is defined as the application of a standardized mental picture that is held in common by members of a group; it
represents an oversimplified opinion, prejudiced attitude, or uncritical judgment. It is unfair to stereotype anyone or categorize the person based on preconceived and often incorrect assumptions. Although sometimes an assumption based on stereotypic categories may have a degree of truth, people should not be judged before you have gotten to know them as individuals. The medical assistant should push preconceived notions aside and look at the individual when forming and building a relationship. In the medical profession, stereotypic categories should not be considered when caring for patients and developing good rapport with them.

### Perception

Perhaps one of the most important issues to consider when discussing barriers to communication is the concept of perception. Perception is the capacity for comprehension or the discernment of what is being communicated according to the message receiver's point of reference. When we discussed the transactional communication model earlier in the chapter, it was obvious that because of different types of noise and channels, the message sent sometimes would be distorted; the receiver would not always get the message the sender meant to send. The receiver's perceptions could completely alter the message, no matter how clearly it was sent. If the receiver believes that all attorneys are corrupt, he or she will probably be unable to get past this perception when speaking with one and therefore may not be able to trust any attorney.

Often our perceptions stem from some experience that happened in the past with a certain group of people. This perception goes unresolved or has affected us so strongly that we group all people from that walk of life into a negative category. This is an unfair way to deal with people; everyone should be viewed as an individual, not as a part of a stereotypic group. Remember, perception is an individual's point of view, right or wrong. The issue of interpretation also plays a role: the determination of what is meant by a certain message. An attempt must be made to understand both points of view, and the participants must be willing to discuss them calmly, even when discussing subjects that evoke anger. Most people do not truly enjoy conflict. Have a healthy respect for others' opinions. The differences among individuals are part of what makes each of us unique.

### COMMUNICATION DURING DIFFICULT TIMES

Communication is not an art that comes easily to everyone. It often is difficult to express feelings in an honest, open way. When a crisis occurs, it is much harder to communicate effectively, and we sometimes say things we do not mean. Medical assistants must develop communication skills that can be used in times of trouble. They must be able to understand the reason or reasons a patient or co-worker is unable to communicate.

Patience is important, too, because people are not always at their best when they are concerned about their condition or that of a loved one. Always remain calm when dealing with a person who is experiencing a traumatic event or has any depressive condition. Remember that he or she may be reacting to many emotions, such as fear, anger, doubt, inadequacy, or many others.

The key is to listen, to determine the best way to help the patient out of any immediate danger and to help him or her establish some type of support system.

### Anger

One of the most difficult times to communicate is when we are angry. Anger is a normal emotion that all of us feel at one time or another. Usually the expression of anger is a healthy thing. Some people bottle up their emotions and do not express what they truly feel inside. If this is done repeatedly, at some point the anger erupts, possibly over a tiny event or at an inappropriate time. Others explode over every little situation; people who do this need anger management skills and training.

Anger, like most emotions, can cause physiologic changes. When a person feels anger, the blood pressure rises and the heart rate increases. Many things can trigger anger, from a simple traffic backup to a real or perceived betrayal, the diagnosis of a disease, or the death of a close relative. "Road rage" is one example of anger out of control and is a serious problem on our public highways today. Unexpressed anger can cause or contribute to all types of health problems, including depression and hypertension.

The medical assistant can help pacify an angry patient by speaking calmly and refusing to return the emotion. If the volume is gradually lowered with every sentence spoken, the angry person must lower the volume as well to hear what the assistant is saying. Suggest that the person breathe deeply and stop talking for a few minutes. Remember that the anger being expressed usually is not directed intentionally at the medical assistant. Be a good listener and allow the person to speak as long as it is not abusive speech. Using logic with the angry individual may also help. Some use words such as never and always; for example, "My wife never balances the checkbook!" or "You always make me wait for my appointment!" These statements are broad generalizations and usually untrue. Using a logical approach and maintaining a calm attitude help the angry individual.

Address the root of the problem and be willing to admit it if the physician's office has made a mistake or contributed to a problem. Do not be afraid to say, "I'm sorry, we made an error." Arguing never resolves the situation and only increases the intensity of the patient's feelings. Four words that often can disarm an angry person are, "Let me help you." Sometimes in a medical professional's career, a patient, a co-worker, or even the physician will lash out, even though the medical assistant is not the cause of the anger. Realize that this is a part of being human, and be as caring and kind as possible. If the anger becomes abusive, either refer the situation to a supervisor or, if that is not possible, tell the patient that you can no longer discuss the situation and offer to schedule an appointment so that the matter can be discussed at a later time. By then, the patient probably will have calmed down and will be able to discuss the situation rationally.

### Shock

When an event or a circumstance arises that is especially painful, an individual may experience emotional shock. This may happen when a person has just been told that a family member has been
killed in an automobile accident or some other catastrophe has taken place. Many different types of shock occur, but in this chapter, the emotional aspect is discussed. Often the person cannot think or move, and other coping reactions may take place. One person may scream in agony, whereas another may sit down and begin to talk about a completely unrelated subject. The person who appears calm is probably more at risk, because in addition to shock, he or she may be experiencing denial. We never really know in advance how we will react to events that are traumatic. Also, our reactions may differ from time to time. A person is able to cope with a traumatic event based on the other stressors in his or her life at the time.

David Straker, in his book, Changing Minds, describes adaptive and non-adaptive coping mechanisms. An adaptive coping mechanism is one that offers some type of positive help. Logically, a non-adaptive coping mechanism would be negative in nature. Consider the sleep requirement. A person who is in some type of shock may have some insomnia, and needs to sleep. Getting several nights of recuperative sleep is an adaptive coping mechanism. If, however, he or she begins to sleep consistently during the day and at night, sleep may be considered a non-adaptive coping mechanism, because the individual is using sleep to avoid stressful issues.

Never leave a person in emotional shock alone. If the healthcare professional cannot stay close by, arrangements should be made for someone to stay near, especially during the early stages, if at all possible. Because the thought processes the person is experiencing may not be under control, he or she could be a danger to himself or herself or others.

The medical assistant should watch for several signs of emotional shock, including hyperactivity, disruptions in breathing patterns, blank staring, sudden hysterics, and shaking. Humans have an innate sense of threat or danger, and this sense may initiate the fight-or-flight syndrome. When a person feels a threat of some kind, the hormone adrenaline is released in the body quickly, producing an increased heart rate and blood pressure. The oxygen level in the body increases, which prepares the muscles to help the body cope. Awareness is increased, as are energy and performance. The individual either runs, avoiding the danger, which is the “flight” aspect, or stays to “fight,” facing the stressors or threat. With either choice, the body must have this increased energy level and awareness to deal with the situation. When the immediate period of shock abates, the individual may feel a debilitating, drained sensation as the hormonal levels return to normal.

**Critical Thinking Application 5-6**

- Is it possible that Sarah might experience shock months after her mother’s death?
- How can the medical assistant help Sarah deal with these emotions?

**Death and Dying**

Years ago patients who were considered terminally ill were placed in hospital wards and left to their demise. The medical community did not focus on understanding the fears and concerns of the dying, and very few measures were offered to them that preserved their dignity. However, in 1969, Dr. Elisabeth Kübler-Ross, a Swiss psychiatrist, wrote a ground-breaking book, On Death and Dying. Kübler-Ross, who studied thanatology, realized that terminally ill patients were somewhat ignored, even by medical professionals, and she spoke many hours interviewing these patients and discovering their fears and concerns. Kübler-Ross listened to them and realized that patients passed through certain stages as they dealt with their impending death. She held seminars, during which she interviewed dying patients as medical students listened. When the book was published, she was recognized internationally as an authority on the subject of death. She wrote more than 20 books about the process of dying. In Life Lessons, she shares many of the truths she had learned from the dying to encourage us to live. Kübler-Ross died in August 2004.

Kübler-Ross believed that the process of dealing with death or loss has five specific stages: denial, bargaining, anger, depression, and acceptance. She believed that all people go through each stage in the grieving process, but they may not go through the stages in the same order. A stage could take days to work through or several months. Although she related these stages to dying patients, they are not exclusively limited to those who are dying. Anyone experiencing grief may progress through these five stages, and having a good understanding of them can help the medical assistant to better care for the patient.

On Death and Dying identifies denial as the first stage, during which the patient or grieving person denies the issue that is causing the grief and thinks, “No, not me.” The person is shocked and rejects the facts. The denial is a defense mechanism that helps the individual deal with the news. The second stage is anger, when the dying patient begins to ask, “Why me?” The anger often is directed at others, who may include the people in the family taking care of the patient or healthcare workers who cannot produce a cure. In the third stage, the patient begins to bargain in an attempt to postpone death or eliminate it altogether. This bargaining usually is with God, and the patient may pray to see a child marry or to witness some other upcoming event. The event is not the true hope of the patient, but life itself is. These patients say, “Yes, me, but...” in the attempt to postpone death. The fourth stage is depression. During this stage, patients realize that they are going to die and may feel regret for the goals they did not accomplish or for not taking better care of themselves. These patients say, “Yea, it’s me...” and they must be allowed this period of grieving. However, family and friends should watch the patient carefully for signs of deep depression. The final stage of grief is acceptance, during which the patient is able to say, “Yes, me, and I’m ready.” The reality of the impending death or distressing situation is accepted, and although the patient may continue to experience some depression, he or she is better equipped to deal with the arrangements that have to be made and may even demonstrate good humor during this time.

Patients who are dying must be treated with dignity and respect. This does not mean that they are unable to laugh and enjoy the life they are still living. Gentle touch and kind words reassure patients that the medical assistant cares for them. It is important to be careful with words and phrases around dying patients, but be natural in your conversations with them and do
not be afraid to laugh. Never suggest to such patients that you “know how they feel.” This phrase belittles their situation, and we never truly know how another person feels. Asking questions is a good method of communication when you are unsure about what to say. Use questions such as, “How do you feel about that?” or “What does your family think about your plans to discontinue treatment?” Then listen to the patient and make eye contact with him or her as you listen. You may also ask, “How can I help you?” as opposed to “Is there anything I can do?” There will be a natural tendency for the patient to say “No” to the second question. However, if you ask specifically how to help, they may open up and allow you or the office staff to be of help. They may simply need suggestions about who could cut their grass or how to contact Meals on Wheels. Hospice services provide terminally ill patients and their families with care and support, often from the point of diagnosis to bereavement. Many have found hospice services invaluable in the process of coping with a loved one close to death. The medical office should have listings of community resources to assist in these types of situations. Always use empathy when talking with the patient by being aware of, and sensitive to, the feelings that the patient may be experiencing.

**CRITICAL THINKING APPLICATION**

5-7

- People often put off writing a will. Could this be procrastination or a fear of death?
- When is it important to have a will?
- How can the medical assistant help Sarah to deal with her mother’s impending death?
- What stage of grief might Mrs. Cloyd currently be experiencing? What stage might Sarah be experiencing?

**MULTICULTURAL ISSUES**

Cultural differences influence the way we deal with people from various parts of the world. We often become isolated in our thinking and incorrectly assume that people all over the world think and do things the same way we do. However, vast differences in cultures exist from country to country, and even in areas within the same country.

We sometimes stereotype people of other cultures and think we understand what they are like and how they live. Often, the media have influenced our thinking. Much can be learned from other cultures, and sharing is a way to gain an understanding of experiences in other places.

**EXAMPLES OF CULTURAL TRADITIONS**

- A husband speaks for his wife. The wife does not speak to the physician.
- The palm of the hand, facing down, is used to beckon someone. The hand motion signaling one to come or follow, performed with the back of the hand toward the patient, is used only when calling an animal. An open hand is used to point, rather than one finger.
- A female’s clothing is not removed without the presence of another female family member.

**Communicating with People of Other Cultures**

People from other cultures want to be treated just as you would like to be treated if you were visiting another country; they want to be respected and treated fairly. Much can be learned about the background of others and much can be shared about the culture we know, too. Cultural differences are responsible for many misunderstandings. We must make an attempt to understand people from other walks of life.

When we speak with those from a foreign country, a language barrier may exist. Even if the person knows some English, some words and phrases may not make sense in the way we use them in the United States.

It is important to be sensitive to and aware of the beliefs of the many cultures represented in the patient population. If you work in a practice that predominantly serves a distinct ethnic group, discuss possible cultural differences with the physician and with influential people in the cultural group. Learning to understand cultural differences helps you gain the confidence and respect of patients. Always use language and verbal skills that enable patients to understand the details of their medical care. Even if the traditions and cultures are vastly different and difficult to understand, the medical assistant must demonstrate respect for diversity in approaching patients and their families.

Communicating with patients who speak another language is difficult without an interpreter. If the physician serves a large population of non-English speakers, he or she should make certain that at least one staff member is bilingual and available to assist with interpreting when necessary. If none of the employees are bilingual, the appointment scheduler should tell patients to bring a friend or relative to their office visits to assist with paperwork and interpreting. The office policy should state that an interpreter must be present for the physician to treat the patient, so that the entire staff is able to communicate properly with the patient. Appropriate communication is vital to ensure
that the patient understands the physician and the instructions to be followed, especially medication dosages.

**Communicating During the Patient Encounter**

Remember that patients often are apprehensive during their appointments with the physician. Some questions can elicit information the patient has not voiced aloud. Many hospitals have added the phrase “Are you safe at home?” to their basic intake to ensure that the patient is not being abused or is the victim of violence. Even the simplest tasks, such as collecting a urine specimen, can cause nervousness and anxiety. Always explain the purpose of tests the physician orders, and when performing treatments, explain each step to put the patient more at ease. Patients may not understand that a “blood glucose” simply means a blood sugar test in lay terms. Be sensitive to the patient’s rights and feelings when collecting specimens.

**Maslow’s Hierarchy of Needs**

Psychologist Abraham Maslow created what he called the “hierarchy of needs” (Figure 5-7). A hierarchy is defined as things arranged in order, rank, or a graded series. Maslow believed that our human needs can be categorized into five levels and that the needs on each level must be satisfied before we can move to the next level. These levels often are depicted as a triangle, with the most basic needs at the bottom and the highest potential for growth as a human being at the top.

The needs we have as humans, at the most basic level, are those that involve our physical well-being: food, rest, sleep, water, air, and sex. The second level includes issues related to our safety. We need to feel safe and secure in our homes and our environments, as well as the places where we work. The third level involves our social needs for love, a sense of belonging, and interaction with others. The fourth level relates to our self-esteem. We have an inner need to feel good about ourselves and to know that others view us in a positive manner. The last level is the self-actualization stage, in which we maximize our potential. In this level, we attempt to be at our best and to live our lives to the fullest extent possible.

People adapt to life based on their individual needs, and many entities influence that adaptation, such as cultural and other elements of the environment, language abilities, and even physical threats, such as situations in which a woman refuses to leave her abusive husband for fear of harm. The medical assistant should actively investigate the resources that will allow patients to adapt to situations that affect their health status, and almost any life event can influence the patient’s well-being.

**Approval, Acceptance, and Achievement**

Three specific needs that we have, apart from Maslow’s hierarchy of needs, are critical to our happiness. These three are approval, acceptance, and achievement. Although most would agree that we do not need everyone’s approval at all times, we do seek the approval of specific people. Children usually want to please their parents, even when the child is an adult. We seek to please our supervisors, and even our own children. However, the need to please can be taken too far. Various books address personalities called pleasers, who often place their own needs second to the needs of those they feel they must please to feel of worth.

We have a healthier self-esteem if we feel accepted by others. This resembles the sense of belonging discussed earlier but is a bit more extensive. A feeling of acceptance includes the belief that our actions, words, dress, manners, and other personality traits are acceptable to others we wish to impress.

Last, we have an inner need for achievement. Most humans want to do something great and contribute to their world in some way. A great thing to one person may be winning an Olympic race, but to another it may be reading to an elderly grandmother at a nursing home. We all enjoy praise for a job well done, or for losing weight, or for passing a difficult examination. Everyone benefits when legitimate praise is shared freely and appreciated. This is especially true in our close relationships but is just as important in the workplace. It is much easier to work for a supervisor who praises for work well done than for one who never offers a pat on the back.

**A Good Night’s Sleep**

Many of us do not realize the value of our sleep time. Sleep is one of the most important physical needs we have, and it is the one most often sacrificed during busy, stressful periods. This is called sleep deprivation. Human beings need approximately 8 hours of sleep each night, although many can function for a period of time with less sleep. Eventually this lack of sleep takes a physical and emotional toll on the body.

**Healthy Nutrition**

We have been taught since we were children that good nutrition is vital to a healthy body. Our bodies are machines, and their performance depends on good health. We care for the body with a balance of good nutrition, activity, and health care. A balanced diet is essential to ensure that the organs and systems within us function at optimal levels. When the body is not receiving the nutrients and vitamins it needs, various parts may malfunction,
and this can lead to conditions or diseases or to worsening of problems already present.

CRITICAL THINKING APPLICATION 5-8
- Could Sarah’s sleep and nutrition habits affect her ability to care for her mother?
- How might these affect Sarah’s personal stress levels, and how can she ensure that she is caring for herself, when her thoughts are primarily on her mother?

Positive Relationships

As mentioned earlier in this chapter, all of us need to feel approval, acceptance, and achievement. These are vital components of our relationships as well. When we are involved in a relationship that is not going well, it naturally is reflected in our attitude, our opinions, and our sense of self-esteem. This can greatly influence our performance at work. Often, because of infatuation, we find ourselves in a situation that might not be a positive one. Once the relationship is in progress, it sometimes is difficult to end it and find a connection with a supportive, caring individual.

Many individuals have not determined what they need from a relationship. It is helpful to make a list of what you are looking for in a partner and to commit to refusing to compromise on the critical points. The sparks and fireworks that appear in the beginning of a relationship may lose their intensity as time goes on, and a firm foundation must be present after the newness wears off. Choose carefully and wisely, and the chances of becoming involved in unhealthy relationships greatly increase. In addition, more and more individuals are choosing to remain single and are enjoying life to the fullest. Certainly this choice is better than being a part of a destructive partnership.

Harmful relationships are not always just between partners. Often we experience stress and strain with relatives, friends, and co-workers. Sometimes contact with the person causing the discontent cannot be avoided, at least for a period of time. In these cases, we must learn coping techniques for dealing with the difficult relationship. Open, honest communication is paramount. By making wise relationship choices, medical assistants may prevent additional stress and worry during working hours, which can help keep their focus on the patients and duties to be performed and not on stressful situations outside of work.

CRITICAL THINKING APPLICATION 5-9
- Often survivors feel a sense of “unfinished business” with a person who has died, and they have a more difficult time bringing closure to the relationship. How might Sarah spend high-quality time with her mother and come to terms with her death in a positive way?
- Is there anything that should not be discussed with a terminally ill patient?

Healthy Self-Esteem

Self-esteem is confidence and satisfaction in oneself. To have high self-esteem, an individual must also be self-aware, and that takes some honesty. It means taking a look at your strengths and your weaknesses and knowing what you have to offer as a person. To feel well and accomplish goals in life, you must develop positive attitudes and positive responses to the pressures in life. It sometimes can be difficult to keep a positive attitude when others are being negative. Some people believe that if they inflict their bad feelings on others, they will feel better about themselves. It is important to remember, though, that no one can make you feelobject certain way; it is a choice you make. Blaming others for one’s situation in life or negative emotions is self-defeating.

We are able to control two things in life: our attitude and our actions. Even when faced with a potentially volatile situation, our attitude and actions are decisions we make. These decisions should be made with careful thought, even if the reaction must be a swift one. Think before speaking. Pause a moment, if needed, before reacting. Take a timeout. Choose your battles wisely. All of these suggestions can help you react in a more positive, constructive way when faced with a difficult situation.

Improving Yourself

No matter how great a person’s training or how many opportunities are placed in front of the individual, fear and doubt can sabotage efforts to improve one’s self-image, confidence, and potential. Almost every failure or mistake can be traced to fear or doubt; either we are afraid to take a specific action, or we doubt our own abilities. Blaming the circumstances around us is no excuse for a poor performance. It also is important to remember that small, daily decisions make a huge impact on our lives, sometimes even more than what we consider critical life decisions. For example, a student decides not to study for 30 minutes daily for an upcoming major examination, then fails it. This small decision to do something other than study results in failing an examination, which may force course repetition and delay the graduation date.

Self-esteem improves if a person is able to adapt to situations well. To be human is to be a changing, growing, imperfect but amazing living creation. Adapting means being flexible and open to the actions of others. Although we should have empathy for others, we cannot allow others to ruin our day or lower our confidence level. Inventor-philanthropist Charles Kettering once said, “The only time you can’t afford to fail is the last time you try.” Our failures often teach us much more than our successes. The important thing is to get up, evaluate why the failure occurred, then move forward armed with the new knowledge gained from mistakes.

Procrastination is often a symptom of the fear of failure and the fear of success. Many people procrastinate because they feel it gives them an excuse for their failure. They say, “There is no way I could pass that test; I only had 2 days to study!” Others are perfectionists and put off doing a job or delegating because they feel no one can do it as well as they can. The best way to stop procrastinating is to do something! Divide projects into small steps and complete one at a time. This makes tasks much less overwhelming.
back to the first day of school, the first day on a new job, the first time at a fancy restaurant, a first date; these events often make us feel a bit uncomfortable. New experiences may be outside our comfort zone. Psychologists often speak about a comfort zone, which is a place in the mind where we feel safe and comfortable, where we can perform comfortably and confidently. For most goals, however, we have to move outside our comfort zone to reach them.

### Closing Comments

Interpersonal skills are critical to success as a medical assistant. Communication is a part of all interactions throughout the day, and the better developed these skills are, the better the medical assistant can serve the patients in the facility. Every attempt should be made to enhance the interpersonal and human relations skills the medical assistant currently has and to strive continually to better these skills. This ensures that effective communication is a part of the relationship with patients, as well as with others with whom the medical assistant interacts.

### Patient Education

The medical assistant has the opportunity to provide an educational service to every patient who enters the healthcare facility. Patients often have questions about their care or treatment, and the medical assistant with good communication skills can assist the patient in understanding.

Patients must have a clear knowledge of the role they play in their own care. The medical assistant can communicate information to the patient in many ways other than verbally. Leaflets and brochures can help patients understand their illness better and can educate them, but the medical assistant should always explain each piece of literature given to a patient. Never just hand out printed information and expect it to be read. Have the patient repeat instructions to clarify them if a question exists as to whether the patient understands.

Remember that physical care is not the only aspect of patient care; patients have emotional needs as well. Often the very things we take for granted, such as food and shelter, are a struggle for some patients. The resulting stress can worsen their physical condition. Ask questions to remain aware of what the patient is communicating to the staff and what is not being said. This helps the medical assistant to best serve the patient.

### Legal and Ethical Issues

Patients see the medical assistant as an extension of the physician, therefore it is important that all communication with the patient be professional and accurate. Never give a patient advice that is not approved by the physician, to prevent accusations of practicing medicine without a license. Always discuss issues with the physician that affect the patient's care in any way. Never agree to withhold any information from the physician, because even a small piece of information could completely change the plan of treatment. When giving instructions to patients, it is always best to have them in writing and to keep a copy for the patient's medical record so that a record exists of what was communicated to the patient. Use excellent documentation technique when adding information to the patient's chart. Remember that all the patients in the facility deserve to be treated with respect and compassion. Help the physician establish trust with the patient. An open, trusting relationship with the patient helps to prevent legal issues in the future.

### SUMMARY OF SCENARIO

Mrs. Cloyd and her daughter are facing a difficult time. Death is inevitable for everyone, but when a loved one is diagnosed with a terminal illness, it is particularly distressing. Both of these women need compassion and caring from the medical team. They need to feel as if they are being heard and that their opinions are important. Some of their needs are similar, but they have differing needs as well. A gentle touch and laughter can brighten their day, and these expressions are critical to a person experiencing the stress of a devastating illness.

The medical assistant must ensure that Mrs. Cloyd understands her medications and treatments. The office should assist her and her daughter in finding community resources for which she might be eligible. Be sure to instruct Mrs. Cloyd primarily, and make certain that Sarah also understands any directions her mother should follow. Sarah needs compassion as she deals with her mother's illness and impending death. Because she is also a patient of the clinic, she should be given care and attention and may have emotional needs or periods of great stress also. Even on the busiest of days, these two women deserve warmth from the staff and should be made as comfortable as possible as they seek medical care.

Although the medical office is always a busy place, the medical assistant can take a moment to individualize the care that they provide to patients. Looking into the patients' eyes and genuinely asking how they have been getting along demonstrates interest in them. Call patients by their name and ask about their families. These techniques allow the medical assistant to develop rapport, which results in a more pleasant office visit for the patient.

Often, the patient is accompanied by a relative or friend, and the medical assistant may find it necessary to interact with these individuals. Remember that all information about the patient must be kept in strict confidence. Friends and family play a role in the overall health of the patient. When relations are strained, patients may feel depressed and stressed. This can affect their health in a negative way. The patient with strong family support often heal faster and has a better outlook on health issues.

Listening is a skill that must be practiced and refined. Patients need to know that the medical assistant is focusing attention on them, listening to their concerns, and paraphrasing to make sure the patient is understood correctly. Listening is one of the most important skills the medical assistant can develop.
Summary of Learning Objectives

1. Define, spell, and pronounce the terms listed in the vocabulary. Spelling and pronouncing medical terms correctly bolster the medical assistant’s credibility. Knowing the definition of these terms promotes confidence in communication with patients and co-workers.

2. Explain why first impressions are crucial. First impressions are crucial in the medical profession, because dress, attitude, and appearance all influence the credibility of the medical assistant. The medical assistant should always treat patients and visitors to the office as individuals who deserve the best in customer service.

3. Identify styles and types of verbal communication. Medical assistants communicate casually in day-to-day life, but use a professional style when communicating in the medical facility. Tone and diction are important. All information must be clear and accurate when communicating with patients. While a personal or casual type of verbal communication is used in normal discussion, professional verbiage and attitude are required in medical facilities.

4. Differentiate between verbal and nonverbal communication. Verbal communication depends on words and sound, whereas nonverbal communication consists of messages conveyed to another without the use of words. Body language, eye contact, facial expressions, and hand gestures are some of the many ways we use body language. Sometimes our body language conflicts with verbal communication, and a mixed signal is sent to the receiver. Often we are unaware of nonverbal signals and notice only a small number of the signals that other people send.

5. Explain the different levels of spatial separation. Spatial separation can be defined as the space of comfort between individuals. Public space usually is considered to be 12 to 25 feet, whereas social space is approximately 4 to 12 feet. Personal space is the range of 1½ to 4 feet, and intimate space includes touching up to approximately 1½ feet.

6. Discuss the value of touch in the communication process. Touch is important in the process of communication, because it projects an air of care and compassion to the receiver. The medical assistant should never be afraid to touch patients, as long as precautions are taken with those who are contagious. Touching the patient shows empathy and can be more eloquent than the spoken word.

7. Recognize the elements of oral communication using a sender-receiver process. The transactional communication model includes a sender and a receiver who offer messages to each other using various channels. The sender encodes a message, then the receiver decodes it to the best of his or her ability. Often some type of noise interferes as well, such as internal, external, and physiologic noise. Perception is important when communicating, because messages sometimes can be easily misinterpreted.

8. Recognize communication barriers. Some of the barriers to communication include physical impairment, language differences, prejudice, stereotyping, and perception. Barriers may also be present during difficult times, such as when a crisis occurs, when a person is angry or in shock, or when a patient or family member is experiencing an impending death or illness or has experienced a serious accident.

9. Analyze the effect of heredity, cultural, and environmental influences on communications. Communication is affected by heredity when an individual inherits a gene that plays a part in the communication process; for example, a person with delayed speech and language skills may find it more difficult to communicate with others. Many conditions, such as autism, affect communication and social interaction. A patient’s cultural heritage may prevent or hinder communication depending on the beliefs related to culture that are held by the patient. Additionally, our environment may hinder communication. A person who is physically or emotionally abused may refuse to share information about the abuser.

10. Identify techniques for overcoming communication barriers. The medical assistant who approaches the patient with understanding and respect will often win the trust of the patient, who will in turn offer necessary information needed to help the patient. Sincerity, empathy, and kindliness make a difference, and a caring attitude will also help to overcome communication barriers.

11. Define and understand abnormal behavior patterns. Patients may exhibit various abnormal behavior patterns that affect their physical and emotional health, such as phobias, obsessive-compulsive disorder, antisocial behavior, panic disorder, general anxiety disorder, and major depressive disorder. Knowing the definitions of each disorder will help in understanding individual patients and will allow the medical assistant to approach patients with empathy and professionalism.

12. Recognize commonly used defense mechanisms. Defense mechanisms are psychologic methods of dealing with stressful situations. They include sarcasm, denial, repression, compensation, and several others. Often these mechanisms are our only way of dealing with circumstances with which it is difficult to cope.

13. Discuss the role of assertiveness in effective professional communication. There is a difference between assertion and aggression. Being assertive or aggressive can be very productive. Assertive people often receive job promotions and reach the goals they set for their lives. However, too much aggression can make a person seem pushy; therefore it should be controlled and used at the appropriate times.

14. Identify the roles of self-boundaries in the healthcare environment. Self-boundaries can include the physical space between people, but can also apply to communications in a way that affects interaction with others. Each medical assistant must determine the workplace boundaries that are personally important to him or her; such as the use of first or last names, off-the-clock interactions with co-workers and supervisors, and email forwarding of inappropriate materials.

15. Explain the value of active listening. Listening is one of the most important skills the medical assistant can develop. Listening involves not only silence, but active feedback as well.
Open-ended questions help the medical assistant restate what the patient is saying to make sure the patient is understood clearly.

16. List several ways to deal with conflict.
Everyone experiences conflict in daily living, so therefore it is necessary to develop skills in dealing with conflict in as positive a way as possible. Conflict is not always negative and can be quite beneficial to relationships. Knowing the different types of conflict, as well as how people attempt to process conflict, helps the medical assistant to recognize patterns and respond appropriately. Some individuals deal with conflict by being aggressive, assertive, or nonassertive. Also, many passive-aggressive methods of dealing with conflict can be used, such as avoidance, changing the subject, distraction, blaming, and several others.

17. Differentiate between adaptive and non-adaptive coping mechanisms.
An adaptive coping mechanism is one that offers some type of positive help. Logically, a non-adaptive coping mechanism would be negative in nature. Consider the sleep requirement. A person who is in some type of shock may have some insomnia, and needs to sleep. Getting several nights of recuperative sleep is an adaptive coping mechanism. If, however, he or she begins to sleep consistently during the day and at night, sleep may be considered a non-adaptive coping mechanism, because the individual is using sleep to avoid stressful issues.

18. Identify common stages that terminally ill patients go through and discuss the support that can assist them and their families during their struggle.
Dr. Elisabeth Kübler-Ross suggested that the process of grief has five stages: denial, bargaining, anger, depression, and acceptance. She believed that all stages are experienced while grieving, but not necessarily in the same order. The medical assistant can better care for the patient and the patient’s loved ones when a good understanding of the grieving process is present.

19. Discuss using empathy when treating terminally ill patients.
Empathy is the understanding of another person’s feelings, situation, or motives. The medical assistant should look at situations from the patient’s view and be considerate of their wishes at all times, even if the patient’s needs and desires differ from the medical assistant’s opinions. Terminally ill patients should never be pushed toward unwanted treatments or procedures by the healthcare professional.

20. List and explain the levels of Maslow’s hierarchy of needs.
Maslow’s hierarchy of needs includes five levels, beginning with our most basic needs, such as food, rest, sleep, water, and anything that involves our physical well-being. The second level is related to safety issues, and the third, our social needs, such as love and interaction with others. The fourth level deals with our self-esteem, and the fifth is self-actualization, where our potential is maximized.

21. Identify resources and adaptations that are required based upon individual needs.
Each medical office should keep accurate, up-to-date information about available resources on hand so that it can be accessed quickly when needed. Be sure to check the physician’s notes to determine if he or she has made a referral for a patient and follow-up to make certain that the patient did seek assistance from the person or organization that was listed in the referral.

22. Discuss why physical and emotional needs affect our daily performance at work.
Everyone needs physical and emotional rest to function throughout the day. A good night’s sleep, consisting of at least 8 hours; regular exercise; and healthy nutrition help keep the medical assistant fit for duty. When these needs are not met, work performance may suffer, and the medical assistant may not be able to give proper attention and care to patients. Exhaustion affects the ability to perform, as do pressing concerns that linger in the mind. Make every effort to clear all negative thoughts and completely focus on the patient.

CONNECTIONS

Study Guide Connection: Go to Chapter 5 Study Guide. Read and complete the activities.

Evolve Connection: Go to the Chapter 5 link at evolve.elsevier.com/kinn to complete the Chapter Review and Chapter Quiz. Peruse other resources listed for this chapter to increase your knowledge of Interpersonal Skills and Human Behavior.